



# Report of an inspection of a Designated Centre for Disabilities (Adults).

## Issued by the Chief Inspector

Name of designated centre:	Centre 8 - Cheeverstown House Community Services (Kingswood/Tallaght)
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6w
Type of inspection:	Announced
Date of inspection:	20 August 2024 and 21 August 2024
Centre ID:	OSV-0004131
Fieldwork ID:	MON-0036584

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Centre 8 - Cheeverstown House Community Services (Kingswood/Tallaght) is a designated centre registered to provide full-time residential care and support for up to eight male and female adults with an intellectual disability. The centre consists of two two-storey houses in a residential area of Co. Dublin. There are gardens to the rear of each of the houses, and each of the residents living in the centre has their own bedroom which can be personalised to their own taste. The centre employs sleepover and waking night staff, social care workers and care assistants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	8
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 20 August 2024	10:00hrs to 17:00hrs	Gearoid Harrahill	Lead
Wednesday 21 August 2024	09:20hrs to 14:00hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

The purpose of this inspection was to monitor and review the arrangements the provider had in place to ensure compliance with the Care and Support regulations (2013) and to inform a decision to grant an application to renew this centre's registration. During this inspection, the inspector had an opportunity to meet the residents of these houses and speak with their direct support staff team. The inspector observed routines and interactions in the residents' day, and observed the home environment and support structures, as part of the evidence indicating their experiences living in this designated centre.

This inspection was announced in advance and residents were offered surveys to make written comments on what they liked or wanted to change about their home, routines, staff or support structures. All eight residents commented positively in this survey, describing some of their preferred activities, choices and routines, examples of which are described in this report. The inspector met seven of the eight current residents during this inspection who told the inspector, directly or with staff support, what they had planned for their day and how they had been keeping busy in general. One resident was away from the centre visiting family at the time of this inspection.

Overall, the inspector observed this to be a service in which residents were content with their home, kept safe and being encouraged to enhance and retain their independence in aspects of their daily life. For example, the provider was liaising with two residents' families to support the establishment of financial accounts for residents, and the inspector observed evidence to indicate how the other six residents were supported to access, manage and use their cards and cash in line with their capacities and preferences. Examples of positive risk taking were observed in this house. For example, two residents were assessed as being able to come and go from their home as they pleased, and residents were risk assessed to stay home alone while their peers went with staff into the community. The inspector observed that the residents' houses were a restraint-free environment, in which residents were supported to navigate their house and garden unobstructed, were supported to carry their wallets and house keys, and were not restricted from areas such as the laundry or kitchen. Some residents were actively involved in household jobs such as doing their own laundry, taking out the bins and keeping their bedroom tidy. One resident had recently taken responsibility for doing their own blood sugar tests, which they proudly described to the inspector.

During the two days of this inspection, residents were observed to be generally busy and active. Two residents went out shopping and for lunch with their staff in the afternoon. A day service staff collected one resident for regular community access. The resident commented that they enjoyed going into town even if they had no particular plans, and enjoyed personal shopping, working with cats, and volunteering in a nursing home or toddler group. One resident had two days of paid employment in the hospitality sector, which they enjoyed. Two residents were

currently attending a literacy class, one was attending an art class, and one resident was trying out music therapy. One resident was developing their skills in computer literacy with the objective of having more autonomy with family contact, ordering food and shopping online. Residents also enjoyed going to football matches, concerts and the cinema. Residents also were observed to be keeping busy in their own home, building jigsaw puzzles, drawing, scrapbooking, making gifts for family and friends, and watching movies in their preferred living room chair.

In the main, the houses were homely and bright. Following findings of previous inspections, there had been substantial improvement in the upkeep of the houses, including renovated bathrooms, old carpets replaced with wood laminate flooring, new wardrobes being installed, and flaked paint and plasterwork being resurfaced. Some cosmetic work remained outstanding and this will be described later in this report. Residents had nice outdoor spaces which provided privacy from the neighbours. One resident showed the inspector a memorial plaque which had been put in their garden for their friend who used to live in the house. Each bedroom was personalised with suitable space for clothes, photographs and space for a resident's television, shelves of movies and music, posters or other personal items. A resident who enjoyed artwork had a large table to do their work in their bedroom and pin it up on the wall. Equipment such as hoists, ramps, wide exit doors and en-suite railings were available for residents who required support with their mobility. One resident commented how they had recently been supported to redecorate their bedroom and get some new furniture.

An important factor towards a good quality of care was residents being supported by staff with whom they were familiar and had built up a trusting relationship and rapport. As will be referenced later in this report, the inspector observed evidence to indicate that the person in charge and staff team discussed risk controls to mitigate the impact of unfamiliar support during recent months of staff vacancies and long-term leave. For example, regular staff did overtime or rearranged shifts to ensure that the houses were primarily staffed by regular personnel, and that regular staff were prioritised for day shifts to ensure disruption to residents' routines and appointments was minimised. Staff also advocated for residents' needs in reporting the benefits of getting a second vehicle, to support the residents where plans or appointments occurred on the same day.

Four of the residents were retired and were primarily supported from their home. The inspector spoke with three of these residents and observed them to be keeping active and engaged in meaningful activities. One resident enjoyed going out to meet their friends and attend a social club, and went out for a walk and a coffee during the inspection. One resident who met the inspector preferred to spend time in their own company at home, however the inspector observed evidence of how the staff team were ensuring the resident had sufficient time coming down to socialise and doing daily light exercise. This was important to support this resident to protect their mobility level with walking and using stairs, and support them to age in their own home. Residents told the inspector and showed him pictures for holidays, day trips and birthdays they enjoyed. The staff provided evidence for how they were exploring accommodation to support two residents to go on holidays together.

The inspector was provided evidence to indicate how residents were being kept updated on the progress of actions and investigations related to complaints they had made, or concerns that had been reported by them or on their behalf. One resident showed the inspector a premises issue they had made complaints about and how they understood the management was working to resolve it. House meetings were held in which residents were provided news and updates on matters which were meaningful to them, such as holidays and events. One resident commented that they preferred not to attend these and instead preferred meeting on a one-to-one basis with the person in charge.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

The inspector found this service to be appropriately resourced with staff, equipment and accessibility features, with a management and oversight structure which facilitated continuous improvement and staff accountability, and communication channels by which residents and front-line staff were kept up to date on topics meaningful to them.

Two people had been recruited and were due to commence working in this centre, to fill vacancies and reduce reliance on support resources such as relief and agency staff. In the recent months in which these contingency personnel had been utilised, shifts were generally well-filled and primarily led by familiar staff. Front-line staff demonstrated to the inspector how they advocated for resident autonomy and flexibility in community access, for example in highlighting the need for additional transport options to optimise community participation and outings. Staff demonstrated examples of how they were supporting residents to enhance their life skills, retain their independence, pursue new opportunities, and work together as a team to ensure that daily objectives were delivered on a consistent basis.

The inspector reviewed minutes of meetings between the person in charge and their provider-level management, as well as meetings the person in charge held with front-line staff members. This included individual meetings held for ongoing supervision and continuous professional development, as well as meetings held as part of safeguarding investigations involving staff.

Records reviewed as evidence by the inspector were found to be clear and readily available for inspection. Where relevant, documentary evidence correlated to each other, such as findings of audits and new protection measures being communicated in resident and staff meetings. Records related to complaints, contracts, training, and supporting documents related to the application to renew this centre's

registration were also available for review.

### Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed all of the information submitted by the provider with their application to renew the registration of the centre and found that all relevant information was submitted in line with regulatory requirements.

Judgment: Compliant

### Regulation 14: Persons in charge

The inspector met with the person in charge to discuss their role and experience, and reviewed the information submitted on their qualifications and work history. The person in charge worked full-time supernumerary hours in this designated centre. They held a management qualification and were found to have sufficient experience in leadership and supervisory roles.

Judgment: Compliant

### Regulation 15: Staffing

The inspector reviewed staffing needs assessments, the statement of purpose, and worked rosters for recent months in this designated centre. At the time of this inspection, staff vacancies and long-term absences had affected the ability for this centre to be staffed by only the core team. However, discussion with staff and review of rosters indicated that where personnel from the relief panel, other centres, or external agencies were allocated to work in this centre, risk control measures were taken to mitigate impact on continuity of familiar staff support. For example, shifts were arranged to ensure that days were not staffed only by contingency personnel, and day shifts were prioritised for familiar core staff members to reduce disruption of residents' day routines. Additionally, the rosters reviewed indicated that these support resources were sufficient to ensure shifts were not missed on a regular basis. The inspector was provided evidence to indicate that two people had been recruited to fill vacant posts and were due to start in August 2024, which would reduce the recent reliance on these contingency resources.

Judgment: Compliant



## Regulation 16: Training and staff development

The inspector reviewed formal supervision and performance management records for a sample of three staff members with the person in charge. The minutes of these meetings clearly described the purpose of the meeting, and areas in which the staff members required support from their manager. These meetings were held periodically and also on an as-required basis, for example where formal meetings were held following safeguarding concerns or resident complaints. Where staff required career development or competence enhancement goals, the inspector observed evidence of how their line manager would support them and what timebound actions were set out between staff and management.

The inspector reviewed a sample of minutes of house team meetings held every few weeks, which included discussions on maintenance issues, community access for residents, updates on staffing matters, findings of audits, new safeguarding plans, medication errors and other topics which were relevant to ensure the local team is up to date on information about the house and residents. Members of front-line staff told the inspector that they felt supported by the person in charge, and that their feedback and opinion was often sought in how the quality of service of this centre could be improved or developed.

The inspector was provided a training matrix by which the person in charge could identify when staff attended their mandatory training, or were required to complete a refresher course. The inspector observed that the person in charge tracked their 16 primary staff members as well as personnel from the relief panel who were most often allocated to work in the centre, so that they could be assured that people working with the residents were up to date on requisite training. Some training was identified as mandatory based on the specific needs in the house, for example where one house team managed oxygen cylinders. The provider had identified a need for staff to complete training in assisted decision making, and supporting residents with specific health needs, and while this had not yet been achieved, the inspector was provided written evidence that the management were coordinating these external training resources or advising staff to complete online courses as an interim measure.

Judgment: Compliant

## Regulation 21: Records

In the main, while gathering evidence throughout this inspection, the inspector found that records were appropriately maintained in the designated centre and available for inspection. Where required, staff could easily retrieve and refer to documentary evidence related to the designated centre and the service users, as required under Schedule 3 and 4 of the regulations.

Judgment: Compliant

### Regulation 22: Insurance

As part of the documentation associated with the application to renew registration, the provider had submitted evidence of appropriate insurance in place against risks in the centre, including injury to residents.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found evidence to indicate that the provider had management systems and a clear reporting and accountability structure in place to oversee and monitor residents' care and support in the centre. The inspector reviewed the 2023 annual report for the centre in addition to reports of two unannounced provider visits carried out in March and August 2024. These demonstrated where the provider was identifying areas requiring improvement with timebound actions for same, such as in staff training, optimising community access, and ongoing review of residents' support structures.

The person in charge was responsible for the day-to-day operation of the centre. They carried out audits in line with the provider's schedule or as required, such as in financial protection and medication practices, with information shared with the staff team to commend good practice, and drive quality improvement initiatives.

As referenced earlier in this report, the provider had sufficient contingency personnel to ensure that shifts were filled and were managed to mitigate risk related to continuity of staff support, prior to new staff commencing in the coming weeks. The centre had exclusive use of one vehicle between the two houses. The person in charge provided written evidence of their engagement with the provider's transport manager about getting a second vehicle. Staff demonstrated to the inspector how they escalated the need for a second car to the person in charge for days on which residents had concurrent appointments, and if they were provided the use of another service's vehicle.

The inspector was provided minutes of the most recent governance meeting in April 2024. These were held twice annually with the person in charge formally engaging with members of senior management and the risk and quality teams. These meetings including analysis of incidents and accidents to identify any trends of concern. The support needs of each resident were discussed, including changes in assessed needs, those on waiting lists for appointments, successful and revised residents' personal goals, and findings and actions following audits, complaints and

adverse events.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The inspector reviewed a sample of four residents' written contracts with this service provider. The contracts reviewed outlined the terms and conditions of residing in this service. The contracts described what resident expenses were and were not covered by their fees to the service provider. The inspector reviewed bank statements and expense ledgers and found that residents were charged in accordance with what was agreed in these contracts.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose had been revised in July 2024 and contained information as required under Schedule 1 of the regulations. A copy of this document was available for review in the designated centre.

Judgment: Compliant

### Regulation 30: Volunteers

The person in charge advised that one person provided regularly scheduled resident support on a voluntary basis. The provider had a written agreement of the scope of this person's role in the service, and the inspector was provided evidence that this person had been subject to vetting by An Garda Síochána.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed all notifications submitted by the provider to the Office of the Chief Inspector of Social Services through 2023 and 2024. The provider had submitted notifications on practices and adverse events as per the requirements of

this regulation.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector reviewed the records of verbal and written complaints raised in or about this designated centre, and found them to contain information on the content of the complaint and the engagement with the complainant. Where the nature of the complaint required the provider to refer to the safeguarding process or arrange review by other parties, this was explained to the original complainant. The inspector spoke with one of the residents whose complaint was still open, who told the inspector that they knew it may some time for their issue to be addressed, but felt confident that they would be taken seriously and kept updated on the matter.

Judgment: Compliant

### Quality and safety

The inspector found evidence through speaking with residents and staff, reviewing documentary evidence and observing routines that residents felt safe and were supported in their choices, communication styles and independence levels. Residents enjoyed varied and meaningful social, educational, employment and recreational opportunities in their community as well as keeping busy and active in their home. Examples are described earlier in this report, and include residents who preferred their own company, residents enjoying an active retirement, residents who enjoyed voluntary and paid work, and residents who were planning their holidays.

Staff were provided evidence-based and straightforward guidance on supporting residents' assessed needs. This included, but was not limited to, effectively supporting residents to eat, drink, mobilise and express themselves safely. Staff were provided guidance to support them to understand and speak to residents using their preferred communication styles. Where residents required support with personal and intimate care, hygiene or skin protection, guidance was advised to staff which protected resident autonomy, dignity and personal preference. The inspector observed examples of where key workers worked with residents to develop goals and objectives, and how the rest of the team recorded and were guided on ensuring these were consistently occurring, such as with daily household jobs and exercises.

Some safeguarding concerns were open and being investigated at the time of this inspection. The inspector was provided evidence to indicate how allegations or

reports were reviewed with statements and evidence collected, to determine if each allegation, or parts thereof, required formal investigation. In one example, where grounds of concern were determined that abuse may have occurred, a complete audit took place for the provider to be assured that no other residents had been affected. Residents and staff members were aware of how to identify and report a potential abuse incident.

The inspector raised queries with the management during this inspection on how the provider was assured of the fire protection offered by some doors, panels and ceilings in the centre. Following this inspection, the provider confirmed that some upgrades were required to ensure the effective containment of smoke and fire in evacuation routes. The inspector observed evidence that residents and staff could effect a safe and prompt evacuation from each house and that fire-fighting equipment and alarm systems were up to date on their service and certification. The provider also provided written evidence following this inspection of actions being taken to reduce risk of waterborne bacteria in seldom-used plumbing outlets.

As described elsewhere in this report, residents enjoyed busy and active lives and were overall happy in their home. Resident feedback and consultation was sought through house meetings, key worker sessions and day-to-day engagement. Some repair, replacement, cleaning or repainting work was required in these houses, however residents' bedroom spaces were personalised and homely with adequate space and opportunities provided for residents to furnish and decorate their rooms how they liked.

## Regulation 10: Communication

The inspector reviewed assessments and plans for where staff required support and guidance to understand and communicate with some residents based on their communication styles. The inspector found person-centred instruction and advice to staff, which had been informed by assessment carried out by the speech and language therapist. The inspector also observed staff employing this guidance when speaking with and listening to residents associated with this guidance, so they could effectively understand what residents were saying to them, and appropriately communicate back.

Judgment: Compliant

## Regulation 12: Personal possessions

The inspector observed that residents' bedrooms were appropriately equipped with storage for clothes and personal items. The provider facilitated residents to manage their own property and day-to-day finances as per their capacities and preferences.

For example, one resident requested the provider to have some of their funds stored securely in their home, but retained personal money for daily expenses.

At the time of this inspection, six of the eight residents had an account in their own name with a financial institution. Residents were supported to use their debit cards, and their bank statements were delivered to their house, which allowed staff to conduct audits of income and expenses to identify any discrepancies. For the two remaining residents, the inspector was provided evidence of written correspondence between the provider and the residents' representatives to arrange establishment of financial accounts to optimise residents' personal access to their property.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to engage in meaningful and varied activities in their home and in the community. Residents were supported to attend day service or social hubs as many or as few days as they were happy with, and some residents had scheduled personal support hours to facilitate community access. Residents were supported to keep in contact with friends and family, and to attend their places of employment.

Residents were supported to stay active in their home, and the inspector observed evidence of how staff were encouraging residents to engage in physical and mental exercises to retain their mobility and independence as part of ageing in place. The inspector found examples of residents being supported to go on their holidays, celebrate events, do personal shopping, do volunteer work, and go to the cinema, theatre, parks and beaches.

Judgment: Compliant

### Regulation 17: Premises

The inspector walked the premises of both houses comprising the designated centre, and in the main found that the houses were clean, bright and sufficiently spacious for the number and mobility needs of residents. Suitable ramps, hoists and wide doorways were provided for residents who used wheelchairs. Residents had comfortable living rooms, bedrooms and dining areas, and each resident was supported to have their bedroom decorated, painted and furnished how they liked.

The changing support needs in one of the houses had resulted in an identified need to have an additional shared-use bathroom. This had originally arisen through staff observations and the resident complaints process, and was commented on as an

objective in the centre's 2023 annual report. The inspector was provided evidence on how the provider was exploring potential solutions on how and where to provide additional facilities with input from the occupational therapist and building contractor. Options were considered based on ensuring that the chosen option minimised disruption to residents, and would be a suitable long-term solution to support ageing in place.

The inspector observed examples of how the person in charge was escalating maintenance and repair requirements to the facilities team for attention, including photographs where necessary. At the time of this inspection, repair and replacement work was required to address peeling, rusted, dirty or and unfinished surfaces on cabinets, worktops, sink areas and high corners in the kitchen which impacted negatively on the homely aesthetic of the resident's house, and compromised the ability to effectively clean and disinfect surfaces in this area. The repair work required in this area remained outstanding from previous inspections. Outdoor patio and seating areas required cleaning and tidying to provide an inviting resident space.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The inspector reviewed feeding, eating, drinking and swallowing (FEDS) assessments and associated plans of care for four residents, including people with prescribed modified food or fluids, or safety guidelines to reduce risk of choking or aspiration. The inspector observed evidence that these assessments were conducted with input from the speech and language therapist, and were subject to review in the past year. The inspector found that care plans for eating and drinking reflected the prescriptions and recommendations of their most recent review.

Judgment: Compliant

### Regulation 27: Protection against infection

Some repair works required in the house impacted on the ability to effectively clean and disinfect surfaces; this is captured under Regulation 17 Premises. Bedroom, living room and bathroom areas in the houses were observed to be generally clean. Areas for washing hands were equipped with features in line with good infection control, such as disposable hand towels, pedal-operated bins and hand soap dispensers. Spaces in which medicine and food were stored were observed to be clean. Medical waste was safely disposed of in secure clinical waste containers.

The inspector observed how cleaning tools such as mop heads and poles, cloths and

buckets were routinely cleaned, dried and stored appropriately to be ready for their next use.

The inspector was provided written records of periodic testing of water in the house to detect waterborne bacteria such as E.coli and legionella. The inspector observed that an unused outdoor lavatory was not included in these tests, and requested information from the provider on how they were assured this area was safe. Following this inspection, the provider submitted written and photographic confirmation that the lavatory had been uninstalled and the pipes closed off from the rest of the house the day after this inspection.

Judgment: Compliant

### Regulation 28: Fire precautions

The inspector reviewed fire risk assessments, records of practice evacuation drills, staff training records, personal evacuation plans, and equipment service records related to fire safety in this designated centre. The inspector also walked the premises and observed evacuation routes, door closure mechanisms and fire containment features. Fire safety was included in the centre risk register with no actions required.

A fire safety risk assessment by a competent person had been carried out in June 2022 which identified where upgrades were required to ensure doors and ceilings provided sufficient protection against the spread of fire and smoke. Many of the actions advised were complete at the time of this inspection, such as ensuring that intumescent strips were operational and doors were equipped to automatically close in the event of fire. Some actions remained outstanding, such as ensuring that a hot press door was fire rated, and that holes in the ceiling for pipes were effectively fire stopped. In addition to this, the inspector raised a query with the provider on glass panels and an attic door in a house landing which did not appear to be fire rated. After this inspection, the provider submitted written confirmation that these were not rated to protect against the spread of fire, and that doors, panels and gaps would be addressed where required.

Drill records indicated that residents and staff could exit safely and promptly in a house evacuation. Additional practices took place to ensure that all staff had experience in safely supporting residents who evacuated by wheeling out their bed. Resident personal evacuation plans were routinely updated to ensure that they were accurate and reflected findings attained from drills. Staff members were up to date on mandatory fire safety training as well as how to safely manage oxygen in the house.

Judgment: Substantially compliant



## Regulation 29: Medicines and pharmaceutical services

The inspector reviewed practices and procedures related to the recording, storage, disposal and administration of medicines with a member of the front-line support team in one of the houses. The inspector reviewed administration records which indicated that residents received their medicine in accordance with their prescriptions, including residents who required modification such as tablet crushing. Where medicines required refrigeration, routine temperature checks were recorded. Staff were provided instruction on the use and purpose of each medicine, and training records indicated that bar one exemption all staff were up to date on their formal training.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The inspector reviewed the comprehensive assessment of support needs and associated care plans for two of the residents in full, and parts of same for other residents. Assessments of personal, health and social care needs had been reviewed annually or more frequently where required. Care plans correlated to the identified needs of residents, and provided clear guidance to staff on delivering needs related to money support, skin care, safe eating and drinking, communication support and safe transfer. Input and recommendations from allied healthcare professionals was included where relevant.

Where residents had support objectives related to social, community, exercise, recreation and skills development opportunities, the inspector observed how these goals were set out between the resident and their key worker. The inspector reviewed simple and clear daily notes on these objectives, which provided evidence that the staff team as a whole supported and encouraged the residents to engage with their community, do their daily exercises, stay consistent with household duties and work towards long-term goals such as holiday planning.

Judgment: Compliant

## Regulation 6: Health care

The inspector was provided clear written records and letters which provided evidence that residents were attending appointments with relevant health and social care professionals such as their doctor, dentist or chiropodist in a timely fashion, as required for their assessed needs. Records were clear on when residents had received vaccinations against illnesses such as seasonal flu and COVID-19. Evidence

was provided of when eligible residents had been facilitated to avail of the checks and tests offered through the national screening services.

Judgment: Compliant

### Regulation 8: Protection

The inspector reviewed the provider's policy on safeguarding people at risk of abuse, residents' personal and intimate care plans, financial audits and ledgers, and documentation relating to safeguarding concerns which had been notified to the Chief Inspector.

The provider was found to have good systems in place to ensure that all residents were safeguarded from abuse. For example, a quarterly check of resident income and expenses had identified potential financial abuse incident in the service, and following this, these checks were changed to monthly and a full financial audit confirmed that there were no additional concerns. Safeguarding plans and protective measures were on the agenda for staff meetings. Where incidents of concern had been reported by residents or staff, the inspector observed that prompt action was taken to gather statements and evidence to determine whether there were grounds to proceed to formal investigation. Where allegations were determined to be more related to carelessness or poor practice rather than intentional action, actions were still taken to reduce risk of future occurrence and reassure the affected resident. Three incidents were being investigated at the time of this inspection, and the inspector was provided assurance that the associated residents and staff were being kept up to date on the progress or outcome of actions being take, or interim safeguarding measures in place.

Residents' personal and intimate care plans were found to be detailed to guide staff practice. Language used in these plans was person-centred and found to promote residents' rights to privacy and dignity, and to identify where residents did not require support. The inspector observed staff respecting residents' privacy by knocking on residents' bedrooms or asking permission before entering.

Judgment: Compliant

### Regulation 9: Residents' rights

Through speaking with and observing residents and staff, and reviewing evidence related to care plans and personal objectives, the inspector found good examples of how the rights and choices of residents were being protected and respected. For example, where residents were involved in complaints, feedback or safeguarding matters, there was evidence that residents were kept updated on matters relevant

to them. The inspector observed where matters affecting the resident, their supports or their home were identified locally, these were escalated by the house team to provider level for attention.

Residents had active goals around independence with aspects of their own lives, examples of which included residents being supported to do their own blood sugar checks, being supported to manage and use their own money and debit cards, and take ownership of household chores. Positive risk taking was encouraged, for example resident carried their own house keys and some residents were supported to come and go from their home as they wished.

Residents commented that they felt listened to and respected in their home, and enjoyed a busy day in their home and in their community. House meetings took place regularly and the inspector observed where feedback and commentary raised in these meetings contributed to continuous quality improvement objectives for the centre overall.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Centre 8 - Cheeverstown House Community Services (Kingswood/Tallaght) OSV-0004131

Inspection ID: MON-0036584

Date of inspection: 20/08/2024 and 21/08/2024

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Repair and replacement work which was observed during Inspection to address peeling, rusted, dirty or and unfinished surfaces on cabinets, worktops, sink areas and high corners in the kitchen will be completed when the essential Fire remediation upgrades are scheduled for this centre to ensure overall aesthetics of the home, and promote good cleaning and disinfection of these surfaces.</p> <p>Outdoor patio and seating areas which require cleaning and tidying to provide an inviting resident space will be completed on the 10/10/24.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire rated door will be installed to hatch attic door and the fire rated door to the Hot Press has been installed on the 11/09/24 to ensure sufficient protection against the spread of fire and smoke.</p> <p>Fire resistant glass will be fitted and installed to ensure containment and protection against the spread of fire and smoke.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2025
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2025
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/10/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/09/2024