

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

Issued by the Chief Inspector

Name of designated centre:	Centre 1 - Cheeverstown House Residential Services
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6w
Type of inspection:	Announced
Date of inspection:	22 November 2022
Centre ID:	OSV-0004924
Fieldwork ID:	MON-0029101

About the designated centre

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

This designated centre provides 24 hour high support for adults with intellectual disabilities. The bungalow houses on the campus setting consist of kitchen and dining rooms, large sitting rooms, accessible bathroom facilities and single-occupancy private bedrooms. All houses have a garden area out the back and have transport available to the residents. The person in charge works full-time in the centre and there are two clinical nurse managers, staff nurses, care assistants, social care workers and housekeeper staff employed in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14
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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 22 November 2022	11:00hrs to 19:30hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

During this inspection, the inspector had the opportunity to meet with the residents and 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.

As this inspection was announced ahead of time, residents were advised what would be happening and were introduced to the inspector. Family members advocating for the residents were also notified of the inspection and had communicated their experiences with the service through questionnaires which were provided for review. The provider was in the process of dividing this designated centre from four houses to two. As such, the inspector primarily assessed compliance and met with the residents and teams of the two houses remaining part of this centre, with the other houses being visited during separate inspections. The inspector met with nine residents during this inspection, as well as getting commentary from families and representatives through questionnaires and feedback given in person.

Residents were supported in bungalow houses on a large campus setting. The provider had a long-term project in progress to move off this site and transition to smaller community settings, in line with "Time to Move On from Congregated Settings: A Strategy for Community Inclusion" (Health Service Executive, 2011). However, at the time of this visit, there were no residents in this particular designated centre actively preparing to move, and there had been no recent update communicated on a timeframe for these changes to happen. The houses were generally kept in a good state of maintenance to retain a comfortable, relaxed and homely environment for this type of setting. Each resident had a private single bedroom which was personalised based on their interests and preferences. On the day of the inspection, one resident had started decorating their bedroom for Christmas. Residents had access to garden spaces, accessible bathroom facilities, and comfortable sitting rooms and television rooms.

Some residents had specific support needs and did not communicate using speech. The inspector observed staff communicating with them in a patient and encouraging manner which was suitable for their communication profile. Some residents were smiling and excited in their home and were comfortable with their support team. The staff spoken with during the day demonstrated a good knowledge of the personalities and characters of the residents, as well as what they enjoyed doing in the houses and community. The centre had exclusive use of two suitable cars to maximise access to the community. Residents were observed coming and going during the day, including going out with their families, attending social events in the community, and going on drives and walks with their support staff. Other residents were observed having their meals, watching television, spending time in their bedrooms, listening to music, and playing and having fun alone or with their staff support.

The inspector observed kind and supportive interactions from staff during the day. Residents were not excessively restricted from navigating their home, and staff ensured that residents going outside were appropriately dressed for the weather, and were observed protecting the privacy and dignity of residents with specific support needs in a subtle manner.

Family members advocating for residents provided feedback in person and through written questionnaires. They spoke highly of the front-line staff team, commenting that there had been an improvement with staff turnover recently and that they had a good rapport with the team. They commented that they were satisfied that they were provided suitable updates or news on their loved ones, and that they were confident they could raise an issue and it be responded to promptly by management. Commentary indicated that residents enjoyed their community activities such as shopping, swimming and music events, and indicated what the residents would like to do more of, including visiting farms and going horse-riding. The inspector was provided evidence indicating that supporting residents to explore new and interesting activities was the focus of the service after a long period of time with community access limited due to the COVID-19 pandemic.

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 provider had suitable governance arrangements in place to effectively manage this designated centre and oversee the quality of resident support. In the main, the inspector found evidence to indicate that the provider was striving for regulatory compliance and continuous service improvement.

The designated centre was registered until April 2023, and the provider had submitted their application with all required information to renew the centre for a further three years. The purpose of this inspection was to assess compliance with the regulations and to inform the decision to renew the registration of the centre.

The provider had completed a comprehensive quality and safety review in the service in October 2022, as well as audits on specific aspects for the service, in which they had self-assessed their levels of regulatory compliance and areas in which standards could be improved. For areas identified for improvement in the centre, a time-bound plan of action was detailed to address same.

The inspector met with the current person in charge as well as the deputy manager planned to come into the role in the coming months. Both managers demonstrated a good knowledge of the support needs of residents, had developed a good rapport with family members, and were familiar with their role and responsibilities under the

regulations.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted their application to renew the registration of the designated centre, along with the required associated documentation.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full-time in their role and was suitably experienced and qualified for the position.

Judgment: Compliant

Regulation 15: Staffing

The provider had clearly identified the required staffing levels during the day and night for each location to provide for the assessed needs of the residents. Duty rosters reviewed indicated that the centre was staffed in accordance with this assessment. For the residents' care and support team, there was low levels of reliance on relief or agency arrangements which mitigated the impact on continuity of support delivery during times the regular staff were on leave.

Judgment: Compliant

Regulation 22: Insurance

Appropriate insurance arrangements were in place for this service.

Judgment: Compliant

Regulation 23: Governance and management

The inspector reviewed a random sample of personnel records, which indicated that staff were supported through their supervision, probation and performance management processes in accordance with centre policy.

The registered provider conducted audits of specific aspects of the service including medicine management, recording of finances, and progressing of life enhancement goals. The registered provider had also completed their six-monthly quality and safety report, most recently in October 2022. For areas identified as requiring action to enhance standards or address service deficits, a time bound plan of work was set out.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose outlining the services of the designated centre, which included the information required under Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

Throughout the inspection, the inspector observed an overall high quality of care and support delivered by this service. Some development was required to maximise resident access to their finances and participation in their support plan development. However, overall, the designated centre, staff guidance and return to meaningful social opportunities was appropriate for residents' assessed needs and wishes.

The provider and staff team were renewing focus on getting the residents involved in varied and interesting activities in the wider community. Residents were being encouraged and supported to attend social groups such as ladies clubs and film screenings, and to get involved in activities at home and in the community such as gardening, baking and swimming as part of life enhancement goals.

Assessments of the health, social and personal support needs of residents were developed and kept under review to provide adequate guidance to staff. Some areas required development to ensure that risks were specific and evidence based through functional analysis, but in the main plans were clear and informative to advise staff on resident support needs. While some plans reflected on incidents and reduced risk to evidence that the plan is or is not effective in achieving the respective goals, not all support plans contained evidence of this evaluation. There was also limited evidence to indicate the the residents or their representatives participated in these

reviews.

Residents were safe and comfortable in their houses and the living environments were clean and suitably decorated. While some environmental restrictive practices were in effect, primarily locked or alarmed doors to mitigate risk of injury if unsupervised in the kitchen or centre grounds, the inspector found evidence of how the provider was gradually minimising the use of these features with a view to phasing them out where the assessed level of risk had dropped to an acceptable level. The houses were equipped and laid out to facilitate a safe emergency evacuation, with some review to practice drill procedures so that the provider could be assured that prompt and safe egress could take place at night when staffing was at its lowest and people were in bed.

Regulation 10: Communication

Staff were provided guidance on supporting residents who did not communicate using speech to be understood and to communicate with others. Residents had communication profiles and support tools which had been reviewed by the speech and language therapist.

Judgment: Compliant

Regulation 11: Visits

Appropriate procedures were in effect to welcome visitors into the residents' home, and there were suitable private spaces away from their bedrooms in which they could receive guests.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had not had any assessment to determine the level of support required to manage money and finances, and determine where residents could be supported to be more independent. Residents did not have timely access to their finances and their money was not being deposited in an interest-bearing account. While money in the houses was stored in a secure location, staff supporting the residents only had access to this when nurses were on-site, resulting in staff not always being able to store or retrieve residents' money when coming and going from the house. Residents had property logs to account for their belongings but these were not

always complete.

Judgment: Not compliant

Regulation 13: General welfare and development

Residents were being supported to stay active in their interests, stay in regular contact with families, retain links to the wider community, and attend facilities and services in accordance with their capacities and wishes.

Judgment: Compliant

Regulation 17: Premises

Overall the inspector found the premises to be in a good state of cleanliness and repair, with appropriate accessible features and spare space in which equipment could be stored. While service users will ultimately be moving on to more suitable accommodation in the community, the provider demonstrated how they were ensuring these campus bungalows were kept safe and comfortable while they were still being used.

Judgment: Compliant

Regulation 18: Food and nutrition

Staff were provided with clear and readily available guidance on assessed needs such as dietary requirements, allergies, healthy eating and weight management supports, and where food and fluids were modified to mitigate risk of choking or aspiration. The houses were supplied with a variety of meals, snacks, drinks which could be prepared in each house.

Judgment: Compliant

Regulation 20: Information for residents

The provider had composed a simple-language resident guide which outlines the features, services and key personnel associated with living in this designated centre.

Judgment: Compliant

Regulation 27: Protection against infection

The premises of the designated centre was regularly cleaned and overseen by the housekeeping team, and deficits to premises maintenance identified on the previous inspection had overall been addressed. The provider had measures in place to mitigate infection risk related to shared bathrooms, waste, food, medical stock and use of personal protective equipment.

Judgment: Compliant

Regulation 28: Fire precautions

The premises was equipped with fire safety features such as unobstructed egress routes, emergency lighting and fire-fighting equipment. Staff had been educated on fire safety, however a number of staff members, the majority of whom worked at night when staff levels were at their lowest, had not participated in any practice evacuation drills to assure the provider that correct procedures are consistently followed at higher-risk times.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of support plans for the health, personal and social needs of the residents. These were developed through comprehensive assessments of need which had been conducted in 2022. While support plans were generally detailed, person-centred and evidence-based, not all support plans were regularly evaluated to determine their effectiveness in meeting their objective. There was a lack of evidence that the support plans, and the reviews of same, were conducted in a manner which optimised the participation of the resident or their representative.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector found evidence indicating multidisciplinary review of health and social care needs and staff guidance and when the most recent appointments and assessments were carried out by services such as mental health, neurology, and speech and language therapy.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed a sample of support plans for residents who expressed anxiety or distress in a manner which presented a risk to themselves or others. Some plans identified over a dozen different types of verbal, physical or self-injurious behaviours. In these instances, the circumstances which may trigger an incident were described collectively rather than identifying the settings and triggers which may cause each variation of their behaviour, based on functional analysis or incident history. As a result, some responses were not specific to each behaviour with which the resident may present. From speaking with staff members and reviewing assessments with mental health services, there was some discrepancy in the nature of behaviours identified.

For restrictive practices active in the designated centre's environment such as locked doors or alert buzzers, there was a record of the justification for their use, and a trend analysis of how often it was necessary to implement them, with a view to phasing out restrictions for which the associated risk was reduced.

Judgment: Substantially 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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant

Compliance Plan for Centre 1 - Cheeverstown House Residential Services OSV-0004924

Inspection ID: MON-0029101

Date of inspection: 22/11/2022

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 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Manage my Money assessment will be completed for all residents to determine the level of support required</p> <p>All staff will be able to support the resident in accessing their personal monies in their home at any time.</p> <p>All personal property and possession logs will be kept up to date (for possession valued at 30 euro and above, as per organisation financial policy)</p> <p>A review will conducted by Finance department regarding assess to personal monies</p> <p>The Finance Department are currently investigating whether the organisation can open individual interest bearing accounts where appropriate.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>All staff will have participated in a fire drill to assure the provider that correct procedures are consistently been followed at higher-risk times/ day and night.</p> <p>Staff who rotate on night duty will take part in a simulated fire drill</p>	
Regulation 5: Individual assessment	Substantially Compliant

and personal plan	
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: All personnel care support plans will now include an evaluation process on a 3 monthly basis to ensure the effectiveness of the plan. These plans along with other person-centered plans of care will be done in collaboration with the resident and their families.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: All positive care support plans will be reviewed to reflect and identify each individual's specific needs and supports to manage their levels of distress. These plans will be reviewed on a 3 monthly basis to ensure the effectiveness of the plan.</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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	31/03/2023
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/03/2023
Regulation	The person in	Substantially	Yellow	28/02/2023

05(4)(c)	charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Compliant		
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	28/02/2023
Regulation	The person in	Substantially	Yellow	28/02/2023

05(6)(c)	charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Compliant		
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/03/2023