



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

Issued by the Chief Inspector

Name of designated centre:	Cheeverstown Phoenix
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6w
Type of inspection:	Announced
Date of inspection:	22 May 2024
Centre ID:	OSV-0008379
Fieldwork ID:	MON-0038652

About the designated centre

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

Cheeverstown Phoenix is a designated centre registered to provide community-based residential care and support service on a full-time basis for up to four adults with an intellectual disability, who have been assessed as being most effectively supported in a private, single-occupancy home. Residents in this centre are supported by a mix of nursing and social care support staff, with access to multidisciplinary services as required. This centre consists of four single houses and apartments in and around a town in Dublin. Each resident has a private bedroom and their own living and dining rooms with suitable bathroom facilities. Residents have local amenities and public transport links in walking distance, or a means by which the residents can book transport from shared provider vehicles.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Wednesday 22 May 2024	10:50hrs to 18:30hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet and speak with the residents in their homes and observe some of their day, as well as speak with their direct support staff and review documentary evidence of their support plans, as part of the evidence indicating their experiences living in Cheeverstown Phoenix. This designated centre comprised four single-occupancy houses and apartments. The inspector visited three of the four locations as the fourth location was not currently occupied.

This inspection was announced in advance and the three residents had availed of a written survey to comment on their feedback and suggestions for their service. One resident commented that they wanted the manager to visit them more regularly to discuss matters meaningful to them. One resident commented that the outdoor area of their home could be noisy or littered from their upstairs neighbours. All three residents liked having their own space and commented positively on their team and local area. Each person commented that their home was a nice place to live and that their support team was kind to them, knew what they liked and did not like, and supported their choices in their day.

One of the residents had moved to this designated centre from a congregated campus setting operated by this provider, as part of 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). This resident loved being more busy in their new apartment, being able to walk into the town centre whenever they liked, and liked having a more private, less busy environment compared to their old house. This resident spent time watching television and enjoying an ice cream before going out to do some shopping with their direct staff member.

One resident and their staff member talked to the inspector about their goals for the year ahead. They had an interest in gardening and had paid work with this provider doing gardening. They wanted to get a job in a garden centre, and the inspector was provided evidence of how their staff were facilitating them to apply to their preferred location and alternative similar places. They also wanted to volunteer with Special Olympics Ireland, and the inspector observed that application forms and Garda vetting were being submitted to support this to happen. This resident was not in close walking distance to local amenities, and told the inspector they wished they had a car available at their house to get around easier. This was an open topic of discussion between the resident, their family and the service provider, and interim measures were in effect such as staff members being indemnified to use their own cars to get into town.

The third resident sat with the inspector and told them all about what they had been doing, as well as showing pictures of their ventures in photos on a wall and in an album. The resident had completed charity walks and was preparing for another one

upcoming, and was preparing for this with a physiotherapy group run by the provider, as well as their membership with a local gym. They were a member of a social group in which they did art, music and drama, and also enjoyed playing pool nearby. They were looking forward to going to a show the next day, and to a few days holidays they had booked for the following month. The resident showed the inspector some of their work they had done "upcycling", taking old and worn-out furniture, and sanding, painting and decorating them to look nice; they had made a small living room table and were currently working on outdoor chairs.

The inspector observed and was told by residents that they were welcome to have family or friends visit their homes without restriction, and one resident was receiving family in their living room in the evening at the end of this inspection. The inspector observed examples of where residents' skills and autonomy were being enhanced. For example, one resident had a trial period of taking some ownership of their medicines, and one resident had been risk assessed and reassured around being able to stay at home alone if they wished while staff ran errands. Some residents were participating in chores to become more independent with running their home, such as taking the bins out and working with staff on some meal preparation. The inspector observed a friendly, encouraging and mutually respectful rapport between residents and their staff members, and while records to capture progress on long-term goals required improvement in one location, overall, all staff met had taken the initiative to support the residents to explore varied and meaningful social and recreational endeavours based on their interests and choices.

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

This was the first inspection of this designated centre for the purpose of monitoring the provider's regulatory compliance. Three of the locations making up this designated centre were previously registered as part of another, larger designated centre, and were registered separately along with a new fourth location to accommodate a resident moving off a congregated campus setting. Evidence observed indicated that the transition of this fourth person into a more homely community setting had been successful and provided an improved lived experience for them.

The service was overall found to suitably resourced with a knowledgeable and encouraging staff team and an appropriate management and supervision structure to oversee day-to-day operation and quality improvement objectives. Improvement was required around contracts and resident charges being clear and consistent. While interim measures were in place to address the need in the short term, it had

been identified where one resident would greatly benefit from having improved vehicle access as part of their home and routine.

A new manager had joined this centre, and while they had not yet been officially appointed as person in charge, the inspector observed evidence throughout the day that this manager had carried out comprehensive work in the duties of that role. This included them conducting comprehensive quality audits in aspects of the service which were important to community living, such as residents' access to finances, and aspects of the service related to concerns raised, such as medicines management. The inspector observed that this manager had introduced themselves to the staff team and to residents, and was spending time based in each location to maintain close oversight of how the houses were being operated. Evidence observed during this visit indicated substantial improvement in governance and accountability and protected time to attend and oversee all houses, in comparison to when these houses were part of a larger service.

The inspector observed a knowledgeable front-line staff team who demonstrated how they were taking ownership of aspects of resident support, advocating for residents through community access, complaints and centre resources. For example, where residents had life enhancement goals in place, staff members were separately exploring alternatives to suggest and progress, if the initial plan was not successful. The inspector observed a friendly and mutually respectful relationship between staff and residents, with residents speaking highly of the staff as well as chatting and joking with them during the day. The new manager had met with members of the team in individual supervision sessions, and the inspector observed examples of where they had initiated additional supervision or performance improvement strategies to ensure that the team, who primarily worked alone on shifts, had the competence and confidence to provide effective delivery of care and support.

Registration Regulation 7: Changes to information supplied for registration purposes

The provider had appointed a new manager to the role of person in charge. While the provider had advised the inspector that this change would be occurring after this inspection, evidence provided during this inspection indicated that this person had been carrying out this role and its management and supervision duties for six weeks. Notification of the change in identity of the person in charge, and supporting documentation required under this regulation, had not been submitted by the provider to the Chief Inspector within the required 10 days of the appointment.

Judgment: Substantially compliant

Regulation 15: Staffing

This centre was sufficiently resourced with a small team who demonstrated good knowledge of each of the residents' assessed needs, histories, personalities and preferences. Staff in each location had a friendly, casual and mutually respectful rapport with the residents and could speak to the inspector on all of their personal plans, ongoing personal objectives, wishes for the future and areas where things could be improved for them. Risk control measures were in place related to out-of-hours support and lone-working arrangements for these locations and staff were familiar with how to access these supports where required.

Judgment: Compliant

Regulation 21: Records

Records required under this regulation related to the residents, the staff, the designated centre and its operation were readily available, and securely stored while easily retrievable by all staff for review.

Judgment: Compliant

Regulation 23: Governance and management

The newly appointed manager of this designated centre demonstrated good examples throughout the day of how they had built a relationship with their front-line staff and the residents, and familiarised themselves with the operational aspects of this designated centre. This manager had conducted comprehensive audits on compliance of the designated centre, such as in residents' life plans, financial checks and oversights, and management of medication. Some of the findings of this inspection had been identified through these audits and was subject to review and action by the management. The manager had conducted supervision and performance improvement planning with staff where required, so that they could be assured of the effectiveness of the team's resources in effective care plan development, lone-working with residents and best practices. Where risks had been identified through incidents or audit findings, or residents' needs had changed, risk analysis and control measures had been revised.

The provider had conducted a six-monthly provider led inspection of this designated centre, from which specific and time bound objectives for service development were identified. This inspection report had been adapted into a simple language document which had been discussed with residents and was available in their home. The provider had also published their annual report which highlighted audits and changes in the service in the past year and areas for focus going forward. While this report commented on some achievements by residents identified in audits, the report contained limited evidence that residents' own commentary, feedback,

experiences and wishes for the future had been incorporated into the composing of this report. The management and staff indicated how what residents had to say about the service was being captured on an ongoing basis for use for this purpose.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

All residents had written contracts agreed with the service provider which outlined the terms and conditions associated with living in this designated centre. Some development was required to these contracts to ensure they accounted for all charges and fees payable by the resident.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had a policy and procedure in place for making complaints. The inspector observed examples of complaints made by or on behalf of residents in the service and how these were being recorded and responded to.

Judgment: Compliant

Regulation 22: Insurance

The provider supplied evidence of appropriate insurance in place against risks in the centre, including injury to residents.

Judgment: Compliant

Quality and safety

The inspector observed where improvement was required regarding the administration, recording and disposing of medicines and medical items in line with prescriptions and best practice. Some of these findings had been identified by the management through reporting and auditing systems and they were aware of the risk and where improvement was required. Some minor improvement was required

in ensuring that care plans were updated where needs changed or progress towards an objective was made.

However, overall the provider demonstrated good levels of regulatory compliance, risk analysis, and advocacy for the rights and lived experience of residents. Risk analysis had been carried out on aspects of resident autonomy such as money management, self-medication, and being afforded the opportunity to safely be alone. While some of these efforts had been successful and other not, the rationale and learning on why was clear.

The provider was supporting residents to pursue meaningful social, recreational and employment opportunities. Residents told the inspector about events, social gatherings, shows, holidays, and new or returning hobbies they had recently enjoyed or were looking forward to. Residents' choices and preferences led their routine and how staff supported and encouraged a varied and healthy routine. The residents' homes were comfortable, nicely decorated and not featured with unnecessary environmental restrictions.

Regulation 12: Personal possessions

Resident were supported to maintain access and control of their personal belongings, do their laundry in their own home, and have access, either independently or with an appropriate level of staff support, to their finances. The inspector reviewed a sample of financial records which indicated how residents were supported to use their money as and when they wished. Residents' homes and bedrooms were personalised based on their preferences and residents were not restricted from using or storing their personal items.

Judgment: Compliant

Regulation 17: Premises

Premises were observed to be clean, comfortable, homely and kept in a good state of maintenance and repair. Residents' bedrooms and living rooms were highly personalised and decorated based on their preferences, including photos, items based on their interests, and their artwork. Residents had sufficient space to store their personal belongings. Where required, additions and adaptations had been made in the residents' homes to optimise safe mobility and navigation.

Judgment: Compliant

Regulation 18: Food and nutrition

The residents' home were equipped with full kitchens and were adequately stocked with meals, snacks and drinks which were available to residents without restriction. Risk analysis and control measures had been carried out in relation to risk related to eating, drinking and swallowing or where resident required close monitoring of the amount and type of food provided. Some discrepancy was observed in a review of staff guidance on meals following these risk assessments; this is referenced under Regulation 5 on personal plans.

Judgment: Compliant

Regulation 26: Risk management procedures

A separate risk register was maintained for each house making up this designated centre. This ensured that the risk assessments and ratings was focused on matters relevant to the specific location, resident, and staff team. The inspector observed examples of where risk revision had been carried out in a timely fashion in response to incidents. In one example, where accidental fall incidents had increased, this resulted in a revision of risk scoring and introduction of new control measures, for which there was evidence indicating success in mitigating said risk.

Judgment: Compliant

Regulation 28: Fire precautions

This centre was equipped with fire rated doors along evacuation routes which were equipped with self-closing devices. Evacuation routes were equipped with emergency lighting to aid a prompt exit. Fire safety checks were carried out by staff and all equipment was up to date in their servicing and certification. Each resident had a personal plan on what to do in the event of an evacuation, and evidence was available by which the provider was assured that a prompt exit could be achieved.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

In the main, staff were familiar with the purpose and guidelines related to residents' prescriptions. The provider had conducted assessments of residents' capacity in

taking their medicines, and were supported by staff according to their assessed needs.

The inspector and staff reviewed prescriptions and administration records in each of the houses. In one location, the inspection observed examples of medicines being administered to residents in a manner not in line with their prescription instructions. This included second line interventions being administered without using first response medicines in line with the prescription. Evidence was observed that some PRN medicines (prescribed for use only when required) had been administered and not recorded on the administration sheet.

Some items of medicine were not labelled when opened, and some items of medical stock were past their expiry date for use before no longer considered sterile. A disposal box, for medical risk waste such as sharp items, was not securely constructed or had its lid closed.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector observed residents' comprehensive assessments of needs in two of the house of this centre. These assessments had been updated in 2024 and clearly indicated where residents needed, and did not require, support plans and staff guidance to deliver on their assessed needs. Personal plans developed from these assessments were detailed, person-centred, and written in a respectful and dignified manner. Assessments and personal plans were subject to review with input from the relevant members of the multi-disciplinary team and health professional such as neurology and occupational therapy. Where relevant, risk analysis had been conducted relative to the residents' assessed needs.

In the case of one residents' risks analysis, the risk controls set out for safe eating and drinking were not reflected in the staff guidance on how this resident's meals were to be prepared. Where one resident had had an increase in risk score related to falls, this had not resulted in any review of the person's plan.

Support plans related to life development and long-term objectives such as seeking work, going on holidays, or planning for events later in the year were overall detailed and composed in consultation with the resident. Staff demonstrated a good understanding of resident's personal interests and wishes in the development of these goals. In the main, these objectives clearly described what work had been completed and what progress was made towards achieving these objectives for reference by the resident and other staff members, such as travel or tickets being booked. In one of these plans there were some gaps in information on this to reflect the progress and work carried out by the team.

Judgment: Substantially compliant

Regulation 6: Health care

Staff maintained health monitoring checks where required by the multidisciplinary team, including sleep, toileting, and food intake charts. The inspector observed evidence that residents' personal plans and staff guidelines had been revised or amended by the relevant allied health professionals routinely or as required based on changing needs. The provider had clear records of residents' vaccinations and medical appointments.

Judgment: Compliant

Regulation 8: Protection

Where concerns of abuse or neglect of persons at risk of abuse had been reported or suspected, the inspector observed evidence of how these were investigated and reported to the relevant outside parties, and the findings following investigations. Where actions or learning were identified following the conclusion of investigations, the inspector observed that these had been completed or were in progress. Residents and staff were familiar with what to do if they were concerned an incident had happened, and residents commented that they felt safe and comfortable in their home and with their staff.

Where residents required support with personal or intimate care, staff guidelines were available to ensure this support was delivered in an appropriate fashion with respect to the residents' privacy, dignity and bodily autonomy. The provider had systems in place to ensure that money in the centre or in residents' bank accounts was protected and subject to recording and reconciliation.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed examples of how residents' choices led the structure and routine of their day. The provider had engaged in exercises of positive risk-taking to enhance resident autonomy, such as independence with money or medicine, residents taking ownership of tasks at home, or residents being facilitated to spend time alone at home or in the community. Some of these exercises had resulted in continued development, and where trials had not been successful, the reason and

learning attained was documented.

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
Capacity and capability	
Registration Regulation 7: Changes to information supplied for registration purposes	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 22: Insurance	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cheeverstown Phoenix OSV-0008379

Inspection ID: MON-0038652

Date of inspection: 22/05/2024

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
Registration Regulation 7: Changes to information supplied for registration purposes	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: On the 26/04/24 the provider submitted additional information to the Registration Team as Requested by the Inspector on the 22/04/24 regarding the change of Person in Charge for OSV-0008379 Cheeverstown Phoenix. This had been submitted by the provider to the Chief Inspector within the required 10 days of the appointment.</p>	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: All residents contracts of care will be reviewed and updated to ensure that they account for all charges and fees payable by the resident.</p> <p>An appendix will be added to each residents contracts of care which will clearly outline all charges and fees payable by the resident.</p>	

Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: All medication will be administered in line with their prescribed instruction and in line with the organisations Medication Management Policy.</p> <p>House specific training in medication management will be conducted for all staff by the organisation's medication trainer.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: All residents 'Meal Time Plans of Care' and 'Falls Prediction Score Assessments' will be reviewed and updated by the resident and their circle of support.</p> <p>The PIC will complete audits on each residents 'My Life Plan' and 'Personal Plan' to help identify any gaps in information or any areas of improvement.</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
Registration Regulation 7(2)(a)	Notwithstanding paragraph (1) of this regulation, the registered provider shall in any event notify the chief inspector in writing, within 10 days of this occurring, where the person in charge of a designated centre has ceased to be in charge.	Substantially Compliant	Yellow	26/04/2024
Registration Regulation 7(2)(b)	Notwithstanding paragraph (1) of this regulation, the registered provider shall in any event supply full and satisfactory information, within 10 days of the appointment of a new person in charge of the designated centre, in regard to the matters set out in Schedule 3.	Substantially Compliant	Yellow	26/04/2024
Regulation	The agreement	Not Compliant	Orange	31/07/2024

24(4)(a)	referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	31/07/2024
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal	Substantially Compliant	Yellow	31/07/2024

	development in accordance with his or her wishes.			
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	31/07/2024