



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:	Short Notice Announced
Date of inspection:	27 January 2023
Centre ID:	OSV-0004131
Fieldwork ID:	MON-0039122

About the designated centre

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

This designated centre is 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 housing estates in 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
Friday 27 January 2023	09:40hrs to 15:30hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with six of the eight residents in the designated centre. Residents were being supported to attend healthcare appointments or go to work during the day. Other residents enjoyed spending time in their own space. Residents were being supported to have their breakfast independently or with support, and staff were observed providing appropriate, respectful and dignified personal care where required.

Residents spoke with the inspector about their home, their families and their news. Residents talked to the inspector about how they had moved out temporarily to allow renovation work to be done and were glad to be back in their house, and told the inspector what works they'd like next for their home, such as more personal bedroom storage. One resident was happy that fire doors now had devices which allowed them to be open for easy navigation in their mobility equipment as well as facilitating the choice to have their bedroom door open. Residents spoke positively about their support staff, however commented that they did not enjoy how frequently they were supported by staff who were less familiar with their support needs or days on which their usual staff were relocated to other services. The residents had access to suitable vehicles to allow for community access. As there was no assessed risk necessitating locked doors, residents were observed navigating their home unobstructed.

Residents were spoken to by staff with respect and patience. One resident became upset and were supported to take their time in describing what was bothering them and were reassured of their choice to not do things or go places if they were not comfortable. Some residents told the inspector what they had done over Christmas and family with whom they met regularly.

As referred above, safe access around the house for residents with higher mobility support needs had improved. This was also true of evacuation routes in the event of emergency with new ramps and wide exit doors having been installed in the past year. A number of areas required cosmetic or repair works in bathrooms and kitchens, however residents' bedrooms and living rooms were comfortable, bright and personalised to their wishes.

The next two sections of this report will 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 provided.

Capacity and capability

The purpose of this inspection was to identify if works to address urgent safety issues and bring the provider into regulatory compliance had progressed. In the main, the provider had completed works set out to address high safety risks and some repair and replacement work to the premises as a whole. Some works were in progress and had yet to be completed.

The registration of this designated centre was renewed in 2022, conditional to a commitment by the provider to undertake a plan of work to address repeated findings of non-compliance related to fire safety and premises maintenance and accessibility. While the provider had some outstanding works to bring the centre into full compliance in the relevant regulations, works to address higher risk concerns related to fire evacuation and safe resident accessibility in their home had been done in line with the provider commitment.

The provider had appointed a new person in charge starting January 2023, who had undertaken an extensive handover period with their predecessor, and during the inspection demonstrated evidence of a positive and encouraging relationship with the residents in the house. The person in charge was full-time and was based on the premises of the designated centre, which allowed for suitable support of the local team and the service users as well as being familiar with areas requiring improvement in the day-to-day operation of the service.

Regulation 14: Persons in charge

The person in charge was sufficiently experienced as a service leader, having held this role in other designated centres, was suitably qualified in management of human services, and was familiar with their role and responsibilities under the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There were a number of items required to come into compliance with regulations which were still outstanding without expected completion dates, based on the findings of the provider's own reviews and the findings of the inspectors on previous inspections. However, the provider had addressed highest risk service deficits within their stated timeframes. Some areas for improvement were identified in ensuring sufficient continuity of staffing resources in supporting residents' social and personal needs.

Judgment: Substantially compliant

Quality and safety

Since the previous inspection in February 2022, works had been completed to address high risk service deficits to accessibility and fire safety. While there had been improvement in a number of aspects of regulatory compliance, a number of actions remained outstanding or were in progress at the time of this inspection.

The practice of routinely wedging fire doors open had ceased with the recent installation of devices which would hold fire doors open, but allow them to close in the event of an alarm trigger. This allowed residents to have doors open by their choice or as required to allow accessible navigation, without compromising the fire containment features. The provider had commissioned an external fire engineer report in June 2022 to provide assurance of the level of protection offered in evacuation corridors. Some items from this report requiring attention had yet to be addressed.

Not all fire doors had been equipped to automatically close, and doors which did have this feature did not close properly when tested. The provider had installed new exits and ramps to facilitate swift evacuation, with some assurance required through fire drills or other means to ensure that staff could achieve timely evacuation with these new arrangements.

There had been a significant improvement in the overall cleanliness of the designated centre since the previous inspection, and examples of some of repair works which had taken place. Some areas of premises repair remained outstanding, particularly in kitchen and bathroom spaces, however the person in charge was aware of the remaining works and the inspector observed a number of these issues being highlighted to the facilities services for attention and response.

Regulation 17: Premises

A number of areas were not in an ideal state of maintenance in the designated centre. This included, but was not limited to damage, peeling, cracks or holes in:

- bathroom tiling,
- floorboards,
- room doors,
- kitchen cabinets,
- radiators,
- a shower enclosure,
- ceilings.

The provider had completed urgent works to address areas in the house which

posed a safety hazard or which compromised accessibility in the centre. This included the addition of appropriate hold-open devices to allow residents to have open and easy access without wedging fire doors, as well as external ramps and wider doorways to support residents requiring equipment to evacuate.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There had been improvements to the overall cleanliness of the designated centre. Some areas of the house could not effectively be cleaned and sanitised due to peeling, chipped, worn or damaged surfaces including those referenced above.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had commissioned an external fire safety risk assessment from which they were assured of the fire rating of the walls, doors and ceilings. It was not clear what action had been taken to address some of the areas identified for improvement from this report.

The provider had recently installed devices which could hold self-closing doors open by residents' choice or to allow them to navigate their home, without compromising the safety features by using wedges and props. Some self-closing devices had yet to be installed on room doors along evacuation hallways. When tested on inspection, some doors did not close fully when released; this had not been identified in routine checks. Some review was required to smoke seals and intumescent strips to ensure these operated effectively to contain spread of smoke and fire.

Since the last inspection, the provider had installed new wide emergency exit doors and ramps to allow safe and timely egress by residents with higher mobility support requirements. The provider had yet to conduct a practice evacuation drill since this change in one of the houses to be assured that correct procedures and efficient times could be achieved by the team members during times of minimal staffing. However the inspector found examples in drills of the other house which indicated actions which had been taken to make routes safer following observations made during practice runs, such as extending ramps for easy bed evacuation. The evacuation maps in the centre needed to be updated to reflect new evacuation route.

The houses were equipped with unobstructed evacuation routes, emergency lighting and fire fighting equipment which were within their dates of service and

certification.

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	
Regulation 14: Persons in charge	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

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

Inspection ID: MON-0039122

Date of inspection: 27/01/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Currently in this center there is 1 WTE vacancy. This has been actively recruited against and a suitable candidate found with a due date of 30th April '23 for commencement. The Person in charge will review these rosters on a weekly basis to ensure accuracy of personal.</p> <p>A schedule of works will be completed to address outstanding issues relating to premises and IPC found from the provider visit and audits completed. This scheduled of work will be completed by the 31/12/23</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Repairs to damage, peeling, cracks and holes in: Works Part A</p> <ul style="list-style-type: none"> • bathroom tiling will be completed by 31/5/23 • room doors – an assessment of works will be carried out and works identified will be completed by 30/6/23 • a shower enclosure will be complete by 30/6/23 • ceiling will be completed by 31/3/23 • floorboards will be completed by 31/5/23 	

- radiators will be completed by 31/5/23

Works Part B

The remaining works identified below will be completed when fire remediation works take place for this property to minimise disruption to the residents.

- kitchen cabinets completed by 31/12/23

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

Areas identified during the inspection that could not effectively be cleaned and sanitised due to peeling, chipped, worn or damaged surfaces will be repaired.

Works Part A

- bathroom tiling will be completed by 31/5/23
- room doors – an assessment of works will be carried out and works identified will be completed by 30/6/23
- a shower enclosure will be complete by 30/6/23
- ceiling will be completed by 31/3/23
- floorboards will be completed by 31/5/23
- radiators will be completed by 31/5/23

Works Part B

The remaining works identified below will be completed when fire remediation works take place for this property to minimise disruption to the residents.

- kitchen cabinets completed by 31/12/23

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The door that was missing its self-closing device in House A, that had been identified during this inspection will be installed by the 31/3/23

An assessment and fire drill will be completed on the new hold opening devices fitted to doors to ensure that they close fully when released.

An Assessment to smoke seals and intumescent strips to ensure these operated effectively to contain spread of smoke and fire.

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	31/12/2023
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/04/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is	Substantially Compliant	Yellow	30/04/2023

	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/06/2023
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	31/03/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/03/2023
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	31/03/2023
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and	Substantially Compliant	Yellow	31/03/2023

	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.			
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	10/03/2023