



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

Issued by the Chief Inspector

Name of designated centre:	The Haven
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	29 June 2021
Centre ID:	OSV-0007941
Fieldwork ID:	MON-0031999

About the designated centre

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

This is a service providing care and support to four people with disabilities and is located just outside a small town in Co. Louth. The house comprises of four large en-suite bedrooms, an open plan kitchen, dining room and TV room, an additional large separate sitting room, a communal bathroom, a utility facility and a staff office. Each resident has their own en-suite bedroom, with one resident also having their own small sitting room on the first floor of the house. There is a garden area to the front of the property with both private and on street parking available and a large enclosed garden area to the rear. While the house is in walking distance to the nearest town, private transport is also available to the residents for social outings and trips further afield. The house is staffed on a 24/7 basis with a person in charge (who is a clinical nurse manager III), a house manager (clinical nurse manager I), two staff nurses, a social care worker and a team of healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 - 2015 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 29 June 2021	10:00hrs to 14:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspector met with two residents, spoke with one of them and spoke with one family representative over the phone, so as to get their feedback on the service provided. The residents met with appeared very happy in their home, and staff were observed to be person centred in responding to their needs.

The one resident spoken with, informed the inspector that they loved their home and got on very well with the staff team. They invited the inspector to see their house, which was observed to be warm, welcoming and homely. It was also decorated to take the individual style, choice and preference of each resident into account. The resident said to the inspector that they chose their own furniture and paint colours for their room and that they were delighted with it.

They also told the inspector that if they had any issues or complaints, they would speak with a staff member. However, they said had no complaints whatsoever about any aspect of the house and that they loved living there.

The house had well maintained garden areas to both the front and back and some residents liked to grow flowers and relax in the gardens when the weather was good. Over the course of this inspection the inspector observed one resident tending to the front garden, with the support of staff. The resident said that they very much enjoyed this activity and, informed the inspector that they were getting new garden furniture for the back garden soon.

The inspector observed that residents were relaxed and comfortable in the presence of staff and, staff were at all times, observed to be professional, kind and caring in their interactions with the residents. Residents were empowered to make their own choices for themselves, and staff were observed to be supportive and respectful of their decisions.

For example, some residents had made the choice not to return to day services now that the COVID-19 restrictions were lifted and, the service was respectful and supportive of this decision. Where this was the case, in-house activities were provided to the residents during the day, to include social outings, arts and crafts, gardening, baking, cooking and relaxation therapies. The inspector saw pictures of residents engaging in some of these activities and, they appeared to enjoy them very much.

Other residents made the decision to return to day services, but on their own terms. For example, one wished to return on a part-basis only, where they could meet their friends on specific days and engage in social and recreational activities of their choosing together. Again, this decision was respected and supported by the staff team.

The resident spoken with informed the inspector that they were looking forward to

meeting up with family and friends over the summer months now that the restrictions were lifting. They said that they loved to go on hotel breaks and were organising one, later on in the summer. Prior to lockdown, the resident told the inspector that they had been on holidays abroad and had a great time. For example, they had been to Paris and showed the inspector pictures of this trip which they seemed to have very much enjoyed.

A range of social and community based activities was also available to the residents which were based on their interests and preferred choices. For example, on the day of this inspection, two residents had decided to take a ferry trip on Carlingford Lough which was something that they had wanted to do, once the restrictions were lifted and it was safe to do so. Another resident had an interest in wildlife and liked to go to Tayto Park and Dublin Zoo to see the animals. The inspector observed that staff ensured these trips were facilitated for the resident. There was also a small park/green area to the front of the house and residents liked to go for walks around it in the good weather.

The family member spoken with over the phone was very positive about the quality and safety of the care provided to their relative. They said they were delighted with the service and, that it had been a wonderful experience for their loved one. They also said that the staff team were not only great, but also kind and caring. For example, they said that staff were very respectful of the preferred routines and choices of the residents and, they were very good to them. The family representative said they were very happy with the quality and safety of care provided in the house and if they had any concerns, they would have no issues raising them with the staff team. However, they said they had no issues whatsoever with the service and that their loved one was very happy living there.

Overall, the governance and management arrangements in place in this service, were responsive in supporting and promoting the rights of the residents. Residents lived lives of their choosing (with support as required) and one told the inspector that they loved their home. Staff were observed to be professional, yet warm and caring in their interactions with the residents and residents appeared relaxed and comfortable in the presence and company of staff members. Feedback on the service from the resident and one family representative spoken with, was also found to be positive and complimentary.

While a minor issue was found with the process of risk management, the provider demonstrated they had the capacity to operate a responsive service, resulting in positive outcomes for the residents. The next two sections of this report, Capacity and Capability and Quality and Safety further expands on the above points.

Capacity and capability

The one resident spoken with as part of this inspection process informed the inspector that they loved their home and, the provider ensured that supports and

resources were in place to meet all residents' assessed needs.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by a house manager who worked in the house on a regular basis. The person in charge and house manager were experienced, qualified nursing professionals and provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the residents were being provided for.

They also ensured staff were appropriately qualified, trained and supervised so that they had the required skills to meet the assessed needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, medication management, positive behavioural support, manual handling and infection control.

The person in charge was found to be responsive to the inspection process and aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). For example, they were aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations. They were also aware that the statement of purpose had to be reviewed annually (or sooner), if required.

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

The person in charge and house manager also ensured the centre was monitored and audited as required by the regulations. The annual review of the quality and safety of care was not due at the time of this inspection however, a six-monthly unannounced audit of the centre had been completed in May 2021. These audits were ensuring the service remained responsive to the regulations and responsive in meeting the needs of the residents.

For example, the audit identified that due to the COVID-19 pandemic, some staff required refresher training in basic life saving. This issue had been highlighted to the person in charge through the auditing process and they in turn, put a plan of action in place to address it. The inspector observed that dates had been confirmed for staff to attend this training over the next few months.

Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified nurse with experience of working in and managing services for people with

disabilities. They were also aware of their remit to the Regulations and responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

The inspector was satisfied that there were adequate staffing arrangements in place to meet the needs of residents. Of a small sample of files viewed, staff had training in safeguarding of vulnerable adults, fire training, manual handling and infection control. Some refresher face to face practical training was overdue owing to the current COVID-19 pandemic however, there were plans in place to address this issue.

Staff spoken with as part of this inspection process demonstrated that they had the experience and knowledge to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by a house manager who worked in the house on a regular basis. The person in charge and house manager were experienced, qualified nursing professionals and provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the residents were being provided for.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives within their home and community and, systems were in place to meet their assessed health, emotional and social care needs. A minor issue was identified with the process of risk management which is discussed later in this report.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community, get to know their neighbours and, maintain links with their families and friends. While a number of community-based activities and day services had been on hold due to COVID-19, residents were supported to engage in social, recreational and learning activities in their own home. Such activities included arts and crafts, painting, gardening, baking and cooking.

The inspector spoke with one of the residents over the course of this inspection. The resident informed the inspector that prior to the COVID-19 pandemic, they had gone on foreign holidays and loved to go on luxury weekend hotel breaks. They also enjoyed meals out and shopping trips. They were looking forward to getting back to normal now that the restrictions were lifting and, were organising a weekend break away with family and friends later in the summer.

A number of day service options were also available to the residents however, after the restrictions were lifted, some had decided not to return to day services or, only return on a part time basis. These decisions were respected and supported by the management and staff of the house. Some residents were also attending day service classes/activities online and were happy to continue to do so.

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include general practitioner (GP) services formed part of the service provided. Residents also had access to physiotherapy, dental services and a chiropodist. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care. Access to mental health services and behavioural support were provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support.

Systems were in place to safeguarding the residents and where or if required, safeguarding plans were developed. However, at the time of this inspection, there were no safeguarding issues on file. One resident informed the inspector that if they had any issues or complaints in their home, they would speak with a staff member. A family representative spoken with, also informed the inspector that they were happy with the quality and safety of care provided in the service. From speaking with one staff member over the course of this inspection, the inspector was assured

that they had the skills, confidence and knowledge to report any concern to management if they had one. Staff also had training in safeguarding of vulnerable persons and open disclosure. Information on how to contact the safeguarding officer and an independent advocate was also available in the centre.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. However, one aspect of the risk management process required review. For example, some of the control measures in place to mitigate some risks were not explicitly stated in individual risk assessment. Notwithstanding, staff were able to verbalise to the inspector the control measures used to promote the residents safety.

There were also systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house. The inspector also observed staff wearing PPE throughout the course of this inspection. The person in charge also informed the inspector that there were enhanced cleaning schedules in place for the whole house.

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents held weekly meetings where they agreed on social outings and meal plans for the week. Residents were directly involved in the running of their home and staff were supportive of their individual autonomy and rights. It was also observed that residents made the choice to either not return to days services or, only return on a part-time basis after the COVID-19 restrictions were lifted. These decisions were respected and promoted by management and staff working in the centre.

Regulation 26: Risk management procedures

One aspect of the risk management process required review. For example, some of the control measures in place to mitigate some risks were not explicitly stated in individual risk assessments.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The person in charge and house manager had ensured that control measures were in place to protect against and minimise the risk of infection of COVID-19 to residents and staff working in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain links with their families.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP and mental health services formed part of the service provided.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents in the house. Staff had training in safeguarding of vulnerable adults and information was available on how to access to an independent advocate and safeguarding officer, if required.

Judgment: Compliant

Regulation 9: Residents' rights

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents were directly involved in the running of their home and staff were seen to be supportive of their individual autonomy.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	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 The Haven OSV-0007941

Inspection ID: MON-0031999

Date of inspection: 29/06/2021

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Epilepsy risk assessment has been reviewed on 5.7.2021 and an additional control reflecting the fact that the house has a waking night staff has been added</p> <p>Falls assessment will have review completed by 12.7.2021</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 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	12/07/2021