Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	The Haven
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	25 June 2019
Centre ID:	OSV-0005236
Fieldwork ID:	MON-0024394

About the designated centre

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

The Haven is located in a rural area of County Kildare and provides 24 hour residential supports to five adults with an intellectual disability. The centre consisted of a large two storey, five bedroomed house with an adjacent self-contained one bedroom apartment. In the main house the ground floor consists of a kitchen, utility area, living room, sitting room and bathroom and four bedrooms, one of which is the staff sleepover room/office. Two of the residents' bedrooms downstairs are ensuite. There are two bedrooms upstairs both of which have an ensuite bathroom, there is also a staff office and games room/staff sleepover room. The apartment contains a kitchen come dining room, a sitting room, a sensory room, bedroom and large bathroom. There is also a spacious garden for recreational use and spacious grounds surrounding the house and apartment. The staff team is made up of social care workers, assistant social care workers, deputy managers, and a person in charge. Nursing input is available from a nurse employed in the wider organisation.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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
25 June 2019	09:30hrs to 16:50hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to briefly meet two of the residents residing in the centre on the day of the inspection. They appeared comfortable in their home and with the levels of support offered by staff.

From reviewing documentation, through observations and by speaking with staff it was evident that residents were actively participating in their local community. They had access to vehicles to support them to do this. They were meeting with their keyworkers regularly to discuss their goals and the steps required to achieve them.

Residents were afforded the opportunity to give feedback on the quality and safety of care in the centre through a satisfaction survey. The information gathered in these surveys were being used to inform the next annual review of quality and safety of care in the centre.

Capacity and capability

Overall, the inspector found that the registered provider and person in charge were monitoring the quality of care and support for residents. They were completing regular audits and these reviews were identifying areas for improvement in line with the findings of this inspection. However, the actions identified in some of these reviews were not progressing in line with the dates identified in them by the provider. These areas included; evidencing that they were sharing learning following incidents and adverse events and the review of residents' comprehensive needs assessments and other documentation to ensure it is reflective of residents current care and support needs.

There were clearly defined management structures in the centre which identified the lines of authority and accountability. Staff had specific roles and responsibilities for aspects of residents' care and support. The staff team reported to the person in charge who in turn reported to the director of operations (DOO). There were two deputy team leaders who were responsible for the day-to-day running of the centre in the absence of the person in charge.

The person in charge and director of operations were meeting regularly and the person in charge was completing weekly reports to the DOO which reviewed aspects of care and support in the centre. Staff meetings were held regularly in the centre and agenda items were resident focused. The annual review and six monthly reviews were occurring in line with the requirements of the regulations. However, the annual review was not available for residents and staff in the centre. It was

made available to inspector at end of the inspection.

The two deputy team leaders and new director of operations facilitated the inspection. The person in charge was not on duty on the day of the inspection but made themselves available to the inspector on the phone if required. The inspector found that the two deputy team leaders and DOO were knowledgeable in relation to residents' care and support needs and their responsibilities in relation to monitoring the quality of care and support in the centre. The inspector also had an opportunity to meet with the new behaviour specialist in the centre and to discuss residents' support plans, audits they were completing of residents' personal plans and the review of restrictive practices in the centre.

There was one staffing vacancy in the centre and the provider was in the process of recruiting to fill this vacancy. The interviews had been completed. In the interim, the provider was attempting to minimise the impact of the vacancy by using regular relief staff and by staff completing extra hours. The provider was also aware that they needed to increase staffing levels over the coming months in line with upcoming planned leave. The DOO outlined plans to increase staffing by 12% to cover planned and unplanned leave over the coming months. There had been a number of staffing changes in the months preceding the inspection. These included staff leaving and new staff including a new person in charge, DOO and two deputy team leaders commencing in the centre. The staff team had completed a team bonding session and were in the process of settling into the centre. In line with the changes in the staffing team there was an increased focus on staff supervision and performance management. Throughout the inspection residents appeared happy, relaxed and to be engaging in activities of their choosing. They appeared comfortable in the presence of staff and with the levels of support offered to them.

Staff members who spoke with the inspectors were knowledgeable in relation to residents' care and support needs. They had completed mandatory training and refreshers in line with the organisations' policy and were in receipt of regular formal supervision to support them to carry out their roles and responsibilities to the best of their abilities.

Regulation 15: Staffing

There was one staffing vacancy in the centre at the time of the inspection. The provider was attempting to minimise the impact for residents by using regular relief staff and staff completing extra hours. The provider was also aware that they needed to increase staffing levels over the coming months in line with upcoming planned leave. Residents appeared comfortable with staff and the level of supports available to them. Staff who spoke with the inspector were knowledgeable in relation to residents' specific care and support needs.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and refreshers and had also completed additional training in line with residents' needs. Staff were in receipt of regular formal supervision. and performance management to support them to carry out their roles and responsibilities to the best of their abilities.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was in place and contained all the information required by the regulations. There was evidence that it was reviewed and updated regularly.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures in place. Staff had specific roles and responsibilities in relation to residents' care and support. There were systems in place to monitor the quality and safety of care and support for residents such as the annual review and six monthly visits by the provider. These reviews were identifying areas of improvement in line with the findings of this inspection. However, the actions developed as a result of these reviews were not being progressed in line with the timeframes identified in them. The annual review was not available in the centre for residents or staff to access it.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that the provider and person in charge were striving to ensure that the quality of the service provided for residents was good. Residents were being supported to gain independence and make choice in their daily lives. They had opportunities to take part in activities in line with their interests and wishes. The provider was recognising areas for improvement in line with the findings

of this inspection.

The premises was warm, comfortable, homely and well maintained. The design and layout was currently meeting residents' needs. There were areas in need of maintenance and areas in need of painting. The areas in need of maintenance had been logged and plans were in place to complete the required works. Painting works had commenced. There was plenty of private and communal accommodation for residents in the centre.

Residents' personal plans were person-centred and each resident had access to a keyworker to support them to develop their goals. However, in line with the finding of the providers' audits there were some gaps in documentation in some residents' personal plans. Residents' assessments of need were under review as they were not reflective of residents' current care and support needs. In addition, keyworkers were in the process of supporting residents to develop an accessible version of their personal plan in line with their wishes and preferences. The inspector found that these gaps were not contributing to significant risk for residents as staff were knowledgeable in relation to their care and support needs. However, they required review to ensure information was consistent and guiding staff practice to support residents with their care and support needs.

Following a recent multidisciplinary team review of restrictive practices in the centre, a number of restrictive measures had been removed and there was evidence of a reduction in the use of others. Restrictive practices were discussed at handover and scenarios where physical interventions may be used discussed and practiced. Staff had the up-to-date knowledge and skills to support residents to meet their assessed needs. Plans were in place for the entire team to have refresher training to support residents with their assessed needs. Residents had access to the support of relevant allied health professionals in line with their assessed needs and their plans were reviewed and updated regularly. These plans were clearly guiding staff practice to support them.

Residents were protected by safeguarding policies, procedures and practices in the centre. Staff had access to training to support them to carry out their roles and responsibilities in relation to safeguarding residents. The provider was reporting and escalating safeguarding concerns in line with the organisations' and national policies and putting safeguarding measures in place as required.

Overall, residents were protected by appropriate risk management policies, procedures and practices. There was a system for keeping residents safe while responding to emergencies. There was a risk register and risk assessments which was reviewed and updated regularly. However, one risk relating to fire safety was not captured in the residents' individual risk management plan. Through discussions with staff and the review of incident reports, there was some evidence of incident review and learning which was resulting in a reduction in incidents and adverse events. However, documentary evidence of this was limited in relation to regular sharing of learning across the team.

Residents were protected by the arrangements in place to detect, contain and

extinguish fires. There was evidence that equipment was maintained and regularly serviced in line with the requirement of the regulations. Each resident had a personal emergency evacuation questionnaire and procedure in place. However, on reviewing these documents and through discussions with staff, the inspector found that they were not clearly guiding staff to support residents or in line with learning from previous fire drills in the centre. There had been a number of fire drills completed in the centre where areas for improvement and actions were identified. There was no documentary evidence that these improvements had been made or that the required actions had been completed.

Regulation 17: Premises

The centre was spacious, clean, homely and kept in a good state of repair.
The design and layout was in line with the centres' statement of purpose and was meeting the number and needs of residents in the centre. The provider had plans in place to further develop the outside areas around the centre and had secured quotes to have these works completed.

Judgment: Compliant

Regulation 26: Risk management procedures

Overall, residents were protected by appropriate risk management polices, procedures and practices. General and individual risk assessments and the local risk register were in place and reviewed regularly. However, improvement was required in relation to reflecting risks in residents' individual risk management plans and sharing learning across the team in relation to incidents and adverse events in the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were suitable arrangements in place to detect and extinguish fires and evidence of servicing of equipment in line with the requirements of the regulations. Staff had appropriate training, fire drills were held regularly and residents had personal emergency evacuation plans. However, a number of residents personal evacuation procedures required review to ensure that they were reflective of the supports residents required to safely evacuate the centre. In addition, actions identified as a result of learning from fire drills required completion.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' personal plans were person-centred and each resident had access to a keyworker to support them to develop their goals. However, in line with the finding of the providers' audits there were some gaps in documentation in some residents' personal plans. Residents' assessments of need were under review as they were not reflective of residents' current care and support needs. In addition, keyworkers were in the process of supporting residents to develop an accessible version of their personal plan in line with their wishes and preferences.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents had access to the support of relevant allied health professionals to support them. There was evidence of regular review of residents' plans to ensure they were effective. Staff had access to relevant training and refreshers to support residents. There was evidence that restrictive measures were reviewed regularly to ensure the least restrictive were used for the shortest duration. There was evidence that a number of restrictive practices had recently been removed in the centre and that the use of others had reduced.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by safeguarding polices, procedures and practices. Safeguarding concerns were managed appropriately with appropriate measures taken by the provider to keep residents safe.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Haven OSV-0005236

Inspection ID: MON-0024394

Date of inspection: 25/06/2019

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. The person in charge to ensure the annual review report is made available in the Centre for the Resident's and Care Staff to access it. This will be done through resident's key-working sessions and at the next staff team meeting. 2. The person in charge to conduct a review of all outstanding actions within the annual and six-monthly reports and ensure their completeness in a timely manner.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: 1. The person in charge to ensure that any learnings identified in relation to the management of incidents and adverse events are shared and discussed at monthly staff team meetings. 2. The person in charge to ensure resident's risk management plans are reflective of the resident's current risks.	

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: 1. The person in charge to ensure resident's personal evacuation procedures are reviewed and reflective of the support's residents require to safely evacuate the Centre. 2. Actions identified as a result of learning from fire drills to be discussed at the next monthly staff team meeting and individual risk management plans are reflective of the current risks.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: 1. The person in charge to review gaps in documentation in resident's personal plans, in line with the finding of the providers' audits and ensure their completeness. 2. The person in charge shall ensure that a comprehensive needs assessment, is conducted for each resident to reflect the changes in the residents' needs and circumstances. 3. keyworkers to develop an accessible version of the residents' personal plan in line with their wishes and preferences. The person in charge shall ensure its completeness.	

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 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 safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	28/08/2019
Regulation 23(1)(f)	The registered provider shall ensure that that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the chief inspector.	Substantially Compliant	Yellow	02/08/2019
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	23/07/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	07/08/2019

Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	24/07/2019
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	24/07/2019
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	21/08/2019
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	14/08/2019
Regulation 05(6)(c)	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 assess the effectiveness of the plan.	Substantially Compliant	Yellow	28/08/2019