



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 CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	20 June 2023
Centre ID:	OSV-0007941
Fieldwork ID:	MON-0031501

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 (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 20 June 2023	09:45hrs to 15:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This inspection took place over the course of one day and in a manner so as to comply with current public health guidelines to minimise potential risk to the residents and staff. At the time of this inspection, there were 4 residents living in the centre and the inspector met with all of them. Written feedback on the quality and safety of care from residents was also viewed by the inspector as part of this inspection process. Additionally, the inspector spoke with one family representative over the phone so as to get their feedback on the service provided.

The centre comprised of a detached two-story house in a residential area in County Louth and was in close proximity to a large town. Private transport was available to the residents so as they had access to their various day services and other community-based activities.

On arrival to the centre the inspector observed that the house was homely, clean and well maintained. Two residents were at day services and two were at home. Residents appeared relaxed and comfortable in their home and, made their own decisions about what social and recreational activities to engage in and how they wanted their rooms decorated. It was also observed there was a professional and friendly rapport between staff and the residents.

The inspector had a cup of tea with two of the residents at the start of the inspection process. While one of the residents did not speak directly with the inspector, they appeared comfortable and relaxed in their home and smiled when staff interacted with them. The other resident informed the inspector that they loved their home and spoke about their day service. They said that they decided for themselves that they only wished to go to their day service twice a week and this decision was supported and respected by the staff team. They also said they enjoyed meeting up with their boyfriend, going shopping and liked to get their hair and nails done. The inspector observed that this resident enjoyed being in the company of staff and staff were kind and caring in their interactions with them.

Residents were being supported to engage in a number of social, recreational and learning activities of their choosing. For example, for those that attended day services activities such as mindful movement, horticulture, art work, cookery and computer skills development were available. Additionally, residents liked to go shopping, to the cinema, go on day trips, to the theatre and avail of short hotel breaks. From a sample of files viewed, the inspector saw that residents were being supported to achieve a number of goals in 2023 to include going on holidays abroad, attending concerts and musical festivals. One resident wanted a poly tunnel so as they could grow their own fruit and vegetables and another resident was a volunteer with a national charity doing work that they very much enjoyed.

One resident invited the inspector to view their room. They informed the inspector that they loved their room and en-suite and it was decorated exactly the way in

which they wanted. They also had their own private sitting room where they could spend time by themselves relaxing watching television. This resident also invited the inspector to have lunch with staff and another resident. Lunch was observed to be a relaxed social event with staff and residents sharing stories and news and enjoying each others company. One resident was quiet while having their lunch but staff were observed include them in conversation as they understood and were respectful of the residents communication style and preference.

The person in charge informed the inspector that the organisation had recently employed an assisted decision making co-ordinator and as part of this development, individual personal plans were being updated so as to ensure they reflected and documented the will and preference of each resident. Additionally, some staff had undertaken training in consent and capacity legislation and the inspector observed over the course of this inspection that they were at all times respectful of the individual choices of the residents. For example, residents wishes with regard to attending day services or not, were respected. Staff also ensured residents goals were achieved and where a resident had a particular interest in an activity such as volunteering, gardening or mindful movement, staff were encouraging and supportive of such activities and in ensuring that the will and preference of the residents was respected.

Written feedback on the quality and safety of care viewed by the inspector was found to be positive. Residents reported that they felt their rights were supported in the service, they were happy in their home, they were happy with their rooms, happy with the menu options available, happy with the staff team and with the level of social/recreational activities on offer.

The family member spoken with over the phone was equally as positive and complimentary about the quality and safety of care provided in the service. They said that their relative was very settled and happy in the house and there was a range of social activities for them to participate in. For example, the resident liked stories and staff supported them to go to the library to get books of interest to them. They also said that their relative was a member of a local GAA club where they liked to use the walking track. They also liked shopping, meals out, swimming, going to agricultural shows, musical festivals, the zoo, social outings and to go on holidays. The family member said that staff were kind and caring and when they visited the centre, staff made them feel welcome and at home. Additionally, their relatives independence was being supported and encouraged and their room was decorated exactly they way they wanted it to be. The family member said that the staff team made a great effort in ensuring their relative celebrated and enjoyed a recent landmark birthday and that they had a great quality of life living in this service.

Towards the end of the inspection the inspector met with the other two residents when they returned from day services. Both appeared in good form and one told the inspector that were happy living in the house. The other resident was observed to be having a cup of tea with staff and appeared in good form.

Over the course of this inspection the inspector observed that there was a friendly,

family orientated atmosphere in this house and staff supported the residents in a professional, person-centred and caring manner. They were at all times attentive to the needs of the residents and, residents were observed to be relaxed and comfortable in their home. Additionally, staff were respectful of the communication preferences and individual choices of the residents and feedback from a family member and residents on the quality and safety of care was positive and complimentary.

The next two sections of the report outline 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 residents' lives.

Capacity and capability

Residents appeared happy and content in their homes and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge. They provided leadership and support to their staff team and were supported in their role by a clinical nurse manager I (CNM I).

The person in charge was employed on a full-time basis with the organisation and was a qualified nursing professional with a number of years experience of working in and managing services for people with disabilities. Over the course of this inspection, they demonstrated a good knowledge of the residents' assessed needs and were aware of their responsibilities and 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).

The CNM I, a staff nurse and a healthcare assistant were also spoken with by the inspector over the course of the inspection and they too demonstrated a very good knowledge of the assessed needs of the residents.

A review of a sample of rosters from May 2023 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the CNM I on the day of this inspection. Systems were also in place so as to ensure they were receiving formal supervision and support from a member of the management team.

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included safeguarding of vulnerable adults, fire safety, manual handling, first aid and the safe administration of medicines.

Additionally, the person in charge informed the inspector that staff had undertaken training in capacity legislation and consent. Examples of how staff put this additional

training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: 'What residents told us and what inspectors observed'.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2022 and, a six-monthly unannounced visit to the centre had been carried out in December 2022 and June 2023. On completion of these audits, a quality enhancement plan was developed so to address any issues identified in a timely manner.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application for the renewal of the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a qualified and experienced nursing professional and was found to be 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). They were also found to be well prepared for and responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

A review of a sample of rosters from May 2023 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the CNM I on the day of this inspection. Systems were also in place so as to ensure they were receiving formal supervision and support from a member of the management team.

Judgment: Compliant

Regulation 16: Training and staff development

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included:

- safeguarding of vulnerable adults
- fire safety
- open disclosure
- basic life saving
- manual handling
- basic first aid
- safe administration of medicines
- health and safety
- Children First
- Positive Behavioural Support

Additionally, staff had undertaken training in capacity legislation and consent.

It was observed that one staff member was required to undertake refresher training in the practical element of manual handling however, the CNM I was aware of this and had a date had been set for this staff member to complete this refresher training in July 2023.

Judgment: Compliant

Regulation 19: Directory of residents

The provider submitted an up-to-date directory of residents as required for the renewal of the registration of the centre.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted up-to-date insurance details as part of the renewal registration process for the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which was led by a person in charge. They provided leadership and support to their staff team and were supported in their role by an assisted director of service, a team leader and a CNM I.

The provider also had systems in place to monitor and audit the service as required by the regulations. An annual review of the quality and safety of care had been completed for 2022 and, a six-monthly unannounced visit to the centre had been carried out in December 2022 and June 2023.

On completion of these audits a quality enhancement plan was developed to address any issues identified.

For example, some issues had been identified a number of internal doors, the statement of purpose required updating, parts of the garden needed attention and some documentation required updating. These issues had been addressed (or plans were in place to address them) at the time of this inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre in line with the regulations.

Judgment: Compliant

Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and choices and, systems were in place to meet their assessed health and social care needs.

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities. Residents were also supported to maintain regular contact with their friends and family members.

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals. Hospital appointments were facilitated as required and each resident had a number of healthcare-related plans in place so as to inform and guide practice. One staff spoken with was able to guide the inspector through the care plans in place for one of the residents.

Residents were supported to experience positive mental health and where required, had access to behavioural support. Positive behavioural support plans were also in place which guided staff on how to provide person-centred care to residents that required this support. Again, one staff spoken with was aware of how to support residents in a person-centred manner and in line with their positive behavioural support plans.

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there were two open safeguarding plans in the centre. However, these issues had been reported to the safeguarding officer, relevant external bodies and safeguarding plans were in place to keep residents safe. Systems were also 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 well being. Additionally, infection prevention and control (IPC) measures were in place to mitigate against the risk of an outbreak of COVID-19 and other infectious diseases in the centre.

Adequate fire fighting systems were in place to include a fire alarm, fire doors, fire extinguishers, fire blanket and emergency lighting. Equipment was being serviced as required by the regulations. Staff also completed as required checks on all fire equipment in the centre and had training in fire safety. Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place.

Overall this inspection found that the rights, individual choices and preferences of the residents were being promoted and they were being supported to choose their daily routines and engage in activities of their individual preference and liking.

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents. Each resident had their own bedroom which were decorated to their individual style and preference. Additionally, there was a large fully equipped kitchen/dining room, a sitting room, a utility facility and staff office. One resident also had access to a private sitting room on the first floor of the house. The premises also had a large back garden area with garden furniture for residents to use when the weather was good.

They were also observed to be well maintained on the day of this inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were 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 well being.

For example, where a resident was at risk of falling a number of control measures were in place to include a falls risk assessment and access to a physiotherapist for advice and support.

Where a resident may be at risk in the community, staff supervision and support was provided.

Judgment: Compliant

Regulation 27: Protection against infection

Infection control measures (IPC) were in place to mitigate against the risk of an outbreak of COVID-19 and other infectious diseases in the centre.

Additionally, staff had been provided with training in IPC related topics to include:

- Infection Prevention Control
- Cleaning and Disinfecting the Healthcare Environment and Equipment

- Management of Spills
- Hand Hygiene
- Respiratory Hygiene and Cough Etiquette
- Donning and Doffing of Personal Protective Equipment
- Standard Transmission-Based Precautions
- Anti-Microbial Stewardship

The person in charge informed the inspector that there were also adequate supplies of PPE available and hand sanitising gels were in place throughout the centre.

Additionally, the inspector observed that there were a number of cleaning schedules in place which were being adhered to.

The premises were also observed to be clean and well maintained on the day of this inspection.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a fire alarm, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. Staff also completed as required checks on all fire equipment in the centre and had training in fire safety.

Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place.

It was observed that there was no fire panel in this service however, the fire alarm system in place had been approved by the housing body responsible for the centre and the service provider provided written assurances that the fire fighting system was appropriate for this type of dwelling.

Additionally, the person in charge and the CNM 1 also informed the inspector the service was looking into getting a fire panel installed in the house.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' assessed needs were detailed in their individual personal plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities.

For example, as discussed earlier in this report, some residents were being supported to go on a holiday abroad, attend musical festivals and go on short holiday breaks as part of their goals person-centred plans.

Residents also liked activities such as

- shopping
- going for a meal out
- going to the cinema
- volunteering in their local community
- attending day services
- reflexology
- mindful movement
- getting their hair and nails done
- celebrating birthdays
- going to the library
- gardening and horticulture

Residents were also supported to keep in regular contact with their families and one family member spoken with said that their relative had a great social life living in this house.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- general practitioner (GP)
- physiotherapy
- women's health programmes
- dentist
- speech and language therapy

Additionally, each resident had a number of healthcare-related plans in place so as to inform and guide practice and one staff spoken with was able to guide the inspector through the care plan in place for one of the residents.

Hospital appointments were facilitated as required and each resident had a hospital passport on file.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience positive mental health and where required, had access to psychiatry and behavioural support.

Positive behavioural support plans were also in place which guided staff on how to provide person-centred care to residents that required support with behavioural issues.

One staff spoken with was aware of how to support residents in a person-centred manner and in line with their positive behavioural support plans.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there were two open safeguarding plans in the centre. However, these issues had been reported to the safeguarding officer, relevant external bodies and safeguarding plans were in place to keep residents safe. Additionally, a provider led investigation was underway regarding one of these safeguarding concerns.

Staff spoken with reported that they would have no issues whatsoever in reporting a concern (if they had one) to the CNM I or person in charge. Additionally, from a sample of files viewed, staff had training in safeguarding of vulnerable adults and open disclosure.

Judgment: Compliant

Regulation 9: Residents' rights

The rights, individual choices and preferences of the residents were being promoted and they were being supported to choose their daily routines and engage in activities of their individual preference and liking.

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 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant