



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

## Issued by the Chief Inspector

Name of designated centre:	Soolhaven
Name of provider:	Gateway Community Care Limited
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	07 February 2023
Centre ID:	OSV-0007794
Fieldwork ID:	MON-0029940

## About the designated centre

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

Soolhaven is located in a rural village, but within a short drive to a town with further amenities in Co. Roscommon. The designated centre provides long-stay residential/shared care for up to three residents who are diagnosed with autism and or an intellectual disability. The aim of management and staff of Soolhaven is to create an environment which supports the service user to live as independently as their physical and mental health allows. Each resident is supported and encouraged according to their individual routines and preferences. Soolhaven comprises of four bedrooms as well as communal facilities such as two living rooms, a dining room, kitchen communal bathroom and staff office/sleep over room.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 7 February 2023	11:00hrs to 17:15hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

The inspector found that residents were supported to enjoy a good quality of life and that their rights and access to their local community was actively promoted.

The centre was registered to support three residents and there were four residents availing of a residential service at the time of inspection. One resident had a full-time placement and one resident resided in the centre for 11 out of 14 nights. The two remaining residents had a shared placement and they attended the service on alternate weeks for seven nights at a time. Three residents were using the service on the day of inspection and the inspector met with each resident for a short period of time.

As part of this inspection process, questionnaires were completed with and on behalf of residents and two questionnaires were completed by family members. All questionnaires indicated a high level of satisfaction with the service and highlighted a vast range of activities which residents were supported to engage in. In addition, the questionnaires complemented the staff team and spoke of the welcoming environment which was present when families attended the centre.

Residents attended day services throughout the working week and they returned to the centre in the early evening time. The inspector met with residents when they returned from day services and initially there were some behaviours of concern for one resident. Although the inspector did not witness the behaviours, staff members were heard interacting with the resident in a calming manner and their interactions supported the resident to return to more relaxed manner after a number of minutes. A staff member who met with the inspector described how a low arousal approach was best suited to supporting this resident and that a hand over from day services generally lead to a positive outcome for this resident's behavioural needs.

When the inspector met with residents they were each relaxing in various ways. One resident sat in the kitchen and drew shapes as staff prepared dinner and a second resident was enjoying a movie on the television. The resident who had some behaviours of concern upon return to the centre relaxed in their bedroom with headphones on and they were happy and content in their own company. As the inspection concluded, there was a very pleasant atmosphere in the centre with residents relaxing and staff members chatting freely with them. A staff member prepared a home cooked meal and staff explained that residents loved having dinner when they returned each evening. The three residents had their individual communication needs and they interacted with the inspector with some single words, gestures and body language. Residents smiled as they engaged with the inspector and it was clear that overall they were enjoyed their home.

The centre was large and spacious and each resident had their own bedroom. Bedrooms were large and residents had decorated them with art and items of personal interest. There were two reception rooms in which residents could relax

and was a large open plan kitchen. The centre was very homely in nature and it was also comfortably furnished. Information on supporting residents' rights and the complaints process was displayed in a user friendly format and residents had also decorated communal areas with their personal artwork. The centre was also maintained to a high standard and overall the inspector found that it was a very pleasant place in which to live.

## Capacity and capability

The inspector found that the provider had oversight systems in place which promoted the welfare of residents and assisted in ensuring that the quality and safety of care was generally maintained to a good standard.

This was an announced inspection which was facilitated by the centre's person in charge who held responsibility for the day-to-day operations. The person in charge was in a full time role and they attended the centre on a weekly basis. They also held responsibility for one other designated centre. They had a range of reports and audits to monitor the quality and safety of care which was provided and it was clear that they were up-to-date with any issues which had the potential to impact upon care. For example, the person in charge completed scheduled audits in areas such as medications, residents' finances, health and safety and the inspector found that care in these areas was maintained to a good standard.

The provider had also completed all required audits as set out by the regulations with some areas for attention identified. The centre's annual review was also completed as required and gave a good account of the service in the previous year. Although some residents' representatives thoughts were sought in regards to the centre's six monthly audit the provider did not demonstrate that both residents and their representatives' opinions on the service were sought as part of the centre's annual review.

The inspector found that residents were supported by a staff team who were kind and considerate in their approach to care. Staff who met with the inspector had a good knowledge of resident's individual care needs and they were observed to chat warmly with residents throughout the inspection. The provider is required to have to have specific documents in place in regards to staff who support residents. These specific documents are set out in Schedule 2 of the regulations and receipt of these documents prior to staff supporting residents assists in the safeguarding residents. A review of a sample of these documents showed that all requirements of this regulation had been met which included vetting disclosures, references and employment histories.

Overall, the inspector found that the oversight of day-to-day care practices was of a good standard; however, the completion of the centre's annual review required adjustments to ensure that it met the requirements of the regulations.

## Regulation 14: Persons in charge

The person in charge was in a full time role and they met the requirements of the regulations. They held responsibility for two designated centres and it was clear that they had the capacity to manage this centre effectively. A review of the rota also indicated that they attended the centre on a number of days throughout the working week. They had oversight systems in place which also ensured that care was maintained to a good standard and they demonstrated that they had a good understanding of resident's individual needs and of the resources which were implemented to meet those needs.

Judgment: Compliant

## Regulation 15: Staffing

The provider maintained a planned and actual rota which indicated that residents were supported by a familiar staff team. A review of required staff documents showed that all requirements of Schedule 2 as stated in the regulations was in place for staff who were employed directly by the provider. Staff who met with the inspector were also pleasant in their approach to care and it was clear that they had a good understanding of residents' overall care needs.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff training and development ensures that staff can meet the changing needs of residents and also promotes a consistent approach to care. The provider had a training programme in place with both mandatory and refresher training available to staff in areas such as fire safety, safeguarding and behavioural support. Staff had also completed additional training in relation to IPC (infection prevention and control) which further promoted the health and wellbeing of residents.

Judgment: Compliant

## Regulation 23: Governance and management

Robust governance and management arrangements promote the wellbeing and welfare of residents and also assists in ensuring that the service is safe and meets the resident's individual needs. The person in charge had a range of internal audits in place which provided oversight of day-to-day care and the provider had completed all required unannounced audits and reviews. However, the provider failed to demonstrate that residents and their representatives had been consulted as part of the annual review process.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A review of information in the centre indicated that all notifications had been submitted as required by the regulations.

Judgment: Compliant

### Quality and safety

The inspector found that the quality and safety of care was maintained to a good standard and that residents were supported to engage in activities which they enjoyed.

Residents attended days services during the working week and the person in charge explained that their educational, training and employment needs were supported in these services. Residents enjoyed an active lifestyle and staff explained that some residents had recently returned to horse riding/grooming which they really enjoyed. A review of financial records and associated daily notes indicated that residents were out and about on a daily basis for activities such as swimming, shopping and regular trips for coffee and meals out. Daily notes indicated that residents enjoyed these social outings and they were facilitated to engage in these trips at a time of their choosing.

Some residents required support with their behaviours and a comprehensive behavioral support plan was reviewed on the day of inspection. This plan was subject to a recent review and the person in charge had an indepth knowledge of the resident's care preferences and also the implementation of behavioural support in this centre. Staff who met with the inspector also outlined how a low arousal approach had a positive impact on reducing behaviours of concern and both the staff and the person in charge explained that seeking a handover from day staff was key in ensuring that this resident's behavioural needs were well catered for. There was also a minimal use of restrictive practices with some practices introduced in



relation to the storage of chemical products.

Residents' rights were promoted by the measures and actions which were implemented by the provider, person in charge and the staff team. The provider ensured that the centre was well resourced and that residents could freely access their local community, nearby towns and shopping areas. The person in charge displayed information on rights and reviews which were facilitated in the centre aimed to promote residents' welfare and wellbeing. In addition, the inspector observed staff interacting with residents in a kind and respectful manner and daily notes which were reviewed indicated that the best interests of residents was to the forefront of care.

Overall, the inspector found that residents were well supported in this centre and they were supported by a staff team who knew their needs and care preferences.

### Regulation 12: Personal possessions

Residents had full access to their personal possessions and the staff team maintained a log of the personal belongings which assisted in safeguarding their possessions. The person in charge also ensured that detailed records of financial transactions were maintained for any money which was spent on behalf of residents. In addition, residents had ample storage for their clothes and belongings and they had free access to laundry facilities.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents personal development and employment opportunities were facilitated through their individual day service and staff who met with the inspector stated that some residents had recently returned to grooming horses which they really enjoyed. Family members reported that residents were supported with a range of activities and this was verified by documents which were reviewed by the inspector. Residents also had access to two cars which facilitated an ease of access to their local communities.

Judgment: Compliant

### Regulation 17: Premises

The centre was large and spacious and each resident had their own bedroom.

Bedrooms were large and residents had decorated them with art and items of personal interest. There were two reception rooms in which residents could relax and there was also a large open plan kitchen. The centre was very homely in nature and it was also comfortably furnished. Information on supporting residents' rights and the complaints process was displayed in a user friendly format and residents had also decorated communal areas with their personal artwork. The centre was also maintained to a high standard and overall the inspector found that it was a very pleasant place in which to live.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a system for the monitoring, recording and responding to incidents which had occurred in the centre. The person in charge was also completing scheduled reviews of all incidents to monitor for trends which had the potential to impact on the safety of care which was provided to residents. The person in charge also maintained risk assessments in regards to issues which may have a direct impact upon residents such as behaviours of concern, road safety and kitchen safety. In addition, the provider had risk assessments for the running and operation of the centre and assessments had been completed in relation to staffing and the risk from COVID 19.

Judgment: Compliant

### Regulation 27: Protection against infection

Robust IPC measures underpin the quality and safety of care which is provided to residents. The centre was clean to a visual inspection and also maintained to a high standard. Staff were observed to frequently wash and sanitise their hands and they also wore face masks throughout the inspection. Cleaning schedules were also in place and completed by staff on a scheduled basis. There was also a colour coded system to guide staff in regards to specific mops for named areas of the centre such as bathrooms, kitchen and communal areas. There was a defined storage area for mops; however, some improvements were required in relation to guidance for the cleaning and disinfection of mops when in-between use and also mops were observed to not have been stored dry as per guidance which was available in the centre.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The provider had taken fire precautions seriously and the centre was suitably equipped with fire doors, emergency lighting, fire fighting equipment and a fire alarm system. The provider had a service contract in place to assist in ensuring that all equipment was functioning properly and staff were completing daily fire check of both equipment and procedures to ensure that fire safety was promoted. In addition, individualised evacuation plans were in place for each resident which gave clear detail of the supports required to evacuate the centre in the event of a fire. Some improvements were required in regards to fire safety as the provider was unable to demonstrate that glass which was located above two fire doors was suitable for the containment of fire.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

The provider had appropriate storage in place for medicinal products and prescription sheets contained relevant information for the safe administration of medications. Residents had also been assessed to manage their own medications with assessments indicating that staff would manage all medications in the centre. A resident was prescribed alternative therapies and this practice was in line with the provider's policy on their administration. Although formal medication products which were dispensed by the pharmacy had appropriate labelling in place, alternative therapy products were not labelled appropriately.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents enjoyed a good quality of health, with some residents' healthcare needs and appointments facilitated by their respective families. Records which were reviewed upon inspection showed that residents had regular appointments with dentists and their general practitioner with some residents attending specialists in the field of mental health. In addition, comprehensive hospital passports were in place to ensure a consistent approach to care would be promoted should a resident have to attend a hospital at short notice.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Some residents required assistance from behavioural support specialists and associated guidance for staff was found to be comprehensive and gave a good account of how to best support a resident in this area of care. Staff who met with the inspector also had a good understanding of this plan. In addition, the use of restrictive practices were kept to a minimum, with those in use for the purpose of storing chemicals and cleaning products.

Judgment: Compliant

## Regulation 9: Residents' rights

This was a pleasant centre in which to live and it was clear that residents were treated with dignity and respect. Residents had free access to all communal areas of their home and their personal belongings and space were safeguarded. Information on rights was clearly displayed and residents enjoyed a life which was full of activities which they enjoyed.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Soolhaven OSV-0007794

Inspection ID: MON-0029940

Date of inspection: 07/02/2023

## 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>Annual audits will be amended to demonstrate that residents and their representatives had been consulted as part of the annual review process. All residents, representatives and families will be contacted to update current annual audit in relation to absence of information related to views.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The infection control policy will be updated to improve practices in relation to guidance for the cleaning, disinfection and storage of mops in between use.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The glass which was located above two fire doors will be changed to fire glass to make suitable for the containment of fire.</p>	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The alternative medication identified without proper labelling, will have labelling updated to meet regulatory compliance.	



## 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)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/03/2023
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	20/03/2023
Regulation 28(3)(a)	The registered provider shall	Substantially Compliant	Yellow	30/04/2023

	make adequate arrangements for detecting, containing and extinguishing fires.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	20/03/2023