



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:	Unannounced
Date of inspection:	02 March 2022
Centre ID:	OSV-0007941
Fieldwork ID:	MON-0035828

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
Wednesday 2 March 2022	10:30hrs to 15:45hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor and inspect the arrangements the provider had in place for the management of infection prevention and control. The inspection was completed over one day and took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff.

The service provided residential care and support to four adults with disabilities and comprised of one large house with four double 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. While the inspector observed there were adequate hand sanitizing gels and COVID-19 related signage was visible on arrival to the centre, the house provided a homely and welcoming environment for residents to live in.

The inspector met with three residents over the course of the inspection and spoke with the person in charge, the house manager, a staff nurse and a student nurse. Some residents living in this centre required some support to communicate their views and choices while others spoke directly to the inspector. The inspector also observed the daily interactions and lived experience of residents and, reviewed a number of key documents, policies, guidelines and individual care plans.

Residents were in receipt of a good quality service, in modern well maintained premises, and were supported by a caring, experienced and skilled group of staff. Some residents were relaxing watching TV on the day of this inspection, while another was having a cup of tea chatting with staff in the kitchen. Staff were observed to engage with residents in a warm, friendly and professional manner and, residents appeared comfortable and at ease in their presence.

One resident invited the inspector to see their bedroom and while it was observed to be clean and tidy, it was decorated to the individual style and preference of the resident. The resident spoke about things they like to do such as going on social outings and visiting family members. The inspector observed that these important activities were being encouraged and supported by the staff team.

Information and guidelines on COVID-19 (in an easy to read format) was also available to the resident with regard to good hand hygiene practices, social distancing and cough etiquette and, the inspector observed the resident adhering to these COVID-19 related guidelines over the course of the day.

Staff were also observed to support the rights of the residents throughout the pandemic. For example, as part of their person centred plans one resident wished to travel to the shops independently. Training was put in place to support the resident in achieving this goal, as well as a number of individual risk assessments so as to ensure their safety. For example, road safety awareness training was provided to

the resident, a safe route to the shop was identified and, they carried their mobile phone with them at all times. In order to mitigate against the risk of catching COVID-19, the resident was supported to understand the importance of social distancing, good hand hygiene practices and wore a face mask while in the actual shops. At the time of this inspection, the resident had achieved this goal and staff reported that they were very proud and delighted, with this increased level independence.

On the day of this inspection, staff were observed to follow current public health measures in relation to long-term residential care facilities. This included regular and frequent hand hygiene and the wearing of face masks. The inspector also noted throughout the inspection process that the centre was maintained to a high standard and was clean throughout.

The remainder of this report will provide an overview of how the provider had ensured they were meeting the requirements of regulation 27: Protection against infection, and how they had implemented the National Standards for infection prevention and control in community services (2018) whilst at the same time respecting residents' rights to feel safe, happy and comfortable in their own home.

Capacity and capability

The provider had put in place a range of policies, procedures and guidelines supported by a comprehensive suite of learning and education for both residents and staff so as to ensure they had the knowledge and competencies to promote good infection prevention and control (IPC) standards. The provider also ensured that the IPC measures in place in this centre were subject to regular audit, review and updating.

The person in charge and house manager were responsible on a day-to-day basis for the overall implementation of the providers policies and procedures as they relate to IPC. However, in order to support the person in charge and house manager, the provider put in place a number of mechanisms for the overall governance and oversight of their services. For example, the centre had access to a Clinical Nurse Specialist (CNS) in Health Promotion for advice and support on any IPC matter.

The provider also ensured that up-to-date information, guidelines and policies relating to COVID-19 were available in the centre. From reviewing a sample of the minutes of staff meetings, the inspector saw that any changes or updates regarding COVID-19 related policies and guidelines were explained and discussed with staff.

The inspector reviewed a number of documents the provider had in place to support the effective delivery of the service. These included the most up-to-date policies and procedures relating to IPC, training records, risk assessments and contingency planning documents. The inspector found that these documents were kept up-to-

date and subject to regular review.

A review of the last 6 monthly unannounced visit of this centre also confirmed that the 'Self-Assessment Tool Preparedness planning and infection prevention and control assurance framework for registered providers' was completed/updated every 12 weeks and, every day there was a shift leader on duty with direct responsibility as the COVID-19 lead.

There were sufficient staff on duty to support residents to meet their needs. These staff had been supported to access a range of training in infection prevention and control to include hand hygiene and National Standards for infection prevention and control (IPC) in community services. The CNS in Health Promotion has also recently provided staff with additional online training to staff training on infection control (to include hand hygiene).

The inspector spoke with a nursing student who was on a work placement in this service at the time of this inspection. They explained to the inspector that as part of their induction to the service the importance of good IPC standards were explained and discussed with them. For example, they were aware of the requirement to ensure all staff temperatures were to be taken twice each day, the importance of adhering to good practice with regard to colour coding of mops and cloths and adhering to cleaning schedules. They were also observed to be wearing a face mask when required over the course of this inspection.

It was also observed that at residents' weekly meetings, topics related to infection prevention and control were discussed and training materials on good hand hygiene practices and cough etiquette (in an easy to read format) were available to residents.

Overall this inspection found good practice in the promotion of infection prevention and control and, in the event of an outbreak, the provider has systems in place to detect, respond to and manage an outbreak in the centre.

Quality and safety

The person in charge, house manager and staff team were ensuring the rights of the residents were being promoted and supported throughout the course of the COVID-19 pandemic. For example, (and where safe to do so) residents' choices were being supported and respected with regard to accessing local community based amenities and shops. However, they were supported to stay safe through ongoing education, learning and discussions about COVID-19, positive risk taking and the importance of social distancing, good hand hygiene practices and wearing of face masks.

Additionally, some residents had made the decision to retire or semi-retire from day services during the pandemic and these choices were supported and respected by

the staff team. In turn, alternative social and recreational activities based on the expressed preferences of the residents were provided for.

The four residents living in this centre got on well with each other and, each of them had their own large ensuite bedroom. The person in charge and house manager had considered this when developing their IPC risk assessments. For example, should there be an outbreak of infection in the centre, residents would be supported to isolate in their own ensuite bed rooms. The person in charge of this centre was a Clinical Nurse Manager (CNM) III and was supported by a house manager who was a CNM I. However, the centre also had access to a CNS in Health Promotion for guidance, support and advice on any IPC related issue and where required, residents had access to a GP. In turn, this meant that in the event of an outbreak of COVID-19, residents could remain in their own homes and not have to be admitted to an isolation unit or hospital, unless advised otherwise by an appropriate clinician.

The centre had a specific Covid-19 Response Plan in place and this document included detailed information which to effectively guide staff on how to respond in a number of different scenarios and phases of an outbreak in the centre. For example, information and guidance was available on how to deal with a suspected and/or confirmed case of COVID-19, plans for isolation of required and how to deal with close contacts of a suspected or confirmed case of COVID-19. The document has been updated and reviewed in February 2022.

During the course of the current pandemic, the provider had reported one episode of COVID-19 for one resident. However, this was an isolated event and the person in charge and staff team were able to prevent an outbreak of COVID-19 in the centre. As per their COVID-19 contingency plan and risk assessment, the resident affected isolated in their own ensuite bedroom for the required duration of the infection and staff ensured good IPC related practices at all times, when supporting this resident.

Over the course of the inspection, the inspector also observed staff were adhering to the provider's general IPC related policies and procedures, through the practices that were in place in the centre. For example, where required, staff were wearing PPE and, were observed to engage in regular hand hygiene practices.

Any staff member spoken with, including the house manager were able to discuss, with confidence, the provider's arrangements for the management of infection prevention and control in the centre. For example, staff were able to tell the inspector of the range of equipment and policies in place to support good infection prevention and control practice. This included where and how to access PPE and, what type of PPE would be needed in the event of an outbreak of infection and where the spill kit was located .

The house also had a color coding system for equipment such as mops and buckets and cloths. These helped staff to clearly identify which equipment should be used when completing tasks in different areas of the house. This practice supported staff to minimise the risk of the transmission of potential infections, and the house manager was able to clearly identify this system to the inspector and discuss which

item would be used in which area of the centre.

The inspector reviewed a number of IPC related checklists and audits which informed that a suite of comprehensive cleaning activities were being undertaken on a regular basis by staff working in the centre. These covered routine cleaning tasks such as regular cleaning of the floors and resident's bedrooms, but also included schedules for weekly deep cleaning tasks and daily touch point cleaning and disinfection, in order to support the prevention of infection transmission.

Regulation 27: Protection against infection

The provider has put in place effective systems and processes in relation to infection prevention and control in this service. The person in charge and house manager ensured staff received as required training in infection prevention and control and staff spoken with were confident and competent in relation to their IPC practice. Auditing systems were also in place to ensure the service remained alert to any IPC related risk or issue. The person in charge was also supported (as and where required) by a CNS in Health Promotion.

The centre had a specific Covid-19 Response Plan in place and this document included detailed information which to effectively guide staff on how to respond in a number of different scenarios and phases of an outbreak in the centre.

Throughout the course of this inspection staff were observed to engage in good IPC practice and residents were provided with learning and information (in an easy to read format and video format) on how to stay safe during the pandemic. As a result, the risk of infection by the adoption of these practices in the centre was being managed and mitigated in this centre.

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	
Quality and safety	
Regulation 27: Protection against infection	Compliant