



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:	23 June 2026
Centre ID:	OSV-0007941
Fieldwork ID:	MON-0042314

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 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, a house manager, 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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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 (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 23 June 2026	09:00hrs to 16:30hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This announced inspection was conducted to assess the registered provider's compliance with regulations, and to inform the decision regarding the renewal of the designated centre's registration. From what residents told us and the inspector observed, it was evident that residents living in this designated centre had a good quality of life, were treated with dignity and respect, were happy, and felt safe living in their home. The inspection had positive findings, however, improvements were required regarding Regulation 15: Staffing. Specifically, improvements were required to ensure the person in charge had obtained in respect of all staff, information and documents specified in Schedule 2.

The inspection was conducted over a single day by one inspector. The person in charge facilitated the inspection by speaking with the inspector and promptly providing all requested documentation. The designated centre was registered to accommodate four residents and the inspector had the opportunity to meet and speak with all residents.

The designated centre was a two-storey house located in a housing estate in a small town in County Louth. It provided residential care and support to four adults with intellectual disabilities. The designated centre was located close to a number of local amenities including shops, restaurants, pubs, football and athletic clubs, a gym, a library, hairdressers, and a barbers. The designated centre had a dedicated vehicle which was used to provide transport to residents to attend appointments, day service programs, and activities of their own choosing.

Care and support to residents was provided by a team of nursing staff, a social care worker and healthcare assistants. At the time of this inspection there were no staff vacancies. Staffing levels included two staff members on duty during the day and one staff member provided waking night time care and support. The designated centre was managed by a full-time person in charge. They were found to be suitably skilled, experienced, and qualified for their role. They had responsibility for two other designated centres operated by the registered provider. The inspector found that the person in charge responded well to regulation, and they demonstrated they could meet their regulatory responsibilities.

The inspector completed a walkthrough of the designated centre accompanied by the person in charge. The designated centre was comprised of four resident bedrooms, all of which had en-suite facilities, a living room, a large open plan kitchen / dining room, a utility room, a staff office, and a multi-purpose room with en-suite facility. To the rear of the designated centre was a large well-maintained garden complete with newly installed polytunnel, a swing, and a large outdoor table and chairs set. To the front of the designated centre there was a small sensory garden with two benches, a water feature, wind chimes, and sensory lights.

The inspector noted that the designated centre was clean and homely. Residents' personal photographs, artwork and possessions were displayed throughout the home. Residents had their own bedrooms, which allowed for personal space and privacy, while communal areas were found to be thoughtfully arranged to encourage social interaction and relaxation. The overall interior decor and furnishings were tasteful and well maintained, contributing to a warm and inviting environment.

Residents had been made aware of the upcoming inspection, and were comfortable with the presence of the inspector in their home. In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre. The inspector reviewed all surveys completed, and found that feedback was generally positive, and indicated satisfaction with the service provided to them in the designated centre, including staff, choices and decisions, trips and events, and food.

The inspector was unable to meet or speak with the relatives of any residents during the inspection. However, a review of the registered provider's annual review of the quality and safety of care for 2025 evidenced that relatives were satisfied with the care and support provided to the residents.

Residents presented with a variety of communication support needs, and were supported by staff to communicate and interact with the inspector throughout the inspection as required. One resident briefly interacted with the inspector on their return home from their day service program. They had plans to go out with their family member, who arrived a short time later to collect them. The resident was observed to be happy going out for the evening.

Another resident briefly interacted with the inspector when they got up from bed. The resident was in receipt of a bespoke individualised service and preferred to engage in activities of their own choosing at their own pace and time. The inspector observed the resident enjoying tea and lunch at the kitchen dining table and spending time doing some arts and crafts in the afternoon. The resident smiled and indicated to the inspector that they were happy and relaxed.

The inspector had the opportunity to have lunch with two residents. One resident told the inspector about a recent holiday they had been on. The resident spoke about an injury they had sustained while on holiday and was happy to report that it was healing and they were feeling better. It was evident to the inspector that the staff on duty were very knowledgeable of residents' assessed communication needs, likes and preferred activities. Residents were comfortable in the presence of staff and spoke openly with the inspector about their home, staffing, and supports they received. Residents told the inspector they were very happy living in their home, felt safe, knew the staff supporting them and did not wish to change anything.

One resident showed the inspector their bedroom, which was decorated with family photographs and artwork the resident had done. They proudly showed off their stuffed toy collection, some of whom they had named and were clearly important to them. They showed the inspector their perfumes and clothes and told the inspector

that staff supported them to keep their bedroom tidy. They also showed the inspector their Ipad and some of the games they enjoyed playing. The resident offered the inspector a cup of coffee and was supported by staff to make it. The inspector observed that all residents were encouraged and supported to complete tasks independently in line with their assessed needs and capabilities.

The inspector observed residents being supported to attend a number of activities outside of the designated centre. Residents were supported by staff to go grocery shopping, exercise, enjoy walks out in the sun, and go for drives in the car. It was apparent that the designated centre was very much a resident-led service, that ensured residents were provided with a very good quality of life. Residents had many opportunities for social recreation, and had the means and staff support to get out and about very regularly. They were supported to be involved in local community groups, and were very much supported to maintain links with their community.

Residents were consulted about the planning of their own social care arrangements, and were encouraged to put forward their own thoughts and ideas as part of regular residents' meetings that occurred. Residents' individual preferences for how they wished to spend their time were well-known by staff, and well-documented across residents' files.

The person in charge emphasised the high standard of care provided to all residents, expressing no concerns regarding their wellbeing. Residents were supported by a familiar staff team who knew them well and understood their communication styles and individual support needs.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the designated centre, and how these arrangements impacted on the quality and safety of the service being delivered to each resident.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service and how effective it was in ensuring that a good quality and safe service was being provided. Overall, the inspector found that the designated centre was well governed and that there were systems in place to ensure that residents were safe and received a high-quality service. However, some improvements were required pertaining to Regulation 15: Staffing in relation to the maintenance of staff files.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the designated centre. There was a regular core staff team in place and they were very

knowledgeable of the needs of the residents. The staffing levels in place in the designated centre were suitable to meet the assessed needs and number of residents living in the designated centre.

The staff team were in receipt of regular support and supervision from the person in charge. They also had access to regular refresher training and there was a high level of compliance with mandatory training. All staff had received additional training in order to meet residents' assessed needs. The inspector spoke with two staff nurses over the course of this inspection and found that they were well-informed regarding residents' individual needs and preferences in respect of their care.

The registered provider ensured that the directory of residents was readily available in the centre, in full compliance with regulatory requirements. It contained accurate and up-to-date information for each resident.

The registered provider ensured that records in relation to each resident as specified under Schedule 3 and additional records specified under Schedule 4 were maintained and made available for the inspector to review.

The registered provider ensured that the designated centre and its contents, including residents' personal property, was fully insured. The insurance coverage also included protection against risks within the designated centre, such as potential injury to residents.

The registered provider had established robust management systems to monitor the quality and safety of the service provided to residents. The governance and management frameworks in place were found to be operating at a high standard within the designated centre. The registered provider had prepared an annual report for 2025 on the quality and safety of care and support, which included consultations with all residents, their families and representatives. Additionally, the registered provider had conducted an unannounced visit in accordance with regulatory requirements and a comprehensive suite of audits was implemented covering key areas such as medicines, resident finances, fire safety and infection prevention and control (IPC).

The person in charge was aware of their regulatory responsibility to ensure all notifications were submitted to the Chief Inspector of Social Services, in line with the regulations.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted a complete application to the Chief Inspector, requesting the renewal of the designated centre's registration.

The inspector reviewed the application prior to this inspection. All required information and documentation specified in Schedule 2, and Schedule 3 were included in the application.

Additionally, the registered provider ensured that the fee for renewing the registration of the designated centre, as outlined in Section 48 of the Health Act 2007 (as amended), was paid in full.

Judgment: Compliant

Regulation 15: Staffing

The designated centre was managed by a full-time person in charge. They were also responsible for two other designated centres operated by the registered provider. On the day of this inspection the registered provider ensured there were sufficient staffing levels with the appropriate skills, qualifications and experience to meet the assessed needs of the residents at all times, in accordance with the statement of purpose, and the size and layout of the designated centre. However, improvements were required to ensure that all information and documentation had been obtained in respect of all staff, as specified in Schedule 2 of this regulation.

The staff team was comprised of the person in charge, nurses, one social care worker and healthcare assistants. The inspector reviewed the planned and actual staff rosters for March, April and May 2026. It was found that regular staff were employed ensuring continuity of care for all residents. Additionally, the rosters accurately represented the staffing arrangements, including the full names of staff on duty during both day and night shifts.

During the inspection, the inspector spoke with two staff members on duty and found that they were knowledgeable about the residents' support needs and their responsibilities in providing care. Residents were familiar with the staff and appeared very comfortable interacting and receiving care. It was clear that staff had developed and maintained therapeutic relationships with residents, helping them feel safe, secure and protected from all forms of abuse.

The inspector reviewed three staff records specified under Schedule 2, and found that improvements were required. Specifically, information regarding qualifications and a full employment history was missing for two staff members. In addition, the inspector noted that one staff member's garda vetting had expired in March 2026. This required review and improvement.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had received appropriate training and education, ensuring they had the necessary knowledge and skills to effectively meet the residents' assessed needs. Review of the staff training matrix confirmed that all staff had completed a comprehensive range of training courses, ensuring they possessed the necessary knowledge and skills to effectively support residents. This included mandatory training in critical areas such as fire safety, managing challenging behaviour, and safeguarding vulnerable adults, indicating strong compliance with regulatory requirements.

In addition, and to enhance quality of care provided to residents, further training was completed, covering essential areas such as manual handling, safe administration of medication, Children First, basic life support, and infection prevention and control (IPC).

The registered provider and person in charge had appropriate supervision arrangements in place for all staff. All staff received support and supervision relevant to their roles from appropriately qualified and experienced personnel in line with the registered provider's established policy. The person in charge maintained supervision records and schedules. The inspector reviewed five staff members' supervision records, which included a review of each staff members' personal development, and provided an opportunity for them to raise any concerns.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider and person in charge ensured that a directory of residents was available in the designated centre which met the requirements of the regulations. The directory of residents was made available for the inspector to complete a thorough review.

The inspector reviewed the directory of residents and found that it included accurate and up-to-date information in respect of each resident living in the designated centre. For example, information pertaining to the name, address and telephone number of each resident's general practitioner (GP), the date in which the resident first moved into the designated centre and the name, address and telephone number of each resident's next of kin were all recorded.

Judgment: Compliant

Regulation 22: Insurance

The designated centre was sufficiently insured to cover accidents or incidents. The necessary insurance documentation was previously submitted as part of the application to renew the designated centre's registration.

Upon review, the inspector confirmed that the insurance policy covered the building, its contents and residents' personal property.

Additionally, the insurance also provided coverage for risks within the designated centre, including potential injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had effective systems in place to ensure the delivery of a safe, high-quality service to residents, fully aligned with national standards and guidance. Clear lines of accountability were established at individual, team and organisational levels, ensuring that all staff were aware of their roles, responsibilities and the appropriate reporting procedures.

To ensure residents received effective, person-centred care and enjoyed a high quality of life, the registered provider maintained appropriate resources. This included staffing levels aligned with residents' assessed needs and active multidisciplinary team participation in care planning.

A comprehensive suite of audits covering medicine management, residents' personal plans, residents' finances, infection prevention and control (IPC), fire safety and health and safety, was conducted by the local management team. A review of these audits confirmed the audits' thoroughness and their role in identifying opportunities for continuous service improvement.

An annual review of the quality and safety of care had been completed for 2025. The inspector completed a review of this and found that all residents, staff and family members were consulted in the annual review. Positive feedback from residents included "I am always encouraged by staff to make my own choices" and "I am happy with the amount of choice I have". Furthermore, positive feedback from family members included "Overall the quality of service provided to my family member is exceptional" and "I have an excellent relationship with all staff".

The inspector reviewed the action plan developed following the registered provider's most recent six-monthly unannounced visit, completed in the beginning of June 2026. This visit resulted in a detailed report that identified key areas for service improvement, from which a comprehensive action plan was formulated. Upon

review, the inspector found that the majority of actions had been successfully completed and were being effectively utilised to support and sustain continuous service improvement.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their regulatory responsibility to ensure notifications were submitted to the Chief Inspector, in line with the regulations.

Prior to and during the course of this inspection, the inspector completed a review of notifications submitted to the Chief Inspector and found that the person in charge ensured that all relevant adverse incidents were notified in the recommended formats and within the specified time frames.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that records in relation to each resident as specified under Schedule 3 and additional records specified under Schedule 4 were maintained and made available for the inspector to review.

Specifically, the inspector reviewed the directory of records and found that all information required under Schedule 3 was documented, up-to-date and accurate. In addition, other records outlined under Schedule 4 were kept in the designated centre including the statement of purpose, a copy of the current residents' guide, and a copy of all inspection reports.

Judgment: Compliant

Quality and safety

This section of the report provides an overview of the quality and safety of the service provided to the residents living in the designated centre. The findings of this inspection indicated that the registered provider had the capacity to operate the

service in compliance with the regulations and in a manner which ensured the delivery of care was safe and person centred.

Residents were encouraged and supported to make decisions about how their bedroom was decorated, and residents' personal possessions were respected and protected. The inspector found that robust systems were in place to routinely monitor and audit residents' finances in line with the registered provider's established policy.

The registered provider had adequate resources in place to ensure that residents got out and engaged in activities of their choice and the staff team promoted and supported residents to exercise their rights and achieve their personal goals. The stable and consistent staffing supported the continuity of care and contributed positively to the overall quality and safety of the service. Residents spoken with confirmed that they were consulted with, had control over decisions regarding their care and support, their daily routines and could choose to partake in their preferred activities.

The inspector observed a warm and relaxed atmosphere throughout the designated centre, with residents appearing content and comfortable with both their living environment and the support they received. After walking through the designated centre, the inspector found that the design and layout of the premises effectively ensured residents could enjoy an accessible, comfortable, and homely setting. Each resident had their own bedroom, which was thoughtfully decorated to reflect their personal tastes and preferences.

The registered provider had prepared a residents' guide in respect of the designated centre and ensured that a copy was provided to each resident.

The registered provider had effectively mitigated the risk of fire by implementing robust fire prevention and oversight measures. Appropriate systems were in place to detect, contain, and extinguish fires within the designated centre. Documentation reviewed confirmed that equipment was regularly serviced in compliance with regulatory requirements. Additionally, residents' personal emergency evacuation plans were reviewed on a continuous basis to ensure that specific support needs were fully met.

The person in charge ensured that there were appropriate and suitable practices relating to medicine management within the designated centre. This included the safe storage and administration of medicines, medicine audits and ongoing oversight by the person in charge. Residents' needs and abilities to self-administer their medicines had been assessed, and associated care plans were prepared on the supports they required.

Where required, positive behaviour support plans were developed for residents, and staff were required to complete training to effectively assist residents in managing behaviours that challenge. The registered provider and person in charge ensured that the service consistently upheld residents' rights to independence and a restraint-free environment.

Regulation 12: Personal possessions

The inspector noted that there was a regional procedure and policy in place regarding the management of residents' finances and possessions. This had recently been reviewed and updated to reflect changes in relation to staff accompanying residents on social activities and contributions towards staff expenses including meals out.

The registered provider and person in charge recognised the importance of residents' property, and had created the feeling of homeliness in the designated centre. For example, photographs of residents spending time together, wall art and decorative accessories were displayed throughout the designated centre, which created a pleasant and welcoming atmosphere.

The registered provider and person in charge had clear financial oversight systems in place with detailed guidance for staff on the practices to safeguard residents' finances and enable access to their monies. The inspector found that residents had assessments completed that determined the levels of support they required. For example, all residents had up-to-date money management plans and financial passports on file.

Each resident had their own bank and credit union account and regular audits were completed of monthly statements. The inspector reviewed a sample of financial records where residents received support from staff to manage their finances. Specifically, the inspector reviewed expenditure records for all four residents from January to April 2026, and found that staff maintained records of all transactions, including the nature and purpose of transactions with supporting receipts and invoices.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to and opportunities to engage in activities that aligned with their preferences, interests, and wishes. A wide range of activities was available both within the designated centre and in the local community, ensuring residents could participate in meaningful and enjoyable experiences.

The designated centre had a busy schedule with residents coming and going over the course of the inspection. Two residents attended day service programs throughout the week, while the other two residents were in receipt of a bespoke individualised service provided from the designated centre. The inspector observed residents engaging in activities they enjoyed at their own pace and leisure.

All residents were actively supported and encouraged to partake in a wide range of community activities aligned to their own individual interests and likes. For instance, some residents were supported to visit the local beauticians, barbers, go bowling, go to the cinema, go out shopping, go out for meals, meet with family and friends, and attend active retirement groups.

The inspector also noted that the staff team supported a number of in house activities including baking, arts and crafts and gardening. Residents had recently been on holidays with some residents going abroad for a sun holiday while others enjoyed trips to Christmas markets, concerts and shows, and the zoo. It was evident that residents lead active and fulfilling lives which had a positive impact on their wellbeing.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the designated centre was centrally located in a community with access to local amenities, services and public transport and all residents were encouraged to engage and connect with their local community.

The registered provider made provisions for matters set out in Schedule 6 and ensured that the premises was designed and arranged to align with the service's aims and objectives, as well as the number and needs of residents. The inspector noted that the designated centre was well maintained, clean and appropriately decorated.

The inspector observed a warm and calm atmosphere within the designated centre. Residents indicated high levels of satisfaction with their living environment and the support they received. The living environment was stimulating and provided opportunities for rest and recreation.

Each resident had their own bedroom, which was decorated according to their personal style and preferences. For example, bedrooms featured family photos, artwork, soft furnishings and memorabilia that reflected their individual tastes and interests. This approach supported the residents' independence and dignity, while acknowledging their uniqueness. Additionally, every bedroom was provided with ample and secure storage for residents' personal belongings.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a residents' guide in respect of the designated centre and ensured that a copy was provided to each resident. A copy of the residents' guide was submitted to the Chief Inspector as part of the application to renew the registration of the designated centre.

The inspector reviewed the residents' guide and found that it included all information as required by the regulations. For example, information regarding the services and facilities provided, terms and conditions relating to the residency, the arrangements for the residents' involvement in the running of the designated centre, arrangements for visits, and information regarding complaints was all included.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. Portable fire fighting equipment was strategically located throughout the designated centre to cover the risk of fire.

The inspector noted that escape routes through the designated centre were clearly indicated. Following a review of servicing records maintained in the designated centre, it was found that these were all subject to regular checks and servicing with a fire specialist company.

There was no fire panel in this designated centre. However, the fire alarm system in place had been approved by the housing body responsible for the designated centre. In addition, the inspector was provided with written assurances that the firefighting systems in place were appropriate and had been inspected by an external fire specialist company. All fire doors, including bedroom doors, closed properly when the fire alarm was activated and all fire exits were equipped with thumb-lock mechanisms, which ensured prompt evacuation in the event of an emergency.

The registered provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, the inspector reviewed all residents' personal emergency evacuation plans. Each plan detailed the supports each resident required when evacuating in the event of an emergency. Staff spoken with were aware of the individual supports required by residents to assist with their timely evacuation. In addition, residents spoken with were aware of what to do in the event of an emergency and could show the inspector where to evacuate to in the event of a fire.

Additionally, the inspector examined the fire safety records, including fire drill documentation, and confirmed that regular fire drills were conducted in accordance with the registered provider's established policy. The registered provider

demonstrated that they were capable of safely evacuating residents under both day time and night time conditions.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were practices and arrangements in place for the management of residents' medicines, including for the ordering, storage and administration of medicines. The practices were underpinned by the registered provider's established medication management policy.

Residents were in receipt of a comprehensive individualised service from their pharmacist, who facilitated the safe and timely supply of medicines, as well as information and pharmaceutical care to ensure the best possible outcome for each resident living in the designated centre.

The inspector found evidence to support that each resident's medicines were administered and monitored in line with best practice as individually and clinically indicated. For instance, the inspector reviewed the practices and arrangements for two residents and spent time talking through residents' medicines with staff nurses duty. Following the conversation, it was evident to the inspector that staff were very knowledgeable of the professional guidelines and professional code of practice that governed medicines management, and continually adhered to these requirements.

Staff were observed to follow the designated centre's policy when taking medicines out to support residents who were taking part in community based activities. This ensured residents were supported appropriately with their daily medicine administration throughout the day. All staff members, where required, had completed training in the safe administration of medicines.

The inspector observed that all residents' medicines were securely stored and clearly labelled with relevant information such as expiry dates. The inspector observed that residents' prescription sheets and medicine administration records contained all necessary information, and noted that residents received their medicines as prescribed.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that effective arrangements were in place to provide positive behaviour support for residents with assessed needs in this area. For example, three residents had positive behaviour support plans on file. Upon reviewing the plans, the

inspector noted that they were detailed, comprehensive and developed by qualified professionals. Additionally, each positive behaviour support plan identified potential triggers and antecedent events, alongside proactive and preventative strategies designed to minimise the risk of behaviours that challenge from occurring.

The registered provider ensured that staff received thorough training, equipping them with the necessary knowledge and skills to effectively support residents. Staff demonstrated a strong understanding of the support plan in place, and the inspector observed positive communication and interactions between residents and staff throughout the duration of the inspection.

At the time of this inspection there were no restrictive practices in use within the designated centre. Staff spoken with were knowledgeable on what restrictive practices were and the procedures to follow in the event a restrictive practice was required to be implemented.

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 15: Staffing	Substantially 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 31: Notification of incidents	Compliant
Regulation 21: Records	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for The Haven OSV-0007941

Inspection ID: MON-0042314

Date of inspection: 23/06/2026

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The information regarding the missing qualifications and full employment history for the two staff members has been placed in their files. The garda vetting missing in one staff file has been renewed and is placed on file. All other staff records have been checked and all information as per schedule 2 is in place.	

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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	20/07/2026