



# 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:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	04 March 2021
Centre ID:	OSV-0005236
Fieldwork ID:	MON-0024387

## About the designated centre

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

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

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

Number of residents on the date of inspection:	5
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Thursday 4 March 2021	10:35hrs to 18:30hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

Throughout the day, the inspector observed evidence that the residents living in this designated centre were supported to be safe and content in their home. The inspector was provided evidence indicating how residents' routines, choices and assessed needs led the delivery of care and support. In light of the social restrictions in effect, the provider evidenced how residents were facilitated to continue pursuing their preferred activities in the house and in the community.

The residents had been advised that someone would be visiting their home and three of the residents met the inspector briefly before returning to their activities for the day alone or with the support of the staff. At the time of the inspection, one resident was staying with family.

The designated centre consists of a spacious two-storey house and a separate apartment in which one of the five residents lived with a separately allocated staff team. The house was designed and decorated in a comfortable and homely manner, with sufficient communal space for residents to go about their day and to have quiet private time apart from their housemates. The walls were adorned with pictorial and simple eye-catching posters and information informing the residents of the available activities in the house and useful contact information, for example, if they were feeling unsafe or wished to make a complaint to someone outside the house.

The residents were supported by a team of staff who were observed engaging in friendly, patient and supportive interactions with the residents. The inspector observed good examples of how staff suggested and encouraged ideas for staying busy in the house or going out for a trip, while not pressuring residents and ultimately following their preferred routines.

During the day the residents engaged in activities in the house and in the local areas including playing keyboard music, going out for fresh air and exercise, watching television, going shopping, and listening to the stereo.

The inspector reviewed minutes of regular house meetings in which the residents planned out meals for the next few days and divided the household chores. These meetings were used to advise residents the latest news on COVID-19 and the effect it was having on their preferred community services, in accordance with the residents understanding and interest on the pandemic. The meetings were also used to provide regular reminders on the importance of having mutual respect for their peers and to support a positive relationship between residents sharing a living space.

The inspector also spoke by phone to a family member, who indicated that overall the service provided a high quality of care and support in the house. They spoke positively on the staff team, with particular praise for the trusting and caring relationship built up between their family member and that person's primary

keyworker.

The next two sections of this report present 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 safety and quality of the service being provided.

## Capacity and capability

The inspector found evidence indicating how the service provider had continued to monitor and audit the operation of the designated centre and identify areas for development in light of the assessed needs of residents and the ongoing health emergency. Some gaps were identified in staff training and in the notification of information to the chief inspector. However overall, the provider had taken steps to ensure that routine and structure remained central to the support delivery for the residents and their assessed needs, and provided information on how changes had been made in the service to ensure a continuity of resources to meet these needs.

The residents were supported 24 hours a day by a mix of social care workers and assistant support workers, who worked both waking night and sleepover shifts based on the individual support needs of residents in the house and the adjacent apartment. At the time of inspection and since that start of the COVID-19 pandemic, one resident of the designated centre was staying with family, and the provider had redeployed some staffing personnel to other designated centres. There was sufficient staff on site to meet the needs of the residents present. Worked rosters indicated that the provider utilised at least one staff member from their designated relief panel per day for 19 days in a sampled month to cover people absent due to sick leave or holidays. To enhance the continuity and routine of the staff personnel, the provider advised the inspector that some relief staff had been granted contracted hours to increase the complement of core staff in the designated centre as of March 2021.

The inspector reviewed records of support and training delivered to staff in the designated centre. A sample of annual appraisals were reviewed which contained competency measures and areas identified in which staff could develop their skills with the support of their line manager. The inspector also reviewed a sample of the competency assessments through which new staff would progress before being signed off their six-month probation, as well as regular supervision meetings. The provider had ensured that through 2020, staff had access to training and the inspector was provided with dates indicating that all personnel were up to date in their training in fire safety, manual handling, the appropriate use of physical holds, and controlling and preventing the spread of infection. There were some gaps identified in training courses identified by the provider as mandatory for all staff to effectively support the residents in this designated centre, including specialised communication techniques for residents who did not communicate using verbal

means, and the administration of medication for residents with epilepsy.

The person in charge was supported by a team leader and three deputy team leaders to ensure that a manager was present at all times of the day and night. The management team met regularly to discuss incidents in the house, upcoming events, changes in identified risks, and the important matters to communicate to the full team. The inspector found detailed handover notes for staff to be apprised of ongoing matters in the house. This included useful reminders on supporting residents with their goals and objectives, for example prompting staff to include the resident in alarm tests so they became less anxious of it, or ensuring that residents participate in their exercise goals and independent household tasks for the day as per their wishes.

The provider has conducted their unannounced six-monthly inspection of the designated centre on a remote basis in July 2020 and January 2021. In this they acknowledged achieved objectives in the designated centre, and identified areas in which improvement was required, identifying responsible people and timelines by which these actions would be addressed.

Through reviewing a sample of team meetings and incident reports, the inspector identified a number of matters which had not been notified to the chief inspector within the required time frames.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted their application to renew the registration of this designated centre, and associated documentation, within the required time frame.

Judgment: Compliant

#### Regulation 15: Staffing

There were sufficient staff personnel available to support the assessed needs of residents currently living in the designated centre. The provider had taken steps to enhance continuity of staffing by bringing relief personnel into the core staffing complement.

Judgment: Compliant

#### Regulation 16: Training and staff development

Not all staff had completed training which was identified as required for most effectively supporting residents in this designated centre.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Management and auditing systems were in effect to ensure that the designated centre provided effective delivery of support and which areas of improvement were identified, these were followed up through time-bound plans of action.

Judgment: Compliant

### Regulation 31: Notification of incidents

Some information related to this designated centre had not been notified within the time frames set out in the regulations. These included minor injuries which had not been reported in quarterly returns, one injury requiring transfer to the emergency department for treatment which had not been notified, and the use of CCTV monitoring of a living space for which notifications stopped several months before the practice was discontinued.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

The provider had reviewed and updated all policies required under Schedule 5 of the regulations, and where relevant, these reflected national directives related to the ongoing health emergency.

Judgment: Compliant

## Quality and safety

The inspector found that the residents' wellbeing and welfare was supported and that amendments had been made to their care, support and personal objectives in the house and in the community in light of the routine changes caused by the



COVID-19 pandemic. Measures were in place to conduct ongoing review of restrictive practices in the service to balance the safety of the residents with their privacy and dignity. The house was safe, comfortable and suitably laid out for the use of the residents, including in the event of an outbreak. While the infrastructure of the house was suitable to detect, contain and alert people in the event of fire, elements of procedure required review to ensure an efficient evacuation from the building.

The designated centre was equipped with doors which could contain the spread of flame and smoke, and devices were in place to ensure that the doors could be held open based on residents' preferences, and close automatically in the event of an alarm. Exit routes were identified through signage and maps. All firefighting equipment, emergency lighting, and the alarm system were recently serviced and tested.

Residents each had a personal evacuation plan which indicated the level of support required to support the resident to exit the building. These included verbal cues, items that could be used to encourage people who may be anxious or reluctant to leave, and as a last resort, physical guidance. There was an emergency grab bag near the exit which included some of the items identified as required to assist a swift evacuation, as well as essential medication, however some of the required items which could not be stored in this bag were not located somewhere that could be collected quickly in the event of emergency. The staff and residents had taken part in practice evacuations. The reports from these drills were not clear on the procedure followed with residents who required multiple different options for support, to provide learning for future reference and to assist with consistently achieving a low evacuation time for day or night.

The house was clean and in a good state of maintenance. Sufficient stock of hand sanitizer and personal protective equipment (PPE) was available in the house. The provider had set up a station outside the back door in which people arriving could wash their hands and shoes, refresh their PPE, and record their temperature before entering the premises. The provider had conducted a review of the house, the staff team and resident profile to determine how to most effectively prevent and control a potential outbreak of COVID-19. Strategies were established for how the provider would deputise managers, protect supply of equipment and medicine, and ensure that residents could effectively isolate in their home in the event people become test positive for COVID-19.

The inspector found detailed and person-centred care and support plans which had been updated to ensure that where residents' personal goals and wishes had been affected by the social restrictions, the plans set out alternatives that made the most of the options which were available until the goals could be re-commenced. For example, where residents wished to attend music concerts and football matches, this was replaced with support to attend virtual stadium tours and have a disco night in the house. Residents also had clear objectives around physical exercise, activities of independent living and support in managing money, which were continued and their progress discussed in keyworker meetings.

Residents were supported to ensure the safety of themselves and others during times of anxiety or frustration. A person-centred behavioural support plan was developed which was informed and developed through behavioural therapy and learning from incidents. In the event that physical or pharmaceutical interventions were prescribed, there were clear protocols in place to ensure that these were only used as a last resort as the least restrictive option to respond to the associated risk. The provider analysed and trended these incidents and found that the frequency of resorting to these methods had significantly decreased. There had also been a reduction in the frequency of safeguarding incidents between residents, and staff had worked with residents to develop positive and mutually respectful relationships with the other people in their home.

Environmental restrictive practices were kept under review, and where no longer necessary, were discontinued or replaced with a less intrusive alternative. For example, the inspector found that a camera which had been installed in a living room to control an identified risk had been disconnected and replaced by an alternative method which addressed the risk without impacting upon resident privacy.

#### Regulation 26: Risk management procedures

The provider maintained a risk register which was specific to the designated centre and its residents. A detailed log of accidents and adverse incidents was maintained which identified how future incidents could be avoided.

Judgment: Compliant

#### Regulation 27: Protection against infection

The designated centre was clean and in a good state of maintenance, and was equipped with features to control risks related to infection. Staff and residents were supported to stay safe during the ongoing pandemic.

Judgment: Compliant

#### Regulation 28: Fire precautions

Some improvement was required to ensure that all items identified for use in an evacuation were quickly accessible, and that procedures following during practice evacuations were clear, to optimise safe and efficient exit from the designated

centre.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Overall, personal plans were clear, detailed and person-centred, and were kept up to date to reflect changing needs and circumstances.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider used regular assessments and evidence-based analysis to ensure that restrictions in place to protect the resident from harm were the least restrictive option for the lowest amount of time, and were discontinued where no longer required.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant

# Compliance Plan for The Haven OSV-0005236

Inspection ID: MON-0024387

Date of inspection: 04/03/2021

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> <li>1. All staff to complete Buccal Midazolam training. [Completed 16.03.2021].</li> <li>2. A review of each of the residents assessed needs took place with the person in charge and the speech and language therapist [Completed 30.03.2021].</li> <li>3. All staff to complete training specific to the communication needs of each of the resident identified in their personal plans [30.04.21].</li> </ol>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>PIC will ensure all notifications are submitted to the Authority in line with the Statutory Notifications Guidance for registered providers and persons in charge of designated centres.</p> <ol style="list-style-type: none"> <li>1. The PIC will conduct a review of any injuries sustained in the Centre and ensure all injuries are reported on the quarterly notifications.</li> <li>2. The PIC will ensure that any injury requiring hospital admission is notified within 3 working days to the Authority.</li> <li>3. The PIC will complete a review of all restrictive practices in the Centre and ensure all</li> </ol>	

restrictive practices are reported on the quarterly notifications.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. PIC will review items required for use in an evacuation. PIC will ensure these items are located in an easily accessible location and can be retrieved quickly in the event of an emergency evacuation.

2. Fire drill evacuation completed on 07.03.2021, level of support noted on the evacuation record and learnings from the evacuation to be discussed at the next team meeting on the 26.03.2021.

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/04/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	26/03/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is	Substantially Compliant	Yellow	26/03/2021



	reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 31(1)(d)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any serious injury to a resident which requires immediate medical or hospital treatment.	Substantially Compliant	Yellow	30/04/2021
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	30/04/2021
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at	Substantially Compliant	Yellow	30/04/2021

	the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).			
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