



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:	Unannounced
Date of inspection:	06 November 2025
Centre ID:	OSV-0007941
Fieldwork ID:	MON-0048490

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
Thursday 6 November 2025	13:50hrs to 18:40hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was carried out with a specific focus on safeguarding, to ensure that residents felt safe in the centre, and that supported decision making arrangements were in place that incorporated the will and preference of the residents.

Overall, the inspector found that the delivery of care was centred on the philosophy of person-centred care. There were adequate resources, including sufficient staff which enabled residents to make decisions on a day to day basis around activities they wanted to engage in.

On arrival to the centre, all of the residents were out, two of them had attended their day service and the other two residents had taken advantage of the nice weather and went to out for lunch and a walk in Dublin for the day.

Over the course of the inspection, the inspector met all of the residents, the staff on duty and the person in charge. The inspector also reviewed records specific to the residents care, the governance and management arrangements in this centre and reviewed practices.

The centre was spacious, clean and homely. Each resident had their own bedroom with en-suite bathrooms. Two of the residents showed the inspector their bedroom which were decorated in line with their personal preferences. The house was homely and decorated with some pieces of furniture that residents had chosen themselves. Some of the residents were involved in recycling furniture and had purchased some second hand pieces of furniture which they had repainted.

There was a large back garden with plenty of outside space for residents. One of the residents who had retired, liked to feed the birds and a poly tunnel had also been purchased for the back garden where this resident was going to start growing vegetables. This resident was also a member of a retirement group in their local community.

Residents were observed to be included in decisions about their lives and where required support was provided to them. The inspector observed staff talking to residents over the course of the inspection about activities they might like to do. On the evening of the inspection, one resident was making some Christmas plans to meet up with friends and family and staff was observed planning this with the resident by looking at dates that would suit the resident.

Residents spoken to said they liked their home and said that the staff were nice to them. One resident explained to the inspector what safeguarding meant and said that it was their right to feel safe. The resident said they would speak to staff if they did not feel safe.

Residents were engaged in meaningful activities and were supported to keep in touch with family and friends. Two of the residents attended a day service, one attended four days a week and the other resident attended three days a week. The other two residents chose activities they wanted to do on a day to day basis. In the evening times and at weekends, residents attended various activities they enjoyed or had goals that they wanted to achieve. As an example; one resident liked a local group that they attended in the evening times. Another resident liked to do yoga on Saturday mornings. The residents also had several goals in place, and some of them included going on holidays. All of the residents had been on holidays together for a few days over the Summer. One of the residents was going on an overnight to a hotel the day after the inspection and another resident was planning a holiday to Spain next year.

Residents were informed about their rights and two of the residents spoke about voting in the recent presidential election. One resident went through their personal plan with the inspector and the resident was very aware of the allied health professionals involved in their care and of medical treatments advised.

Residents met together, and individually with their key support staff to talk about goals, the running of the centre or concerns they may have. One of the residents explained to the inspector about supports they were receiving from the staff and the assisted decision making coordinator about their rights. The resident was very happy that they were getting this support and had a plan to celebrate this milestone when it was completed.

Some of the residents in the centre communicated through non-verbal gestures and signs. The inspector observed some good examples of how residents had been supported to enhance their communication skills. For example; two residents had recently been assessed by a speech and language therapist. Easy-to-read information was also available on safeguarding, advocacy and rights for residents. The inspector also observed that one resident liked to have a copy of the staff roster for the week and they then liked to add the names and pictures of the staff working so as they would always know who was working in the centre. This information was also available for all residents on the notice board in the kitchen.

The following sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service.

Capacity and capability

Overall, the inspector found that the governance and management arrangements in this centre were assuring that the delivery of care and support was being reviewed and audited to improve outcomes for residents and ensure that residents were safe.

The registered provider had committees in the wider organisation to review human rights issues and restrictive practices. The centre was adequately resourced with appropriate staff numbers and skill mix to meet the needs of the residents.

Staff had been provided with appropriate training, in respect of safeguarding and supported decision making. The staff were knowledgeable about the care and support needs of residents and of the reporting procedures in place should a safeguarding concern arise in the centre.

Regulation 16: Training and staff development

Staff had been provided with training, in safeguarding vulnerable adults and a human rights based approach to care. The staff spoken to was knowledgeable about the care and support needs of the residents, and of the reporting procedures in place should a safeguarding concern arise in the centre. A sample of other training provided included:

- Fire Safety
- Manual Handling
- Basic Life Support
- Safe administration of medicine
- Positive Behaviour Support.

Records were also available, indicating that regular relief staff employed in the centre had also completed this training. Some staff were due to complete refresher training in the coming weeks for basic life support and fire safety.

Staff received regular supervision and staff meetings were also held every six weeks. The staff who spoke to inspector said they had no concerns about the quality of care provided and if they had concerns, they would report them.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre. The person in charge reported directly to the director of care. They had a very good knowledge of the assessed needs of the residents living in this centre and residents were observed to be relaxed and comfortable in the presence of the person in charge.

The centre was adequately resourced and included a staff team of nurses, social care workers support workers and the person in charge. There were two staff on duty during the day and one staff on duty at night time. The registered provider had

systems in place to manage risks in the centre and the person in charge ensured that all incidents that occurred in the centre were reviewed.

The registered provider had two committees in the organisation to review restrictive practices and human rights. Safeguarding concerns and human rights were also included for discussion at staff meetings and residents meetings.

The designated centre was being audited as required by the regulations and an annual review of the service had been complete for 2024 along with a six monthly unannounced visit to the centre carried out in June 2025. These audits were to ensure the service was meeting the requirements of the regulations, was safe and appropriate in meeting the needs of the residents. On completion of the audits, actions were being identified along with a plan to address them in a timely manner. The inspector observed that some minor improvements identified in these audits had been completed. As an example, it was noted that a leak in the upstairs area needed to be addressed and this was completed.

The inspector also observed in the annual review for 2024, that some goals for the following year had been planned for. As an example; it had been planned to purchase a polytunnel for the garden and this had been completed.

Regular staff meetings were held where staff could raise concerns and where issues like safeguarding, risk management and the care and support provided to residents was reviewed. A review of a sample of these minutes showed that staff had not raised any significant concerns. One staff member reported that the person in charge was supportive and approachable.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the staff team were providing person-centred care to the residents in this centre. This meant that residents were supported to make decisions about their care.

The registered provider had a policy in place to guide practice, and outline the reporting procedures, should any safeguarding concerns occur in the centre. The staff had been provided with up to date training in this area. At the time of this inspection there were no safeguarding concerns reported in this centre.

Each resident had a personal plan which included an assessment of need and support plans to guide staff practice. One resident went through their personal plan with the inspector and the resident was very aware of the allied health professionals involved in their care and of medical treatments advised.

Residents were supported with their communication needs and easy to read information was provided where necessary.

The premises were spacious, and the registered provider was in the process of upgrading some areas of the premises. Each resident had their own bedroom where they could spend time on their own if they wished, there were also a number of communal areas for residents to watch television or listen to music.

Regulation 10: Communication

Residents were assisted to communicate in accordance with their assessed needs and wishes and their specific communication supports were outlined in support plans. One resident for example; used some signs and the staff were observed using some of those signs with the resident on the day of the inspection. Two of the residents had recently had their communication needs assessed by a speech and language therapist and the person in charge was awaiting these reports at the time of this inspection.

Easy-to-read information was also available on safeguarding, advocacy and rights for residents. The inspector also observed that one resident liked to have a copy of the staff roster for the week and they then liked to add the names and pictures of the staff working so as they would always know who was working in the centre. This information was also available for all residents on the notice board in the kitchen.

Residents also had access to telephones, the internet, televisions and radios. One resident was observed over the course of the inspection regularly calling family and friends on their mobile phone.

Judgment: Compliant

Regulation 17: Premises

The premises were spacious, and the registered provider was in the process of upgrading some areas of the premises. Each resident had their own bedroom where they could spend time on their own if they wished, there were also a number of communal areas for residents to watch television or listen to music.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which included an assessment of need and support plans to guide staff practice. One resident went through their personal plan with the inspector and the resident was very aware of the allied health professionals involved in their care and of medical treatments advised.

All of the residents had goals in place that they wanted to achieve and a review of some of those goals showed that they had all been achieved and residents were now looking forward to Christmas and making plans for upcoming events.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents were provided with support around their anxieties which sometimes presented as behaviours of concern. As an example, some residents found it difficult when there were changes to activities that were cancelled. One resident was observed on the day of the inspection, requesting assurances around a community activity that had not resumed back since the summertime. The staff were observed being patient and understanding to the resident when providing reassurance to the resident about this activity.

Positive behaviour support strategies were also outlined in a positive behaviour support plan for this resident. This plan had been developed and reviewed by a behaviour specialist to provide guidance to staff. One staff who met with the inspector was knowledgeable about the supports that the resident required, which sometimes included giving the resident time alone listening to music or going out for a walk.

There were no restrictive practices used in this centre at the time of this inspection.

Judgment: Compliant

Regulation 8: Protection

The registered provider had a policy on safeguarding, which included, who to report concerns to, roles and responsibilities and actions to be taken to safeguard the residents.

All staff had received training in safeguarding of residents, and one staff member spoken to was aware of the various types of abuse, the signs of abuse that might alert them to any issues, and their role in reporting and responding to those concerns. Residents were provided with education and information about their rights to feel safe.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the inspector found that the care provided in this centre was person-centred, meaning that the residents were included in decisions about their lives and that support was provided to residents where they might need support with big decisions that affected their lives.

All of the residents had been to vote in the recent presidential election. The residents were kept up to date about changes in things that were happening in the centre. One of the residents informed the inspector about recent changes in senior management structures.

Residents met together, and individually with their key support staff to talk about goals, the running of the centre or concerns they may have. One of the residents explained to the inspector about supports they were receiving from the staff and the assisted decision making coordinator about their rights. The resident was very happy that they were getting this support and had a plan to celebrate this milestone when it was completed.

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	
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant