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The Haven, OSV-0005236, 07 March 2018

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

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| Name of designated centre: | The Haven |
| Name of provider: | Nua Healthcare Services Unlimited Company |
| Address of centre: | Kildare |
| Type of inspection: | Announced |
| Date of inspection: | 07 March 2018 |
| Centre ID: | OSV-0005236 |
| Fieldwork ID: | MON-0020827 |

About the designated centre

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

The service provided was described in the providers statement of purpose dated February 2018. The centre provided residential care to adult residents between 18 to 30 years. The centre consisted of a large two storey, five bedroom house with an adjacent self contained one bedroom apartment. The centre was situated in a rural setting in county Kildare. There were spacious grounds surrounding the centre. Each of the residents had their own bedroom. Direct care for residents was provided by healthcare assistants and social care workers. Nursing input was available from a nurse employed in the wider organisation. Since the last inspection one resident had transitioned from the centre. The last inspection in the centre had been completed on 13 November 2017, to inform an application by the provider to include the self contained apartment in the foot print of the centre. On the day preceding this inspection a resident had moved into the apartment which had been assessed to better meet his needs.

The following information outlines some additional data on this centre.

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| Current registration end date: | 02/07/2018 |
| Number of residents on the date of inspection: | 4 |

How we inspect

To prepare for this inspection the inspector or 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 |
|---------------|----------------------|-----------------------|------|
| 07 March 2018 | 09:00hrs to 17:00hrs | Maureen Burns Rees | Lead |

Views of people who use the service

As part of the inspection, the inspector met with three of the four residents living in the centre and observed elements of their daily lives at different times over the course of the inspection. Although, a number of these residents were unable to tell the inspector about their views of the service, the inspector observed warm interactions between the residents and staff caring for them and that the residents were in good spirits. Family representatives for two of the residents had completed a HIQA questionnaire regarding the quality of the service which outlined their satisfaction with the service and the care being provided for their loved one. The inspector also met with a relative of one of the residents who overall was satisfied with the service but had identified some care and support requirements for their loved one which they felt could have been improved. There was evidence that they were in consultation with the person in charge and staff in regard to these matters and that management were responding appropriately.

The inspector found that residents were enabled and assisted to communicate their needs, wishes and choices which supported and promoted residents to make decisions about their care. Residents were actively supported and encouraged to maintain connections with their families through a variety of communication resources and facilitation of visits.

Residents were engaged in a good range of activities in the community which were assessed to meet the individual resident's ability and needs. Examples included, horse riding, swimming, cinema, sensory room and walks in a local community park.

Staff spoken with outlined how they advocated on behalf of the residents and how they felt that each of the residents enjoyed living in the centre.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to the resident's needs.

The centre was managed by a suitably qualified, skilled and experienced person who had a clear vision for the service. The person in charge had taken up the position in October 2017 and was found to meet the requirements of the regulations and to have a sound knowledge of the care and support requirements for each of the residents. She was in a full time post and was not responsible for any other centre.

Staff members spoken with told the inspector that the person in charge supported them in their role and supported a culture of openness where the views of all involved in the service were sought and taken into consideration. The person in charge reported that she felt supported in her role and had regular formal and informal contact with her manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the regional manager who in turn reported to the director of operations. There was evidence that the regional manager and director of operations visited the centre at regular intervals.

The provider had completed an annual review of the quality and safety of care in the centre and six monthly unannounced visits to assess the quality and safety of the service as required by the regulations. The providers quality department had undertaken a number of other audits in the centre and there was evidence that appropriate actions had been taken to address issues identified. The person in charge submitted a weekly report 'the governance matrix' to the director of operations and regional manager. This included information on matters such as incidents, restrictive practices and risks. She also submitted a separate weekly report on operational issues and tasks undertaken and planned for the following week.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. The full complement of staff were in place. There had been a number of changes to the staff team in the preceding period but it was found that new staff were rostered on shift with regular staff member. This ensured some consistency of care for the residents. A staff communication book and staff handover sheets were completed on a daily basis. On-call arrangements were in place for staff.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy. A training programme was in place which was coordinated by the providers training department. Training records showed that staff were up-to-date with mandatory training requirements. Other training to meet specific needs of residents had been provided. There were no volunteers working in the centre at the time of inspection.

There were staff supervision arrangements in place. However, supervision for staff was not being undertaken in line with the frequency proposed in the providers policy. The person in charge provided supervision to the staff team and had completed appropriate training in supervision theory and practice. A sample of supervision files reviewed showed that supervision undertaken was of a good quality which supported staff to perform their duties to the best of their abilities.

There was a directory of residents in place which included the majority of the information required by the regulations. However, it had not been comprehensively maintained as there had been two discharges within the previous four month period

which were not recorded on the register.

There was a written statement of purpose, dated February 2018. It set out the aims, objectives and ethos of the designated centre. It also stated the facilities and services which were provided for residents. It contained all of the information required in schedule 1 of the regulations.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and ensure it meets its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

The full complement of staff were in place and considered to have the required skills and competencies to meet the needs of the residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided for staff to improve outcomes for residents. However, staff were not always receiving formal support and supervision in line with the frequency specified in the providers policy.

Judgment: Substantially compliant

Regulation 19: Directory of residents

There was a directory of residents in place which included the majority of the information required by the regulations. However, it was not being effectively maintained as there had been a number of discharges in the preceding period which had not been accurately recorded on the register.

Judgment: Substantially compliant

Regulation 23: Governance and management

The governance and management systems in place promoted the delivery of a high quality and safe service.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre had a publicly available statement of purpose, dated February 2018, that accurately and clearly described the services provided.

Judgment: Compliant

Quality and safety

The residents living in the centre received care and support which was of a good quality, safe, person centred and which promoted their rights.

The residents' well-being and welfare was maintained by a good standard of evidence-based care and support. Care plans and personal support plans reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social needs and choices. Personal plans in place were reviewed at regular intervals with the involvement of the resident's multidisciplinary team, the resident and family representatives.

The residents were each supported to engage in meaningful activities in the centre and within the community. The majority of the residents attended a day service. Staff facilitated and supported the residents to travel to and from their day service and to participate in activities that promoted community inclusion such as, horse riding, swimming, the cinema, nature walks, visits to a local tourist attraction and community sensory rooms. Individual daily and weekly schedules were in place for residents. Residents had access to a computer and one of the residents had a personal computer in their own bedroom. There was a good range of board games and arts and crafts materials within the centre for residents use. One of the residents parents undertook an individual activity programme with their loved one

on a weekly basis in the centre.

The centre was found to be suitable to meet the resident's individual and collective needs in a comfortable and homely way. One of the residents had recently transitioned to a self contained apartment which it had been assessed would better meet his needs. This promoted the resident's independence, dignity and respect. Each of the residents had their own bedrooms which had been personalised to their tastes and choices. However, some areas for improvement were identified in relation to the maintenance and repair of the centre.

Residents' communication needs were met. Individual communication requirements were highlighted in residents' personal plans and reflected in practice. Communication passports were on file for residents who required same. A number of the residents were non-verbal. There were communication tools, such as picture exchange and object of interest in place, to assist residents to choose food choices, activities, daily routines and journey destinations.

The residents were provided with a nutritious, appetizing and a varied diet. The timing of meals and snacks throughout the day were planned to fit around the needs of the resident. A weekly menu was agreed with residents at a weekly meeting.

Overall, the health and safety of residents, visitors and staff were promoted and protected. However, during recent, unprecedented adverse weather conditions in the region, the providers emergency plan had not been effective and required review. There were risk management arrangements in place which included a detailed risk management policy, and environmental and individual risk assessments for residents. These outlined appropriate measures in place to control and manage the risks identified. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving residents. This promoted opportunities for learning to improve services and prevent incidences.

Residents were provided with appropriate emotional and behavioural support. The inspector found that the assessed needs of residents were being appropriately responded to. Multi-element support plans were in place for residents identified to require same and these provided a good level of detail to guide staff in meeting the needs of the individual residents. There was evidence that the providers behaviour support specialist and the staff trainer, in the technique adopted by the provider, visited the centre at regular intervals to provide support for the residents and staff caring for them.

Regulation 10: Communication

The communication needs of residents had been appropriately assessed with

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| appropriate supports put in place where required. |
| Judgment: Compliant |
| Regulation 17: Premises |
| The centre was homely, accessible and promoted the privacy, dignity and safety of each resident. However, it was observed that some areas were in need of maintenance. For example, there was chipped paint on walls and woodwork in a number of areas, the surface area on shelves in a number of bathrooms was in need of repair or replacement and the flooring in the hallway, stairs landing and a number of bedrooms had been identified for replacement. |
| Judgment: Substantially compliant |
| Regulation 18: Food and nutrition |
| Residents were provided with a nutritious, appetizing and varied diet. |
| Judgment: Compliant |
| Regulation 26: Risk management procedures |
| Risk management arrangements were in place. However, the providers plans in the event of an emergency required review as they had not been effective during recent adverse weather conditions. |
| Judgment: Substantially compliant |
| Regulation 7: Positive behavioural support |
| Residents were provided with appropriate emotional and behavioural support. |
| Judgment: Compliant |

Appendix 1 - Full list of regulations considered under each dimension

| Regulation Title | Judgment |
|-----------------------------------------------|-------------------------|
| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 19: Directory of residents | Substantially compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management procedures | Substantially compliant |
| Regulation 7: Positive behavioural support | Compliant |

Compliance Plan for The Haven OSV-0005236

Inspection ID: MON-0020827

Date of inspection: 07/03/2018

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"> 1. Coaching meeting held on 12th March with Director of Training, PIC and 2 Deputy Team Leaders to discuss supervision. 2. Staff supervision was divided between the 2 Deputy Team Leaders and the PIC to ensure all staff receive supervision as per the Centre's policy. 3. Supervision schedule now in place and on display in the office of the Designated Centre which details what date staff will have supervision on and with whom. 4. Number of supervisions carried out each week reported to Operations Manager each week to ensure compliance. | |
| Regulation 19: Directory of residents | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <ol style="list-style-type: none"> 1. The Directory of Residents has been updated in the Centre to include the recent discharges. 2. The Deputy Team Leaders in the Centre have been assigned the responsibility of checking that The Directory of Residents is completed and up to date weekly. 3. Any errors to be reported to the PIC on a weekly basis who will oversee that the Directory of Residents is up to date at all times. | |
| Regulation 17: Premises | Substantially Compliant |

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| Outline how you are going to come into compliance with Regulation 17: Premises: | |
| <ol style="list-style-type: none"> 1. Schedule of works needed in the Centre was provided to the Maintenance Department and all works scheduled to be completed by 4th May 2018. | |
| Regulation 26: Risk management procedures | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 26: Risk management procedures: | |
| <ol style="list-style-type: none"> 1. Emergency Plan reviewed and updated on the 14th March 2018 to include learning from adverse weather conditions. 2. Systems now in place to ensure Designated Centre is prepared for adverse weather following the issuing of weather warnings. | |

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)(b) | The person in charge shall ensure that staff are appropriately supervised. | Substantially Compliant | Yellow | 01.05.2018 |
| Regulation 17(1)(b) | The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally. | Substantially Compliant | Yellow | 04.05.2018 |
| Regulation 19(1) | The registered provider shall establish and maintain a directory of residents in the designated centre. | Substantially Compliant | Yellow | 03.04.2018 |
| Regulation 26(2) | The registered provider shall ensure that there are systems in place in the designated centre for the | Substantially Compliant | Yellow | 03.04.2018 |

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| | assessment, management and ongoing review of risk, including a system for responding to emergencies. | | | |
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