



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

Issued by the Chief Inspector

Name of designated centre:	Crosshaven
Name of provider:	Gateway Community Care Limited
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	24 March 2021
Centre ID:	OSV-0005753
Fieldwork ID:	MON-0032064

About the designated centre

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

Crosshaven can provide long-stay residential and shared care services to three male and female residents who are diagnosed with autism and or with an intellectual disability, and who require a maximum or high level of support. The service can support individuals aged from 18 years upwards. The centre comprises of a detached house and gardens in a rural area. Residents at Crosshaven are supported by a staff team that includes a person in charge and residential care workers. Staff are based in the centre when residents are present, including at night-time.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Wednesday 24 March 2021	12:25hrs to 17:30hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

From conversations with staff, meeting with residents, observation in the centre and information viewed during the inspection, it was clear that residents had a good quality of life, had choices in their daily lives, were involved in activities that they enjoyed and were supported to be involved in the local community.

The time the inspector spent with residents was limited in line with COVID-19 safety protocols. Also, residents were not present in the centre during most of the inspection as they were at day services. The inspector met with two residents when they returned in the afternoon, but these residents were not able to discuss their views on the quality and safety of the service. However, both residents were clearly happy and comfortable in the company of staff and each other. Staff were observed interacting warmly with residents and were very attentive to residents' wishes.

There was evidence that residents had good involvement in the community, subject to public health restrictions, and that they took part in social and leisure activities that enjoyed. These included the resident's preferred activities, which were going out in the community for outings, walks and shopping. Residents particularly enjoyed going to day service and arrangements had been made to ensure that they could continue to attend while adhering to safe infection control protocols. Holistic plans had been developed for each resident which included activities related to well being, health, development and leisure. These included going out for walks, drives, cycling, going to beaches, sensory activities, household tasks, listening to music and going to day service.

There were measures in place to ensure that residents' rights were being upheld. It was evident that residents had choices around how they lived their lives. The provider had ensured that there were sufficient staff on duty to ensure that residents' personal choices could be supported at all times. As there was one-to-one staffing allocated to residents, this ensured that each resident could enjoy the activities that they preferred on an individualised basis.

Residents' views on the centre, and their lives there, were being gathered through ongoing daily communication, observation and judgements on choice and preferences. Communication passports had been developed for each resident to support staff to communicate effectively. Staff who spoke with the inspector were very focused on supporting the wishes of the residents and had a very clear understanding of how they established these. Staff explained and demonstrated how communication and choices took place in the centre. For example they showed the inspector communication boards that were in use and they had an in depth knowledge of residents dietary requirements and preferences. A range of other information, such as personal plans, staff on duty and rights information, was also made available to resident in accessible formats. Advocacy support was available to residents if required.

Residents had rights to have visitors in the centre and interventions had been introduced to ensure that residents could keep in contact with families and friends while adhering to COVID-19 safety requirements.

Each resident had their own bedroom. There was a spacious kitchen, and adequate communal and private space for residents. There were two separate sitting rooms which ensured that each residents' privacy preferences were met. There were gardens at the front and rear of the building. As residents enjoyed spending time outdoors there were plans to develop a sensory garden in the near future.

Capacity and capability

The provider's management arrangements in the centre ensured that a good quality and safe service was provided for people who lived there. Some minor improvement was required to the annual review, the service agreement and record keeping, but these did not impact on the overall quality of care being delivered to residents.

There was a suitably qualified and experienced person in charge who was based in the centre and who knew the residents and their support needs. The person in charge worked closely with staff and the wider management team. Monthly management meetings took place, which were attended by persons in charge and the director of services. A range of information was shared and discussed at these meetings such as audit reviews, COVID-19 response planning, risk management, staffing levels and outcomes of HIQA inspections. The person in charge also held monthly team meetings with the staff in the centre.

Audits were being carried out by the person in charge and staff to review the quality and safety of the service. An audit schedule for 2021 had been developed and a wide range of audits were included such as monthly audits of staff files, finances, residents' belongings, personal plans and health and safety. Unannounced audits were being carried twice each year on behalf of the provider. All audit records showed a high levels of compliance and any issues identified during audits were taken seriously and addressed. Furthermore, annual reviews of the quality and safety of care and support of residents were being carried out. However, the annual review of the quality and safety of care and support of residents did not include consultation with residents' and or their representatives as required by the regulations, although some information on residents' and relatives' views were included in the provider's six-monthly unannounced audit.

The provider had also developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre, and for the management of the infection should it occur. Furthermore, the centre was suitably resourced to ensure the effective delivery of care and support to residents.

The provider had ensured that there were sufficient staff available to support residents, and that staff were competent to carry out their roles. Staff had received

training relevant to their work, such as training in medication management, first aid and epilepsy care, in addition to mandatory training. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic. There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents and a sample of policies viewed by the inspector were up to date.

Documents required by the regulations were kept in the centre and were available to view. Records viewed during the inspection included personal profiles, healthcare plans, risk management assessments and a sample of operational policies. While most of the documents viewed were comprehensive, informative and up to date, a small number of records had not been completed in sufficient detail and some key information was omitted. For example, some records had not been verified with dates and signatures, and some staff meeting minutes did not record agreed outcomes from the meeting. This presented a risk that some valuable information could be lost.

The provider had ensured that a service agreement had been made with each resident and these had been agreed and signed by residents' or their representatives. The sample of agreements viewed were informative and included a range of information about the service. However, they were not individualised and did not clearly described the specific service to be provided for each individual.

Overall, there was a good level of compliance with regulations relating to the governance and management of the centre.

Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience. The person in charge was based in the centre and was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to support the assessed needs of residents at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training, in addition to other training relevant to their roles.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records required under the regulations were maintained and kept up to date. Overall, records were maintained in a clear and orderly fashion but some documentation lacked information such as signatures and dates and required to be recorded more accurately.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. However, the annual review of the service did not include the views of residents as required by the regulations.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place for all residents and overall these were completed to a good standard. However, the agreements required some improvement as they did not accurately state some aspects of the service agreed for each person and what was, or was not, included in the service.

Judgment: Substantially compliant

Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the service. Residents received person-centred care that supported them to be involved in activities that they enjoyed. This ensured that each resident's well-being was promoted at all times, that personal development and community involvement was encouraged, and that residents were kept safe. However, improvement was required to establishing residents' preferences around the decor provided in the centre, particularly in their bedrooms.

Review meetings took place annually, at which residents' support needs for the coming year were planned. The personal planning process ensured that residents' social, health and developmental needs were identified and that supports were put in place to ensure that these were met. Residents had access to the local community and were also involved in activities and tasks that they enjoyed in the centre.

The centre was located in a rural area which was close to a city. The centre was warm, clean, suitably equipped and well maintained. There was a well equipped kitchen, adequate communal and private space and gardens at the front and rear of the house. However, there were minimal decorative items and personal effects displayed in the centre which reduced the feeling of homeliness in the house. There was no evidence that residents' preferences in this regard had been explored to ensure that their preferences were met.

Residents had access to a variety of amenities and facilities in the city and surrounding area and transport and staff support was available to ensure that these could be used. Residents attended day services, at which a range of activities were taking place. Residents also took part in activities that they enjoyed in the centre, such as gardening, going for walks, involvement in basic household tasks, music, television and use of sensory facilities. When residents returned from day service they spent time relaxing and doing activities that they enjoyed in the centre, and interacting with staff. Some of the programmes and activities that residents were involved in and enjoyed included cycling, visiting and keeping in touch with their families, going to the cinema, expanding independent living skills and working on road safety awareness.

There were arrangements to ensure that residents' healthcare was being delivered appropriately, including measures to protect them from COVID-19. Residents' healthcare needs had been assessed and required care was delivered by staff. Overall residents in this service enjoyed good health and minimal healthcare interventions were required. However, to maintain good health, staff arranged healthcare visits for residents which included annual medical checks by the general practitioner (GP), and annual dental check ups. Staff encouraged and supported residents to keep fit and follow exercise plans that they enjoyed. Staff also ensured that residents received nutritious food suited to their preferences and assessed needs. None of the residents were currently eligible to attend national health screening programmes.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection,

including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' temperatures. A detailed cleaning plan had also been developed and was being implemented in the centre.

The provider had systems in place to ensure that residents were safe. These included risk identification and control, a health and safety statement and a risk management policy. Both environmental and individualised risks had been identified and their control measures were stated. The risk register had also been updated to include risks associated with COVID-19. Arrangements were also in place to safeguard residents from any other form of harm. These included safeguarding training for all staff, development of personal and intimate care plans to guide staff, and the support of a designated safeguarding officer if required. Fire safety management was not examined in full at this inspection but arrangements for fire containment were viewed. This had required improvement at the previous inspection and had now been suitably addressed.

Measures were in place to ensure that residents' rights were being upheld. The provider had ensured that residents had freedom to exercise choice and control in their lives. Staff had established residents' preferences and these were being supported. Assessments had been carried out to establish residents' capacity to safely manage their own money and medication and the required supports were based on the outcomes of these assessments. There were measures in place to supply information to residents in a suitable format that they could understand. For example, staff used suitable techniques such as choice boards and pictorial cues to communicate with residents and establish their wishes, and easy-to-read versions of important issues such as the complaints process and coronavirus information were made available to residents.

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre was clean, comfortably furnished well maintained and suitably equipped. However, parts of the centre were sparsely decorated with limited personalisation of rooms, and residents preference regarding their room decor had not been explored.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Suitable foods were provided to suit any special dietary needs of residents.

Judgment: Compliant

Regulation 26: Risk management procedures

There were suitable arrangements in place to manage risk in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

There were measure in effect to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

Since the last inspection of the centre, suitable arrangements had been put in place for the containment of fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out. Individualised holistic personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as GPs and healthcare professional.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that the residents' rights were supported and that they had freedom to exercise choice and control in their daily lives.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Crosshaven OSV-0005753

Inspection ID: MON-0032064

Date of inspection: 24/03/2021

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The Person in charge will review all documentation assessing standard. Guidelines will be set out to make sure quality of reports are to a high standard and up to date for all staff to follow.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The Director will contact family/advocates to support the service user to share their views in relation to service requirement. Documentation of these discussions will be kept on file inclusive of any goals or amendments the service user wants to make in daily life.</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The service agreement with residents will be fully reviewed and updated to include service agreed for each person and what was, or was not, included in the service.</p>	

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The rooms and areas of living will be updated to make more homely. The PIC has contacted families and advocates to support Service users in process. This will be completed over next four weeks.	

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 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	10/05/2021
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/04/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Not Compliant	Yellow	20/05/2021
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the	Substantially Compliant	Yellow	10/05/2021

	support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.			
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