



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

Issued by the Chief Inspector

Name of designated centre:	Benhaven
Name of provider:	Gateway Community Care Limited
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	12 & 13 February 2020
Centre ID:	OSV-0005592
Fieldwork ID:	MON-0023076

About the designated centre

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

Benhaven is a children's centre and provides residential and respite care for three children. Two children have full-time placements and one bed is used to provide respite for four children. The children have an intellectual disability with complex medical needs, some with life limiting conditions. Individualised support is provided to meet each child's assessed needs, to ensure that they are made as comfortable as possible throughout their stay at the centre.

Benhaven is located on the outskirts of a large town. It is a large single-storey dwelling with its own gardens to the front and rear of the building. The centre comprises of three accessible bedrooms, which have access to en-suite facilities. Children also have access to a communal bathroom which incorporates an accessible shower. Communal facilities include a kitchen/dining room and sitting room and a sensory room which are designed and laid out to meet the children's assessed needs. Residents also have access to an outdoor accessible play area to the rear of the house. Facilities are provided for visitors to meet their relatives and staff in private if required. Children are supported by a team of both nursing and care staff, with a minimum of three staff available to meet residents' needs during the day and at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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 - 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 12 February 2020	15:00hrs to 19:00hrs	Thelma O'Neill	Lead
Thursday 13 February 2020	10:00hrs to 15:00hrs	Thelma O'Neill	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector met the three children in the service. The three children had very complex medical needs and were unable to communicate verbally with the inspector. However, the inspector observed that the children were relaxed and smiling at staff and they appeared very comfortable in the centre. Staff were very knowledgeable about the children's care and support needs and were very attentive to the children. The inspector observed one staff member reading a story to two of the children, and showing them the book while reading the story. It was obvious from the children's reaction that they liked this activity and that they were very comfortable communicating with the staff member who was supporting them.

The inspector also met another child who was relaxing in his bedroom and he was supported by another staff member. While he was unable to verbally communicate with the inspector, he was smiling and very engaging with the inspector. We discussed his favourite football team and his personalised bedroom. The staff were very knowledgeable of the child's healthcare and support needs.

Capacity and capability

The inspector found the provider had effective operational management arrangements in place in this centre, and clear lines of accountability. The provider and person in charge operated the centre in a person-centred manner, and the inspector observed some good practices over the course of this inspection. This centre demonstrated a good level of compliance with the regulations, of the twenty-two regulations reviewed, seventeen were compliant; however, there were four areas that required some improvement. These included, admissions and contracts for the provision of services, general welfare and development, fire evacuation and individualised assessments.

The provider had appointed a person in charge to manage the centre. She had the qualifications, experience and knowledge for the role of person in charge for this centre. She was supported by a team of nursing and care staff and completed regular team and support and supervision meetings with staff.

The provider had completed an annual review and six-monthly unannounced audits of this centre; these audits were completed to ensure key practice areas were adhered to in-line with the organisation's policies and procedures. The inspector found children's care and support needs were well-monitored and reviewed. Safeguarding and risk management procedures were in place and all staff had a clear understanding of the process and procedures in place to protect

children in the centre.

The inspector reviewed the agreements in place with regard to the provision of services to the children; while each child had an agreement in place, some of service level agreements, did not include the terms and conditions or the fees to be charged.

This service provided residential care for two children with life limiting conditions. The inspector found the childrens' care needs were being met in line with their assessed needs and the provider had advocated on behalf of the children with medical professionals and the child care agency. However, one of the children, who had a care order and a advance treatment plan in place, did not have an robust end of life plan in place. While the provider demonstrated that they had engaged with the child care agency responsible for the child, they had not received adequate instructions regarding the arrangements for the child in relation to their end of life care. Furthermore, this child did not have a named social worker since September 2019 and had, had five different social workers in the past year. As a result the Health Information and Quality Authority (HIQA) has taken the decision to write to the agency to raise concerns about the absence of a named social worker, and the need for an end of life care plan; to ensure the child's care needs and wishes will be managed appropriately in the event of the child's condition deteriorating.

Regulation 14: Persons in charge

The registered provider had appointed a person in charge who had the required qualifications, skills and experience to manage a designated centre. The person in charge was responsible for the centre, and ensured that effective governance, operational management and administration of the centre was in place at all times.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the centre's staffing arrangements reflected the assessed needs of the children. Due to their assessed needs, there were three staff on duty at all times, who were familiar with their individual needs.

Judgment: Compliant

Regulation 16: Training and staff development

The staff team had access to appropriate training, as part of their continuous professional development programme.

Judgment: Compliant

Regulation 23: Governance and management

There was effective oversight and management of this centre. The person in charge worked full-time at the centre and had regularly support and supervision meeting with staff and with the senior management team. Regular audits were completed in to all aspects of service delivery, and to ensure the effectiveness of the care provided. Staff members told the inspector that they felt supported by the management team.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Each child had an agreement in place in relation to the provision of services in this centre. However, the agreements did not clearly identify the terms and conditions on which the children shall reside, or if there were fees for the service.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre had a statement of purpose which met the requirements of Schedule 1 of the regulations, and clearly described the services and facilities provided at the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had ensured that appropriate systems were in place for the recording, investigation and management of complaints.

Judgment: Compliant

Regulation 19: Directory of residents

The person in charge maintained a directory of children in the centre.

Judgment: Compliant

Quality and safety

The provider had measures in place to ensure that there were robust quality and safety procedures in operation at the centre, although improvements were required in three areas to ensure the quality and safety regulations were fully compliant. These included, the children's general welfare and development, fire evacuation procedures, and individual assessments & personal plans.

The inspector found that there was good systems in place to manage identified risks in this centre. The risk management practices were in-line with the organisational policies and procedures and staff were able to demonstrate to the inspector that there were effective risk management procedures in operation. These measures assured the inspector that the safety of the children was promoted and consistency of care was maintained to a good standard.

The provider had ensured that effective measures were in place to protect children and staff from the risk of fire. There were procedures in place for the management of fire safety equipment and fire safety training for staff. However, the evacuation procedures required review, as the procedure included, hoisting the children from their beds into their wheelchairs, when evacuating in the event of an emergency. This practice had not been simulated with all of the children involved, to ensure the children could be evacuated safely in a timely manner.

Children's personal plans were formulated in an accessible version to increase the children's knowledge and understanding of their own social goals. However, due to some of the children's complex needs, or their peer's needs, it was found that some of the children had infrequent social outings; particularly at the weekends when they had no school.

Children's nutritional needs were well managed in line with their assessed needs. Some of the children required a modified diet or nutrition through a Percutaneous endoscopic gastrostomy (PEG) tube, these support needs were well managed in line with evidence based practice.

There was very good evidence of effective communication methods in line with

children's assessed needs. Methods used to communicate with children included verbal, tactile and sensory communication.

The provider had ensured that the children had access to allied health professionals including their general practitioner, who completed annual healthcare checks for each child. However, the assessments of need records and care plans for each child, required review to ensure they were reviewed annually and clearly identified their individualised care and support needs. For example; a child's health support plan did not detail their assessed needs in relation to skin care, and respiratory care needs.

The provider had arrangements in place for safe medicines and pharmaceutical services in the centre. While there were complex medical and medication administration practices and procedures in use, they were well managed by the nursing staff in the centre.

The centre had an open door policy for visitors, and families regularly visited the centre. The children had personal possessions displayed in their bedrooms and a review of their personal finances, showed income and expenditure was appropriately recorded in their individualised records.

There were some restrictive practices in use in this centre, however, these were used as safety measures in consultation with family members. In one case, the centre used a multi-functional bed with enclosed sides. This bed was designed as a bespoke piece of furniture, as it had enclosed sides for the safety of one child. It was assessed, as required by the allied health professionals, and although other children on respite used the bed on alternative nights, the enclosed sides were not used. All other restrictions, such as lap belts, were assessed and their use recorded in the restrictive practice log in the centre.

The management team had taken measures to safeguard the children from harm. There was a safeguarding policy in place and all staff had received specific safeguarding training. This ensured that they had the knowledge and skills to treat each child with respect and dignity and to recognise the signs of abuse and or neglect. There were no concerns of this nature reported in the centre.

Regulation 10: Communication

There was very good evidence of effective communication methods in line with residents' assessed needs. Methods used to communicate with residents included verbal, tactile and sensory communication.

Judgment: Compliant

Regulation 11: Visits

The provider had appropriate arrangements in place to ensure the centre was suitable for visitors in accordance with the children's wishes.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had ensured that each child had access to his/her personal possessions, and their finances were appropriately managed.

Judgment: Compliant

Regulation 13: General welfare and development

Some of the children had infrequent social outings, particularly at the weekends when they had no school.

Judgment: Substantially compliant

Regulation 17: Premises

The centre was well maintained and suitable to meet the aims and objectives of the children using this service. It was child friendly and kept in a good state of repair both internally and externally.

Judgment: Compliant

Regulation 18: Food and nutrition

Children's nutritional needs were well managed in line with their assessed needs. Some of the children required a modified diet or nutrition through a Percutaneous endoscopic gastrostomy (PEG) tube, and this procedure was well managed in line with evidence based practice.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements were in place for the identification, assessment and management of risk. Where risk management plans were in place, they were subject to regular reviews to ensure their effectiveness.

Judgment: Compliant

Regulation 28: Fire precautions

There were good fire safety arrangements in place in the centre. Staff had appropriate fire safety training, and Fire safety equipment was regularly serviced and there was good fire safety arrangements in place in the centre. However, the provider needed to review the evacuation procedures in the centre to ensure the children could be evacuated safely in the event of a fire.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had arrangements in place for safe medicines and pharmaceutical services in the centre. While there were complex medical and medication administration practices and procedures in use, they were well managed by the nursing staff in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The assessments of need was not completed on an annual basis, and support plans did not detail their assessed needs in relation to skin care and respiratory care needs.

Judgment: Substantially compliant

Regulation 6: Health care
Children healthcare needs were very well managed and there were appropriate multi-disciplinary supports in place for the children
Judgment: Compliant
Regulation 7: Positive behavioural support
The children using this service did not require positive behaviour support plans. While there were some restrictive practices in use, they were used for the safety of the children and had been assessed as required by an allied health professional.
Judgment: Compliant
Regulation 8: Protection
The provider had appropriate measures in place to protect the children from all forms of abuse. Staff were trained in protecting vulnerable children and there were no concerns reported in the centre that any child was at risk.
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 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 19: Directory of residents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Benhaven OSV-0005592

Inspection ID: MON-0023076

Date of inspection: 12 & 13/02/2020

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 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 contract of Care has been amended to be inclusive of all terms and conditions related to using Service. This Document has been amended and will be presented to all Families by 15/04/2020.</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development: MDT have been contacted to review protocols that may be acting as a prevention to the frequency of Social Access. Management will also review Rota to make best use of resources adhering to risk management of Centre. This will be fully reviewed by 05/04/2020 with changes made to support more social interactions for young people.</p>	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
All Fire Safety procedures were reviewed within the Centre. A deployment plan is now in place to assign specific duties for each member of Staff. Extra fire drills have been organised to identify any issues. These will be amended straight away. Atlantic Fire will be coming to go through deployment plan with Staff. This will be completed by 30-04-2020

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The assessment of need will be reviewed and amended to be inclusive of skin care and respiratory care. All assessment of need will be review minimum annually or as needed going forward. This will be checked through auditing process. This will be completed by 30-03-2020

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	15/04/2020
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the 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.	Substantially Compliant	Yellow	05/04/2020
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	30/04/2020

	evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	30/03/2020