**Centre name:** Benhaven  
**Centre ID:** OSV-0005423  
**Centre county:** Sligo  
**Type of centre:** Health Act 2004 Section 39 Assistance  
**Registered provider:** Gateway Organisation Limited  
**Provider Nominee:** Eamonn Murphy  
**Lead inspector:** Maureen Burns Rees  
**Support inspector(s):** None  
**Type of inspection:** Unannounced  
**Number of residents on the date of inspection:** 2  
**Number of vacancies on the date of inspection:** 1
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
• Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
• Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
• to monitor compliance with regulations and standards
• following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
• arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

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<tr>
<td>10 January 2017 14:00</td>
<td>10 January 2017 17:00</td>
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<tr>
<td>11 January 2017 09:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
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<th>Outcome 05: Social Care Needs</th>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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**Summary of findings from this inspection**

Background to the inspection:

This was a seven outcome inspection carried out to monitor compliance with the regulations and standards. The previous 18 outcome inspection, undertaken on the 01 and 02 of September 2016 was the first inspection of the centre as it was a new application to register a designated centre for children with a disability. The centre was granted its registration on the 12 October 2016 and the two children were admitted to the centre on 07 November 2016 after an appropriate transition period.

As part of the current inspection the inspector reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence:

As part of the inspection, the inspector met with the two children living in the centre. Although these children were unable to tell the inspector about their views of the service, the inspector observed warm interactions between the children and staff caring for them and that the children were in good spirits.

The inspectors interviewed the person in charge, two staff nurses and a care
assistant. The inspectors reviewed care practices and documentation such as care plans, medical records, accident logs, policies and procedures and staff supervision files.

Description of the service:

The service provided was described in the providers statement of purpose, dated September 2016. The centre provided long term care for children between 8 and 18 years of age with varying conditions and disabilities, with a maximum dependency requirements.

The centre was registered to accommodate up to three children. Two children were admitted to the centre in early November 2016 and no other admissions had been confirmed at the time of inspection. Refurbishment work had been undertaken to meet the needs and preferences of the children living in the centre. The centre was located in a rural setting but in close proximity by car to two small villages. The centre was wheel chair accessible through out, including pathways through the garden to the side of the centre.

Overall Judgement of our findings:

Overall, the inspector found that the two children living in the centre were well cared for in the centre and that the provider had arrangements in place to promote their rights and safety. The inspector was satisfied that the provider had put systems in place to ensure that the majority of regulations were being met. The person in charge demonstrated adequate knowledge and competence during the inspection and the inspector was satisfied that she remained a fit person to participate in the management of the centre. Of the seven outcomes inspected on this inspection, minor non compliances were identified in three outcomes as outlined below.

Good practice was identified in areas such as:

- The health and safety of children, visitors and staff were promoted and protected. (Outcome 7)
- There were appropriate measures in place to keep children safe and to protect them from abuse. (Outcome 8)
- Children's healthcare needs were met in line with their personal plans (Outcome 9)
- There were systems in place to ensure the safe management and administration of medications.(Outcome 12)

Areas for improvement were identified in areas such as:

- One of the children's personal plans did not reflect the recommendations of the multidisciplinary team. (Outcome 5)
- The person in charge had not had formal supervision since taking up her post in September 2016. (Outcome 14)
- There were staff supervision arrangements in place, whereby all staff were supervised by the person in charge. However, the person in charge had no previous
experience in providing formal supervision and had not yet completed training in same. (Outcome 17
Section 41(1)(c) of the Health Act 2007. Compliance 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.

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Each child's well being and welfare was maintained by a high standard of evidence-based care and support. The arrangements to meet each child's assessed needs were set out in a personal plan that reflected his or her needs, interests and capacities. However, one of the children's personal plans did not reflect the recommendations of the multidisciplinary team.

Each child's health, personal and social care needs had been fully assessed. There was documentary evidence to show that children's parents or representatives were involved in assessments to identify their children's individual needs and choices. In addition, there was a multidisciplinary input into assessments.

Each child had a personal plan in place which detailed their assessed needs and choices. As per regulatory requirements, personal plans had been put in place no later than 28 days after admission. However, on the day of inspection, the inspector identified that recommendations from a member of the multidisciplinary team were not reflected in the personal plans for one of the children. It was proposed that all plans would be reviewed on at least an annual basis with input from the children's families and multidisciplinary team.

**Judgment:**

Substantially Compliant
### Outcome 07: Health and Safety and Risk Management

**The health and safety of residents, visitors and staff is promoted and protected.**

#### Theme:
Effective Services

#### Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

#### Findings:
The health and safety of children, visitors and staff were promoted and protected.

There was a risk management policy, dated April 2016, which met with the regulatory requirements. The inspectors reviewed a sample of individual risk assessments for children which contained a good level of detail, were specific to the child. There was a separate client risk profile and risk management plan on file which outlined appropriate measures in place to control and manage the risks identified. There was a formal risk escalation pathway in place. The centre had a risk register in place. There was a safety statement in place. At the time of the last inspection, site specific risk assessments had not been undertaken. Since that inspection, written risk assessments pertaining to the environment and work practices had been undertaken with appropriate controls identified. Hazards and repairs were reported and records showed that requests were attended to promptly. There was evidence that a number of health and safety checks were completed on a weekly basis.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving children. This promoted opportunities for learning to improve services and prevent incidences. A computer based incident management system was used to report all incidents which also recorded actions taken. Overall, there were a low number of incidents reported in the preceding three month period since the centre opened. The inspector reviewed staff team meeting minutes which showed that specific incidents were discussed and learning agreed.

There were satisfactory procedures in place for the prevention and control of infection. The inspectors observed that all areas were clean and in a good state of repair. Colour coded cleaning equipment was used and appropriately stored. There was a cleaning schedule in place and records maintained of tasks undertaken. The inspector observed that there were sufficient facilities for hand hygiene available and paper hand towels were in use. Posters were appropriately displayed. Training records showed that staff had attended infection control and hand hygiene training. There were adequate arrangements in place for the disposal of all waste. The inspector observed that a first aid was available in the office and in both of the centres transport vehicles.

Adequate precautions were in place against the risk of fire. There was adequate means of escape and all fire exits were unobstructed. A procedure for the safe evacuation of children in the event of fire was prominently displayed. Each child had a personal emergency evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the child. Three fire drills had been undertaken since the
children’s admission in November. An evacuation pack containing essential items for each of the children was maintained in the staff office. A fire risk assessment had been completed. Staff who spoke with the inspector were familiar with the fire evacuation procedures. There was documentary evidence that the fire equipment, fire alarms and emergency lighting were serviced by an external company and checked regularly as part of internal checks in the centre.

Staff spoken with were knowledgeable about manual handling requirements. A ceiling tracked hoist system was available in each of the children's bedrooms and in the adjoining shower room. Records showed that all hoists had recently been serviced. Records showed that staff, with the exception of one new member of the team, had attended manual handling training. There were individual hoisting protocols in place for each of the children to guide staff.

There was a site specific emergency plan in place to guide staff in the event of such emergencies as power outages or flooding.

**Judgment:**
Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There were appropriate measures in place to keep children safe and to protect them from abuse.

The centre had a protection and welfare policy and procedure, dated March 2015, which was in line with Children First, National Guidance for the protection and welfare of Children, 2011. The inspectors observed staff interacting with children in a respectful and warm manner. Staff who met with the inspector were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. Staff, with the exception of one staff new staff member, had attended training in understanding abuse and Children First, 2011. The person in charge was identified as the designated liaison person (as per Children First, 2011) responsible
for care and protection. There had been no incidents, allegations or suspicions of abuse since the centre had opened. There was a protected disclosure policy in place, to promote there being no barriers for staff or families disclosing abuse.

The centre had an intimate care policy in place, dated October 2015. The inspector intimate care plans on each of the children's files. These plans were found to provide a good level of detail to guide staff in meeting the intimate care needs of the two children. Body charts were observed on children's files to record and monitor any observed markings on children's bodies including possible cause.

Children were provided with emotional and behavioural support. There was a policy on behavioural management. Neither of the children living in the centre presented with behaviour that challenged. Records showed that staff had attended training on positive behaviour management support.

A policy on restrictive practice to inform staff and guide practice was in place. There were a number of physical restraints being used in the centre which had been prescribed by individual children's multidisciplinary teams to meet their support needs. All usage was monitored by the multidisciplinary team and recorded. Staff interviewed told the inspector that all alternative measures were considered before a restrictive procedure would be put in place.

**Judgment:**
Compliant

**Outcome 11. Healthcare Needs**
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Children's healthcare needs were met in line with their personal plans and assessments.

Each of the children living in the centre had complex medical needs and support requirements. All recommended treatments were facilitated. The service was a nurse-led service with a qualified nurse on each shift. This ensured that the children's received appropriate monitoring and nursing care. Each child's health needs were appropriately assessed on admission and met by the care provided in the centre. Each of the children had their own general practitioner and access to allied health care services which reflected their care needs. The inspector reviewed up-to-date hospital passports on file for each of the children. There was also a checklist of items to accompany a child should
they need to go to hospital. A log was maintained for each of the children of all contact with their GP and any other health professionals. Multidisciplinary team involvement and reports on file included occupational therapy, physiotherapy, speech and language therapy and dietician. There was evidence that observations of vital signs and weights for each of the children were routinely recorded on at least a monthly basis.

The centre had a fully equipped kitchen and a dining area. Each of the children living in the centre were on enteral feeds. There was evidence that enteral feeding regimes in place were overseen by children's GPs and dieticians. The service had nutrition and hydration policy in place and policies relating to the care and management of the enteral feeding devices in use in the centre. Staff had attended training in relation to enteral feeding care and management. Records showed that nutritional intake for the children were adequately recorded in the centre.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There were systems in place to ensure the safe management and administration of medications.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to children. There was a qualified nurse on each shift who was responsible for the administration of all medications. The processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. Staff interviewed had a good knowledge of appropriate medication management practices and medications were administered as prescribed. The inspector reviewed a sample of prescription and drug administration sheets and found that they contained all of the required information. There was a secure press for the storage of all medicines. There was a medication fridge in place and records showed that the temperature of same was recorded on a daily basis.

There were appropriate procedures in place for the handling and disposal of unused and out of date medications, whereby they were returned to the pharmacy who signed off with staff receipt of same. It was not appropriate for any of the children in the centre to be responsible for their own medications. There were no chemical restraints used in the
There was a system in place to review and monitor safe medication management practices. At the time of the last inspection, arrangements to review and monitor safe medication management practices had not yet been developed. On this inspection, the inspector found that audits of medication management arrangements were undertaken on a monthly basis which showed a good level of compliance and where issues were identified appropriate actions had been taken. There was evidence that the pharmacist identified to provide a service to the centre proposed to undertake yearly audits of prescribing and administration practices.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There were management systems in place to ensure that the service provided was safe, consistent and appropriate to children's needs. However, systems in place to supervise and monitor performance of the person in charge required some improvement.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. Staff who spoke with the inspector had a clear understanding of their role and responsibility. The person in charge reported to the director of service. However, she had not had formal supervision since taking up her post in September 2016. There was evidence that the director of service visited the centre and met informally with the person in charge on a regular basis. On call arrangements were in place and staff were aware of these and the contact details.

The person in charge was in a full time position and did not hold responsibility for any other designated centre. She had a background as a registered nurse in intellectual disability. Although the person in charge was found to have limited management experience she had recently completed a management course over an eight week period. In addition, the provider had put in place a number of on-going supports for the
person in charge. This included an external consultant who provided advice and support regarding leadership skills on a regular basis and the person in charge from another centre provided formal mentoring. At the time of the last inspection, inspectors found that the person in charge's knowledge of her statutory responsibilities could have been improved. On this inspection, the inspector found that the person in charge had a good understanding of the requirements of the regulations and standards. Staff interviewed told the inspector that she was approachable and supported them in their role. Children were observed to interact warmly with her. The person in charge also had a clear insight into the health needs and support requirements for the two children living in the centre.

There were plans in place for the director of service to undertake the annual review in the centre as per regulatory requirements. It was proposed that the providers auditing team, whose membership included an external consultant with suitable expertise, would undertake the six monthly unannounced visits to the centre in line with regulatory requirement. As the centre had only been registered and opened since October 2016, this had not yet been undertaken. There was evidence that the person in charge had undertaken monthly audits of medication practices in the centre and that issues identified had been appropriately addressed. Other audits of children's personal care plans and care practices were proposed.

Judgment:
Substantially Compliant

### Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

#### Theme:
Responsive Workforce

### Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

#### Findings:
There were appropriate staff numbers and skill mix to meet the assessed needs of the children living in the centre and to promote the safe delivery of services. However, supervision arrangements required some improvements and a small number of staff had not yet completed mandatory training.

The staffing levels, skill mix and experience were sufficient to meet the needs of the children living in the centre. Nursing care was provided on a 24 hour basis. Two of the staff recruited to positions in the centre had worked with the two children living in the centre in their previous service. This provided some consistency of care for the children.
and assisted the other staff members in becoming familiar with, and meeting the children’s care needs and support requirements.

There were effective recruitment procedures in place that included checking and recording all required information. There was a recruitment and selection policy in place. The inspector reviewed a sample of staff files and found that all of the documentation required by schedule 2 of the regulations was contained in the files reviewed.

There was a staff training and development policy in place, dated October 2015. Staff interviewed were knowledgeable about policies and procedures in place. The inspectors observed that a copy of the standards and regulations were available in the centre. A training programme was in place for staff. It was proposed that a training analysis system used within the wider service would be introduced into the centre within the coming period. Training records showed that the majority of staff were up to date with mandatory training requirements. However, three staff members had yet to complete fire safety training and one staff member required training in Children First 2011, manual handling and first aid. Some of this training had not yet been scheduled.

There were staff supervision arrangements in place, whereby all staff were supervised by the person in charge. However, the person in charge had no previous experience in providing formal supervision and had not yet completed training in same. In addition, the person in charge had not received formal supervision from her own line manager since taking up the post. There was a supervision policy in place which proposed that supervision should take place every four to six weeks. The inspector reviewed supervision records for four members of staff and found that they were of an adequate quality.

There were no volunteers working in the centre at the time of inspection.

**Judgment:**
Substantially Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Maureen Burns Rees
Inspector of Social Services
Provider's response to inspection report

| Centre name:                                   | A designated centre for people with disabilities operated by Gateway Organisation Limited |
| Centre ID:                                    | OSV-0005423                                                                 |
| Date of Inspection:                           | 10 and 11 January 2017                                                        |
| Date of response:                             | 08 February 2017                                                              |

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One of the children's personal plans did not reflect the recommendations of the multidisciplinary team

1. Action Required:
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
assessed needs of each resident.

Please state the actions you have taken or are planning to take:
Personal Plans have been updated to reflect all recommendations made by multidisciplinary team.

Proposed Timescale: 12/01/2017

Outcome 14: Governance and Management
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Systems in place to supervise and monitor performance of the person in charge required some improvement. The person in charge had not had formal supervision since taking up her post in September 2016.

2. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
Formal supervision will be provided on a monthly basis to Person in Charge by Assistant Director of Services.

Proposed Timescale: 28/02/2017

Outcome 17: Workforce
Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge had no previous experience in providing formal supervision and had not yet completed training in same.

The person in charge had not received formal supervision from her own line manager since taking up the post.

3. Action Required:
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
1) Formal supervision will be provided on a monthly basis to Person in Charge by
Assistant Director of Services.

2) Supervision training has been identified and will be completed by PIC over a 4-week timeframe.

**Proposed Timescale:** 24/03/2017

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Three staff members had yet to complete fire safety training and one staff member required training in Children First 2011, manual handling and first aid.

Some of this training had not yet been scheduled.

**4. Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**

Training has been attained as part of continuous development for all outstanding training needs identified on the following dates

1) Children's First 26-01-17
2) Manual Handling 10-02-17,
3) Fire Safety 03-02-17
4) First Aid 13, 14, 15 -02-17

**Proposed Timescale:** 15/02/2017