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## Benhaven, OSV-0005592, 20 November 2018

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

Name of designated centre:	Benhaven
Name of provider:	Gateway Community Care Limited
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	20 November 2018
Centre ID:	OSV-0005592
Fieldwork ID:	MON-0025356

## About the designated centre

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

Benhaven centre provides full-time residential and respite care and support for up to three children with an intellectual disability and additional life limiting conditions. Support is provided with the aim to meet the residents' assessed needs, while ensuring that they are made as comfortable as possible throughout their stay at the centre. Benhaven centre is located in a residential area 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, of which two have their own en-suite facility. Residents 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 residents' 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. Residents 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 evening times. At night-time, residents' care needs are supported by one nursing staff and one care staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
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## 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
20 November 2018	11:00hrs to 17:00hrs	Catherine Glynn	Lead

## Views of people who use the service

The inspector met with two residents during the inspection. Residents were unable to tell the inspector about the care and support they received while at the centre. However, throughout the inspection, residents appeared both relaxed and comfortable with the support they received from staff. The inspector observed that staff ensured that residents received assistance in a timely and dignified manner with supports provided in-line with interventions as described in their personal plans.

## Capacity and capability

Governance and management arrangements ensured that residents received a high quality of care and support in accordance with their assessed needs; however, further improvement was required with regard to end of life care for residents. Individualised care and support was being provided to each resident, with a specific focus on their healthcare requirements. Practices in the centre ensured that residents were kept safe and protected from harm.

Staffing arrangements ensured that residents' needs were met in a timely manner and reflected the support they required as described in their personal plans. Residents were supported by suitably qualified staff. Staffing levels were kept under regular review to ensure that they met residents' changing needs and to ensure continuity of care.

An annual schedule of management audits into all aspects of the centre's operations was completed by the person in charge and provider which ensured that residents received a high quality of care and support. Where audits identified areas for improvement - such as medication arrangements, these were addressed in a responsive manner and reflected both staff knowledge and observed practices at the centre.

The provider's risk management practices ensured that procedures were in place to effectively respond to adverse incidents which might occur. Accidents and incidents were reviewed by the person in charge, and any identified improvements discussed with staff and incorporated into risk assessments, to ensure they met residents' needs and current practice developments.

## Regulation 14: Persons in charge

The person in charge was suitably qualified, experienced and actively involved in the management of the centre to meet residents' assessed needs.

Judgment: Compliant

## Regulation 15: Staffing

Appropriate staffing arrangements were in place to meet residents' assessed needs in a timely manner and as described in their personal plans.

Judgment: Compliant

## Regulation 16: Training and staff development

The provider had ensured that staff were provided with all mandatory training in-line with their policy, however, they had failed to ensure that additional training was provided to ensure that staff were suitably knowledgeable and equipped to support residents' assessed needs. At the time of inspection staff were not provided with training relevant in end-of-life care needs.

Judgment: Substantially compliant

## Regulation 19: Directory of residents

The provider had an up-to-date directory of residents that contained all required information as specified in the regulations.

Judgment: Compliant

## Regulation 21: Records

The provider had ensured that all required records were maintained, in-date and available for review on the day of inspection. The inspector found that the records reviewed, which included two personal plans, contained all the information required

by the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

Overall, the governance and management systems ensured that residents were protected from harm and received a good standard of care. However, the provider had failed to ensure that a time-bound action plan was in place for gaps in the service relating to the support provided to meet residents care needs. This included; a comprehensive review of training needs in-line with assessed needs, completion of end of life care plans and development of policies to guide practice in this area. In addition, the inspector noted that the staff and management were fully aware of all gaps evident, this information was not reflected in audits completed. This included; the annual review of the quality and safety of service, and the six monthly unannounced visits.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose was subject to a regular review, reflected the centre's services and facilities and contained all information required under regulation.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider understood their requirements, and had ensured that all required notifications were submitted to the Chief Inspector as required by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

Residents and their representatives were aware of their right to make a complaint. The provider had ensured that all received complaints that had been made, were

appropriately recorded and investigated.

Judgment: Compliant

## Quality and safety

Throughout the inspection, the inspector observed that residents appeared both happy and comfortable with the care and support they received. Support was provided to residents by suitably qualified staff in a timely and dignified manner which reflected their assessed needs.

The centre's premises was well maintained and decorated. In addition, the premises' design and layout ensured that it was fully accessible to residents. The premises' decor was bright and colourful and reflected the interests and age group of residents. Residents' bedrooms were spacious and equipped with both a television and music player as well as sensory equipment. Arrangements were also in place which enabled residents to bring personal items to the centre to make them feel more relaxed and comfortable.

Residents at the centre accessed a range of activities both at Benhaven centre and in the local community which reflected their assessed needs and interests. Staff told the inspector that residents enjoyed activities such as sensory play, art and going to the local cinema. During the inspection, residents engaged in baking and sensory activities which catered for their specific needs and they appeared to enjoy. In addition, residents attended their school placements while at the centre, the person in charge ensured that arrangements were in place to facilitate this.

Residents' personal plans were comprehensive in nature and updated annually. Regular review arrangements ensured that personal plans reflected residents' current needs and ensured that staff practices were consistent with agreed support interventions in areas such as health care and medication needs.

Health needs were provided in the centre with access to a range of allied health professionals. This included occupational therapists, physiotherapists, consultants and general practitioner (GP). The inspector found that detailed information was provided in personal plans to ensure that staff were informed and aware of all relevant health issues and care plans in place. However, further improvement was required as residents did not have end of life care plans in place at the time of inspection.

The provider ensured that residents were kept safe when at the centre and arrangements were in place such as a fire evacuation plan and appropriate fire fighting equipment. Staff were regularly involved in fire drills and were knowledgeable on how to evacuate residents safely in the event of an emergency. Records showed that all staff were trained in fire safety and this was

refreshed as scheduled by the provider.

### Regulation 13: General welfare and development

Residents were supported to participate in a range of activities which reflected their assessed needs and met their personal goals.

Judgment: Compliant

### Regulation 17: Premises

The centre's premises were well-maintained and facilities were provided to ensure it was accessible to residents and met their assessed needs such as providing appropriate facilities for play.

Judgment: Compliant

### Regulation 20: Information for residents

Residents and their representatives were made aware of the services and facilities provided through access to the centre's residents guide.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management arrangements kept residents safe from harm and reflected changes in individuals' needs and interventions to ensure continuity of care.

Judgment: Compliant

## Regulation 28: Fire precautions

Suitable fire safety arrangements were in place in the centre at the time of inspection.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The provider's medication practices ensured that medication was suitably stored and administered by suitably qualified staff.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Personal plans were comprehensive in nature and the person in charge had effective arrangements in place to ensure they reflected residents' current needs and agreed support interventions.

Judgment: Compliant

## Regulation 6: Health care

Residents were supported to access healthcare professionals as and when required when at the centre and supports provided were subject to regular review and reflected current care professionals recommendations. However, further improvement was required regarding the provision for end of life care, for residents living and staying at the centre.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

Residents at the centre did not currently require support with the management of

behaviours that challenge.

Judgment: Compliant

### Regulation 8: Protection

The provider had arrangements in place to safeguard residents from abuse which included clear reporting protocols and staff had access to regular training to ensure their knowledge was in-line with current practice developments.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Benhaven OSV-0005592

Inspection ID: MON-0025356

Date of inspection: 20/11/2018

## 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> <p>The PPIM has sourced Palliative Care &amp; End of life ( Fetec Level 5) training for all Staff working in Centre. Training commenced on the 12th of December and will be completed by the 23rd January.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A Training Needs Analysis (TNA) will be updated to be inclusive of the changing needs of Service Users. A yearly training calendar based upon the completed TNA and identified by Director and PIC will be available to all Staff.</p> <p>Policies &amp; Plans have been developed to guide staff through process of End of Life Care and will be completed by the 20-01-19</p> <p>The Director will carry out all Future Audits with a structure that is inclusive of all identified needs of Service. The PPIM will carry out a full review of service through auditing process.</p>	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The Director has contacted interest groups related to EOL care of young person's and requested a full review. A meeting will take place to assign responsibilities related to EOL provision for young people. This will incorporate the six steps to EOL care. A plan of action related to service user's care will be implemented right up to Death and incorporated into all care plans. The meeting will take place on the 14-02-2019.</p>	

## 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)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	23/01/2019
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	20/01/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the	Substantially Compliant	Yellow	20/01/2019

	service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 06(3)	The person in charge shall ensure that residents receive support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.	Substantially Compliant	Yellow	17/02/2019