



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 April 2023
Centre ID:	OSV-0005592
Fieldwork ID:	MON-0030380

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. 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 2 -3 staff available to meet residents' needs during the day and at night dependent on the number of children accessing the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 (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 April 2023	11:00hrs to 15:30hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

This is a centre that very much ensured residents are provided with the care and support they require. All efforts were made by staff to ensure residents had multiple opportunities to engage in activities of interest to them, in accordance with their capacities and assessed needs. Overall, this is a centre that prioritises the needs of residents in all aspects of the service delivered to them.

The purpose of this inspection was to monitor compliance with the regulations and follow up on actions identified on the previous inspection in November 2021, and to inform a registration renewal application. The centre comprised of one houses, in a rural area of Co. Sligo. Each resident, who attended for respite had their own bedroom, bathroom, as well as hallway, kitchen and living area. The house was well-maintained, suitably decorated, for the children attending this centre for respite.

The inspector met with two residents on the day of inspection. Initially one resident attended after a short outing with staff. The inspector met this resident and had the opportunity to engage and interact with staff support. Later in the afternoon another resident attended for respite in the centre, the inspector observed both residents interacting and enjoying each others company with staff support. While the residents school services were closed due to the Easter break, staff maintained support and ensured that residents had an active break. Both residents were non-verbal but were observed to show and express their choices and preferences which staff clearly demonstrated a knowledge and familiarity with both residents also.

It was clear that residents were enjoying a good quality of life, had choices in daily life, and were also involved in meaningful worthwhile and enjoyable activities. The provider and person in charge prioritised the delivery of person centred care to the residents. This was evident from information that the management team shared with the inspector, a visit to the centre, conversations with the person in charge and documentation viewed during the inspection.

The adequacy of this centre's staffing arrangement largely attributed to the quality and consistency of care that residents received. much effort was made by the person in charge and staff to ensure residents were as involved as possible in the planning of their daily care and running of their home. This was primarily done through effective daily engagement between residents and the staff members supporting them.

Staff had worked with these residents for a number of years and knew them and their assessed needs very well. The person in charge regularly reviewed the number and skill-mix of staffing levels, meaning that where residents required additional staff support, this was quickly identified and responded to.

In summary, the inspector found residents' safety and welfare was paramount to all

systems and arrangements that the provider had put in place in this centre. The provider ensured that residents were supported and encouraged to choose how they wished to spend their time and that they were involved as much as possible in the running of their home when they attended for respite.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The monitoring inspection was carried out to ascertain the providers continued compliance with the regulations. The centre was last inspected in November 2021, with a number of areas for improvement identified, which the inspector found on this inspection that the management team had addressed all of the actions satisfactorily. Furthermore, the newly appointed person in charge showed their effectiveness and understanding of their role in this centre during the course of the inspection.

There was a suitably qualified and experienced person in charge of the centre, who had good knowledge of their roles and responsibilities and the provider had ensured that the residents had a good, varied and meaningful quality of life. However, some aspects of the governance and management required review, as the role and responsibilities of the person in charge went beyond the requirements of the regulations, and did not promote effective oversight and accountability of the centre.

The provider also undertook required unannounced visits which were detailed and identified a number of issues, which were all completed by the specified timescales. There was also an annual report for 2022 which included the views of the residents and relatives. These were very complimentary as to the care and support provided.

The number and skill mix of staff was suitable to meet the needs of the residents with one-to-one staffing available during the day. Nursing care was not required by the residents and a social care model was in place in the centre. The staffing levels ensured that the resident's individual support support and preferred activities were provided.

According to training documents reviewed, there was a commitment to the provision of mandatory training and additional training of relevance to the residents with ongoing schedules planned. Specific training had been provided for staff, where the behaviours presented were of a more challenging nature. The staff spoken with were very knowledgeable as to the supports necessary for the residents. Formal supervision processes for staff were in place and completed as scheduled. There was evidence that frequent team meetings were held which promoted good

communication and consistency of care for the residents.

There was an effective complaints procedure that was accessible to residents. The inspector reviewed the centre's complaints log and noted that there were systems to respond to complaints in a prompt manner. At the time of the inspection there were no active complaints in process.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide good quality and safe service to residents.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted an application for its renewal of registration to the chief inspector in the form determined by the chief inspector and included the information set out in Schedule 1.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Planned staffing rosters had been developed by the management team and these were accurate at the the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who had worked in the centre had received mandatory training in fire safety,behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the required information.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that appropriate insurance was in place as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place had ensured the service provided to residents were safe, effective and monitored on an ongoing basis. The provider had appropriate resources in place including staffing, equipment and staff training.

There was a clearly defined management structure and staff reported to the person in charge. An annual review of the quality and safety of care and support had been completed and considered the views of the residents and their representatives. A six monthly unannounced visit by the provider had also been completed.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were contracts in place which clearly laid out the services offered to residents and any charges incurred.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations.

Judgment: Compliant

Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the services. Residents received person-centre care that ensured that each resident's wellbeing was promoted at all times, that personal development and community involvement was encouraged, and that residents were kept safe from all risks.

Review meetings took place annually, at which residents' support needs for the coming year were planned. This ensured that residents' social, health and developmental needs were identified and that supports were put in place to ensure that these were met. The plans reviewed during inspection were clearly recorded and up-to-date.

The centre was spacious, clean, comfortably furnished and decorated, suitably equipped and well maintained. The house had a well equipped kitchen, adequate communal and private space, and gardens at the front and rear of the houses.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. There were a variety of amenities and facilities in the surrounding areas and transport and staff support was available to ensure that these could be accessed by residents. The provider particularly ensured that there were enough staff available to support each resident in an individualised way. During the inspection, the inspector saw that residents were spending most of their time out and about doing things they enjoyed in the local area.

The provider had systems in place to ensure that residents were safe. Arrangements were in place to safeguard residents from harm. These included safeguarding training for all staff, development of personal and intimate care plans to guide staff, the development of safeguarding plans and the support of a designated safeguarding officer as required. The provider also had systems in place to support residents with behaviours of concern. These included the involvement of behaviour support specialists and healthcare professionals, and the development, implementation and frequent review of behaviour support plans.

On review of residents' rights the inspector found that residents participated and consented to decisions about their care and support. The residents views and wishes, and as such their choices, were key factors in the decisions on the way the centre was organised, and how care and support was provided. As described individual activity choices were respected and provided for, as was residents' choices on food and drink preferences. Residents' privacy and dignity was observed to be respected, in that residents had their own rooms, personal information was securely stored, and staff were observed to assist residents in a respectful and dignified way.

There was a system in place to manage risks in the centre and to report and respond to adverse incidents. Individual risks had been identified and control measures were in place to mitigate the risks presented. Adverse incidents had been

reported and recorded, with follow up actions taken to prevent re occurrence inform learning.

Record keeping and documentation was found to be well kept, organised and informative. Records viewed during the inspection included personal planning, fire drills, healthcare plans, audits and risk management assessments.

The inspector found that the actions identified in the previous inspection in 2021 had been completed, and the person in charge had developed effective systems to ensure her oversight was effective in the delivery of care to children attending for respite. In addition, the inspector noted that the person in charge, person participating in management and staff were knowledgeable, and provided coordinated, and planned care for each resident based on their assessed needs.

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service and suited the number and needs of residents. The inspector noted the centre was clean, suitably decorated and comfortable throughout and met the requirements of schedule 6 of the regulations.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided to residents about the centre and service, and was also provided in a user friendly format, about staff on duty each day, residents' rights, how to make complaints, and personal planning. There was also a written guide to the service that met the requirements of the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There were arrangements for the control and management of key risks in the centre, which were recorded on a risk register. These were kept under regular review by the management team.

Judgment: Compliant

Regulation 27: Protection against infection
The provider had ensured that effective infection prevention and control (IPC) measures were in place in the centre and maintained effectively by the staff team.
Judgment: Compliant
Regulation 28: Fire precautions
The provider had fire safety precautions in place, including, fire detection and emergency lighting and regular fire safety checks. Fire drills were regularly occurring with all staff and residents to evacuate the centre in a timely manner. A personal emergency evacuation plan (PEEP) was in place for each resident attending the centre.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.
Judgment: Compliant
Regulation 6: Health care
The provider had ensured that the residents were receiving or being offered appropriate healthcare when attending the centre.
Judgment: Compliant
Regulation 7: Positive behavioural support
The provider had ensured that the residents were receiving appropriate support with

their emotional needs. Behaviour support plans had been developed as required for residents, following ongoing assessment, and in consultation with a behaviour therapist.

Judgment: Compliant

Regulation 8: Protection

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

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld, and the privacy and dignity of residents was respected.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant