

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



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):	Gary Kiernan
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	3

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.

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.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
01 September 2016 11:00	01 September 2016 17:00
02 September 2016 09:30	02 September 2016 13:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the first inspection of the centre by HIQA as it was a new application to register a designated centre for children with a disability. It was an 18 outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

How we gathered our evidence:

As part of the inspection, the inspectors met with the director of the service and the person in charge. There were no children living in the centre at the time of inspection. The inspectors reviewed the premises, policies and procedures, staff files and a number of templates which had been presented for use in the centre.

Description of the service:

According to the providers statement of purpose, the centre would be providing long term care for young person's between 8 and 18 years of age with varying conditions, abilities and disabilities with maximum dependency requirements. Gateway Organisation, the proposed registered provider, is a limited private company. The service had identified two potential young people to transition to the service. Some refurbishment work had been completed to meet the needs and preferences of the two children identified. The centre was located in a rural setting but in close proximity by car to two small villages.

Overall judgment of our findings:

Overall the inspectors found that the provider had put systems in place but that there remained a number of outstanding system requirements which impacted on the centres ability to comply with all regulatory requirements. The person in charge demonstrated knowledge and competence to participate in the management of the centre. However, she had limited management experience. The inspectors recommend that the provider provides her with on-going supports to enable her to effectively do her job.

Good practice was identified in areas such as:

- Arrangements were in place to uphold children's rights (Outcome 1)
- The admission of children was determined on the basis of transparent criteria in accordance with the statement of purpose and admission policy. Contract templates were in place outlining the level of services to be provided (Outcome 4)
- The design and layout of the centre was fit for purpose (Outcome 6)
- Planned arrangements to meet children's healthcare needs were adequate (Outcome 9)
- The two children identified to live in the centre were attending a local school, which it was proposed that they would continue to attend after their transition to the centre (Outcome 10)
- There was a clearly defined management structure (Outcome 14)

Areas of non-compliance with the regulations and national standards were identified in areas such as:

- Some improvements were required in relation to the communication aids available in the centre. (Outcome 2)
- There were some systems in place to promote the health and safety of children and staff but there were areas for improvement in relation to the assessment and management of risk and infection control. (Outcome 7)
- Documentary evidence to show that all staff would receive children first training was not available at the time of inspection.(Outcome 8)
- Arrangements for the storage of medicines; the review and monitoring of safe medication management practices and the handling and disposal of unused and out

of date drugs required improvement. (Outcome 12)

- Although, the statement of purpose contained the information required under schedule 1 of the Regulations, some of the information presented was incorrect (Outcome 13)

-There were recruitment procedures in place, which were managed centrally by the provider, but improvements were required. (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 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

Findings:

There were some systems to support children's rights in place and others were proposed.

There was a residents' guide in place which provided information on children's rights. The inspectors found that the referral and admission process was focused on children's rights and needs. The person in charge demonstrated a satisfactory knowledge of children's rights and her responsibility to uphold them. It was proposed that children living in the centre would have access to advocacy services used in the wider service. It was reported that the two children identified to live in the centre had independent advocates in place.

The two children identified to transition to the centre and their family representatives or advocates had been consulted with about how the centre was being planned. It was reported that the family of one of the children and the advocate of the second child had visited the centre. One of the children identified to live in the centre was a child in statutory care. Their allocated social worker had also visited the centre. The children's bedrooms had been decorated to reflect feedback received regarding the children's preferences. The inspectors reviewed minutes of a multidisciplinary meeting which outlined that a visit for the children to the centre would be arranged. The person in charge proposed that picture exchange communication systems and objects of reference would be used to assist the children to choose activities and food menu options. These systems had not yet been put in place. Discussed separately with required actions under outcome 2, Communication.

There were appropriate procedures in place for the management of complaints. There was a compliant policy in place, dated July 2015, which included details of the appeal process. There was a child friendly version of the complaint procedure. A poster outlining the procedure was observed to be put on display during the course of the inspection. The person in charge was recorded as the named complaint manager. The inspectors reviewed the complaint log template which was in line with the centres policy and provided a space to detail the outcome of a complaint and if the complainant was satisfied with the outcome.

There were arrangements in place to promote children being treated with dignity and respect. There was an intimate care policy in place and templates for the provision of intimate care. There was sufficient space in the centre for children to have time on their own, or to have private contact with family and significant others as required. The centre comprised of three bedrooms, one for each of the proposed residents. There was also a separate sunroom, sitting room and kitchen come dining area.

There were arrangements in place to keep children's personal belongings, including monies, safe. The service had a policy on management of monies and private properties, dated October 2015. There was a template in place for recording items brought to and taken from the centre. There was a secure press in the staff office which the person in charge reported would be used to store children's pocket money within individual envelopes. The residents guide outlined that records and receipts would be maintained for all purchases and transactions and that financial accounts would be audited yearly. The person in charge reported that money ledgers would be put in place for children but that these had not yet been purchased.

Opportunities for the children to participate in activities both inside and outside of the house had been considered. The residents guide outlined a number of activities inside and outside of the centre. There was a garden to the side and rear of the house. Work had not yet been completed in transforming one area into a sensory garden. The person in charge reported that as the two children identified to live in the centre were wheel chair users that appropriate pathways through the garden to enable children to access the garden were proposed. (Discussed separately with required actions under outcome 6, suitable premises). The director of service outlined his aspiration to attain suitable outdoor play equipment for the garden. Other activities suitable for the children had been identified within the local community. For example, swimming, theatre, cinema, youth club and forest parks. The two children identified to attend the centre were of the same religious affiliation and it was noted that a church was located in close proximity to the centre. The director of service reported that he was in the process of purchasing two vehicles for the transportation of children to school and other social activities once the centre opened.

Judgment:
Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

Findings:

The service had some systems and processes in place to support and assist children to communicate effectively but some improvements were required in relation to the communication aids available.

The two children identified to live in the centre were non verbal. The inspectors reviewed templates for assessment on admission and personal plans which included a section to identify the individual communication needs and support requirements for children availing of the service. The service had a communication policy, dated July 2015 in place and a template for a communication profile in place. There was evidence that the two children identified to transition to the centre would maintain the same multidisciplinary team, which included a speech and language therapist. The inspectors observed that televisions had been purchased for the sitting room and each of the children's bedrooms but that these had not yet been installed. There was evidence that a suitable internet connection was being sought for the centre.

There were no communication aids available in the centre on the day of inspection. The person in charge reported that picture exchange and object of interest to assist children to choose diet, activities, daily routines and journey destinations would be used. It was reported that neither of the children identified to live in the centre used an assistive technological device for communication but that this would be facilitated should the need arise. It was reported that suitable training for the staff assigned to work in the centre was planned but this was not documented.

Judgment:

Substantially Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

Findings:

There were arrangements in place to support children to maintain positive relationships with families and friends and to develop some links with the community.

The inspector observed that there was sufficient space within the centre for the children to meet with their respective families or significant other in private. The service had a visitor policy in place, dated July 2015. The person in charge told inspectors that there would be no restrictions on visits.

A number of local amenities had been identified in the centres statement of purpose and residents guide for use by the children. These included local parks, church, theatre, cinema and bowling centre.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The admission of children was determined on the basis of transparent criteria outlined in the centres statement of purpose and admission policy. The proposed admission of the two children identified to live in the centre was in line with the statement of purpose. There was limited documentary evidence of consultation with the two children and or their families regarding their proposed placement in the centre. The person in charge and director of service reported that the children and their representatives had visited the centre and were consulted with regarding the decoration of their individual rooms. The inspectors observed that specific themes had been followed in two of the children's bed rooms which it was proposed was as requested by the children and their representatives.

Contract templates were in place outlining the level of services to be provided. There were no fees or additional charges sought by the service.

Judgment:

Compliant

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):

This was the centre's first inspection by the Authority.

Findings:

There were systems in place to assess children's individual needs and choices.

There was an assessment template in place which it was proposed would guide the care planning process for children. The person in charge reported that once admitted each child's key worker would be responsible to put in place a written personal plan, which details his or her individual needs and choices. There was a template personal plan in place which contained headings for need and care support requirements. The person in charge outlined that she planned to revise the template to include a greater healthcare focus to meet the needs of the centre. It was proposed that personal plans would be in place within 28 days of a child's admission as per the requirement of the regulations. The person in charge outlined that each person centred plan would have a multidisciplinary input and that the child and their family or representative would be involved in the development and review of plans put in place.

The provider had an admission, transfer, temporary absences and discharge policy in place. Transition plans for the two children identified to transition to the service were not available. The person in charge outlined that the centre where the boys currently resided had transition plans in place. It was reported that the children identified to live in the centre had visited the centre on a number of occasions and had been consulted with regarding their preferences for the colour of their rooms and soft furnishings.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

Overall, the design and layout of the centre was fit for purpose and promoted children's safety, dignity and independence. However, some further works were required.

The layout of the centre was as described in the centre's statement of purpose. It was proposed that each child would have their own bedroom and there was adequate communal accommodation. There was suitable lighting and ventilation in place. The kitchen had sufficient cooking facilities. Refurbishment work had been undertaken in the centre which included widening of the doorways for wheelchair accessibility. Ramps and hand railings had recently been installed to the front and rear of the building to promote accessibility for all. The director of service reported that doorways throughout the centre had been extended for wheel chair accessibility. The centre was observed to be suitably decorated with adequate furnishings, fixtures and fittings. However, pictures and other soft furnishing had not yet been put in place to provide a homely atmosphere. Further work was required in the back garden and drive way to promote its use by the two children identified to live in the centre who were wheel chair users. An area identified as a sensory area in the centre had not yet been fitted out. It was identified that radiator covers were required throughout the centre.

Ceiling tracked hoists had been installed in two of the bedrooms by an approved agent. The director of service reported that a further manual hoist had been ordered and inspectors saw invoice documents which supported this. Other specialist equipment required for the children identified to live in the centre had not yet been purchased. For example, pressure relieving mattresses and percutaneous feeding equipment. It was reported that some of this equipment would be transferred with the service user but formal agreements in this regard were not yet in place.

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):

This was the centre's first inspection by the Authority.

Findings:

There were some systems in place to promote the health and safety of children and staff but there were areas for improvement in relation to the assessment and management of risk and infection control.

The provider had a risk management policy, dated April 2016 which met the requirements of the regulations. There was a safety statement in place. There was a template in place for a health and safety check which it was proposed would be completed by the person in charge at regular intervals. Inspectors reviewed templates for risk assessments for individual children. The provider had a draft corporate risk register in place but it was in the early stages of development with a number of risks not identified whilst others had not been appropriately assessed. There was also a template for a local risk register but this had not yet been developed. A site specific risk assessment had not been undertaken which meant there was the potential that pertinent risks might not be identified or have appropriate controls put in place.

There were arrangements in place for recording and monitoring incidents and adverse events involving children. This meant that there would be opportunities for learning to improve services and prevent incidents. There was a significant event notification policy in place which included the requirements for notifying specific incidents to HIQA. There was a template incident report form for incidents and near misses. It was proposed that all incidents would be reviewed by the person in charge and the director of service. The person in charge reported that all incidents would be reviewed at team meetings to identify trends and promote learning in the centre.

There were procedures in place for the prevention and control of infection. The centre was observed to be clean and tidy. There was an infection control policy in place. The inspectors observed colour coded cleaning equipment was in place. There was evidence that equipment for hand hygiene had been ordered. Appropriate posters were not displayed. The person in charge reported that training for staff would be made available but this was not documented,

Overall precautions in place against the risk of fire were adequate but some improvements were required. The service had a fire safety policy in place. The inspectors found that there were adequate means of escape and that all fire exits were unobstructed. A procedure for the safe evacuation of children and staff in the event of fire was put on display in a prominent position on the second day of inspection. There was documentary evidence to show that fire equipment, fire alarms and emergency lighting were serviced. A fire safety certificate of compliance was reviewed by inspectors

which had been completed by an appropriate expert. There were arrangements in place for undertaking and recording formal safety checks of fire equipment, fire exits and other safety precautions. There were templates for fire drills. However, the inspector observed that fire fighting equipment was not securely fitted to the walls but positioned in free standing stands which posed a hazard. The fire assemble point was identified in the evacuation procedure as being in the front garden but appropriate signage to depict this had not yet been put in place. Templates for personal emergency evacuation plans which referred to the mobility and cognitive understanding of the child were not in place.

The director of service reported that funding was in place to purchase two vehicles for transportation of the children to school and social outings in advance of children moving into the centre. There was no documentation available with regard to this.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

There were measures in place to safeguard the children identified to live in the centre and to protect them from the risk of abuse. However, documentary evidence to show that all staff would receive children first training was not available at the time of inspection.

The service had a protection and welfare policy and procedure in place, dated March 15, which was in line with Children First: National Guidelines for the Protection and Welfare of Children, 2011. The inspector noted that the person in charge was identified as the designated liaison person responsible for care and protection in the policy and in the residents guide. The person in charge was knowledgeable about what constituted abuse and how she would respond to any suspicions of abuse. There was a protected disclosure policy in place, to ensure that there were no barriers for staff or families disclosing abuse. It was reported that all staff proposed to work in the centre would receive children first training but there was no documentary evidence available at the

time of inspection to show that this was scheduled.

The centre had an intimate care policy in place, dated October 2015. The inspector reviewed templates: for intimate care plans and consent form for intimate care. The person in charge reported that individual intimate care plans would be put in place for each of the children identified to live in the centre. The person in charge outlined how she considered part of her role to monitor safeguarding practices and to ensure safe and respectful care delivery but that no formal processes to monitor same had been put in place.

Arrangements as per documentation and as outlined by the person in charge and director of service were satisfactory and if adhered to, would provide for the appropriate management of restrictive practices and behavioural supports. The centre had a policy on behavioural management and templates for behaviour support plans. The person in charge was familiar with the management of challenging behaviour and with de-escalation techniques. There was a policy on restrictive practice to inform staff and guide practice. There were templates in place to record restrictive practices. It was reported that a multidisciplinary assessment would be conducted when considering a restrictive practice which would then be reviewed by the multidisciplinary team at regular intervals. The person in charge told the inspector that all alternative measures would be considered before a restrictive procedure would be put in place.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

This was the centre's first inspection by the Authority.

Findings:

A system was in place to record incidents and accidents. The inspector reviewed the template for reporting incidents. There was a policy on reporting significant event notifications which included the requirements in relation to notifications to HIQA in accordance with the regulations. It was noted that HIQA's guidance regarding notifications were available in the centre.

The person in charge was familiar the requirements for notifications to HIQA as per the regulations. However, was not clear on all reporting requirements. (Discussed further under Outcome 14 Leadership, Governance and Management)

Judgment:
Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

The two children identified to live in the centre were attending a local school, which it was proposed that they would continue to attend after their transition to the centre.

There was an education policy, dated October 2015 in place. The inspector observed templates to assess children's educational goals which would be undertaken as part of the referral process. were detailed within children's personal plans. The person in charge reported that she was due to attend an educational planning meeting for each of the boys in September. It was proposed that a communication book would be used to transfer and record important information between the school and the centre and vice versa,

A number of activities internal and external to the house had been proposed and outlined in the residents guide for the children to engage in. For example, art and craft activities, cinema, theatre and swimming.

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):

This was the centre's first inspection by the Authority.

Findings:

There were arrangements in place to meet children's healthcare needs.

There was an assessment template in place which required information relating to the healthcare needs of the children. The person in charge reported that children's health needs and strengths would be assessed as part of the pre admission and referral process in consultation with the children and their families. The personal plan template in place included space for information relating to the child's health needs and care requirements. The person in charge reported that each of the children identified to move to the centre had considerable health care requirements and their own GP. There was evidence that the multidisciplinary team providing care to the children where they were residing at the time of inspection would continue to provide care to the children after their transfer to the centre. These included: speech and language therapy, dietician, occupational therapy, physiotherapy, clinical nurse specialist in autism, clinical nurse specialist in behaviours that challenge, social work, psychology and community nursing. The provider had a number of therapeutic supports in place which would be available to children in the centre as needed,

The centre had a fully equipped kitchen and a dining area with adequate seating to allow meal times to be a social occasion. The two children identified to attend the centre were both on a percutaneous endoscopic gastrostomy (PEG) feeding regime overseen by their GP and dietician. The service had a nutrition and hydration policy, dated October 2015 and a care and management of a PEG tube site and equipment policy in place. It was reported that training in relation to care and management of the PEG site and feeding regime would be provided by the dietician of the two children identified to live in the centre. There was documentary evidence to show that a body weighing scales had been purchased for the centre. Templates for recording nutritional intake were not in place.

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):

This was the centre's first inspection by the Authority.

Findings:

There were systems in place to support staff in protecting children in relation to medication management. However arrangements for: the storage of medicines; the review and monitoring of safe medication management practices and the handling and

disposal of unused and out of date drugs required improvement.

The service had a medication management policy and procedure, in place dated August 2015. The person in charge reported that all staff once secured would receive appropriate training in the safe administration and management of medications. The inspector reviewed a template medication administration record used in the wider service. The person in charge reported that she proposed to develop a more detailed prescription and administration record in the coming week to meet the needs of the centre. There was documentary evidence that two medication fridges and medication cupboards for the safe storage of medications had been ordered but were not in place at the time of inspection.

Arrangements to review and monitor safe medication management practices had not yet been developed. The person in charge reported that she planned to develop audit templates for medication practices which she proposed would be undertaken on a monthly basis. A template for a staff signature sheet for those administering medicines was not in place. An incident report form template was in place. There was evidence that a pharmacist had been identified to provide a service to the centre whom it was proposed would undertake yearly audits of prescribing and administration practices.

Arrangements for the handling and disposal of unused and out of date drugs had not yet been put in place. The person in charge reported that all unused and out of date drugs would be returned to the pharmacy for disposal and recorded appropriately. Template records for returned medications and a suitable secure area to hold out of date medications had yet to be put in place.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

There was a statement of purpose in place, which overall met the requirements of the regulations but some of the information presented was incorrect.

The statement of purpose outlined that the centre would be providing care for three young people with maximum dependency requirements. It set out the aims, objectives

and ethos of the centre. It also stated the facilities and services which were to be provided for children living in the centre. Although it contained the information required under schedule 1 of the regulations, some of the information presented was incorrect. This included, the staffing compliment, which the director of service confirmed was different to that specified in the statement of purpose. Also the gender mix of children as stated in the statement of purpose had not yet been confirmed for a third child. The document was not dated.

Judgment:

Substantially 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):

This was the centre's first inspection by the Authority.

Findings:

There were some arrangements in place to monitor the quality and safety of care and support once the centre opened. However, templates for audits proposed had yet to be developed and the person in charges knowledge of her statutory responsibilities required improvement.

The director of service outlined his intention to undertake the annual review in the centre as per the regulatory requirements. He also reported that he planned to engage an external consultant with suitable expertise to undertake the 6 monthly unannounced inspections in the centre. The person in charge outlined that she proposed to undertake a range of audits on a regular basis so as to ensure that the service provided was safe, appropriate to children's needs and effectively monitored. Audits proposed included audit of medication, personal care plans, health and safety, hygiene, and incident reporting. However templates for these proposed audits had not yet been put in place.

There was a clearly defined management structure that identified lines of authority and accountability within the service. The person in charge had taken up her post a month prior to this inspection and spent the time being mentored by a person in charge from another centre operated by the provider. She reported to the director of service. The inspectors noted that the person in charge was not responsible for any other designated centre. It was proposed that the person in charge would be engaged in the governance

operational management and administration of the centre as a full time post and would not be included in the staff roster numbers to provide care for the children.

The person in charge was a registered nurse in intellectual disability. She had a good knowledge about the support needs and plans for the two children identified to transition to the centre. There was evidence that she had attended a recent multidisciplinary meeting in relation to the two children identified to transfer to the service. The inspectors found that she was enthusiastic and committed to the centre but had limited management experience. She had a fair knowledge regarding the requirements of the regulations and standards but knowledge of her statutory responsibilities could have been improved. The director of service outlined that he had plans to provide on-going support to the person in charge. There was documentary evidence to show that the provider had engaged an external company to provide a management course for eight half days over an eight week period commencing the week following this inspection. It was reported that the person in charge would be completing a supervision training programme with an external company over the coming months.

Judgment:
Substantially Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge.

The person in charge from a nearby centre run by the provider was the identified person to deputise for the person in charge during times of absence. It was reported that on the days that the person in charge was off duty that the staff nurse on duty would be identified as the shift leader on the duty roster. The inspectors found that the director of service was knowledgeable about requirements to notify HIQA of any absence of the person in charge in accordance with regulatory requirements.

Judgment:
Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

This was the centre's first inspection by the Authority.

Findings:

The centre appeared to be appropriately resourced to ensure the effective delivery of care and support to the children but there were a number of items which had yet to be secured.

The director of service outlined that there was sufficient financial resources in place to support children to achieve their individual plans and to meet their needs. There was evidence that the centre would have its own budget allocation which would be controlled by the person in charge. The inspectors noted that vehicles to transport the children to school and other activities had not yet been secured. There were no toys, games or other craft materials available on the day of inspection. A room identified as a sensory room in the statement of purpose had not yet been fitted out.

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):

This was the centre's first inspection by the Authority.

Findings:

There were recruitment procedures in place, which were managed centrally by the provider, but improvements were required.

There was a recruitment and selection policy and procedure in place. The inspectors reviewed a sample of three staff files for staff confirmed to work in the centre.

Inspectors found that a number of the requirements of schedule 2 of the regulations in relation to staff documentation were not being met in the sample of files reviewed. For example, evidence of the person's identity, including a recent photograph; details and documentary evidence of relevant qualifications or accredited training; registration status for staff nurses; Garda Síochána vetting disclosure in accordance with the National Vetting Bureau Act 2012 was not on file for one of the staff members.

The staffing levels required for the centre had been secured. The director of service outlined that the required staffing level for the centre was four registered staff nurses in intellectual disability, five healthcare assistants whole time equivalents and one person in charge. It was reported that recruitment was underway for a further staff nurse half whole time equivalent to cover annual leave. A small number of the staff recruited had worked with the children identified to live in the centre within their current placement. This meant that the children would have some continuity in their care givers. The person in charge outlined that as part of the children's transition to the centre, it was proposed that staff would spend time with the children in their current placement in order to familiarise themselves with the children and their routines. The proposed staffing roster for the children, provided for a registered staff nurse to be on duty with the children on a 24/7 basis. The person in charge reported that she considered the proposed staffing levels would be sufficient to meet the needs of children in the centre.

There was a staff training and development policy in place, dated October 2015. A training programme was in place for new staff, commencing the week following the inspection. The inspector noted that copies of the standards and regulations were available in the centre. It was proposed that staff team meetings would take place once a month.

Formal supervision arrangements were in place for staff across the service. This meant that staff performance would be formally monitored in order to address any deficits that might exist and to improve practice and accountability. There was a supervision policy in place dated October 2015 which proposed that supervision should take place every four to six weeks. developed. There were supervision templates in place which were of a good quality and promoted improvements in practice and accountability. There was staff booklet available for all staff and plans in place for an induction programme for all new staff.

The person in charge told inspectors that there would be no volunteers working in the centre when opened.

Judgment:
Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

This was the centre's first inspection by the Authority.

Findings:

There were arrangements, including a suite of templates and documents in place, which would facilitate records to be maintained in respect of each resident as required by schedule 3 and 4 of the regulations. However, a small number of policies as required by schedule 5 of the regulations were not available on the day of inspection.

There were arrangements in the centre for records to be maintained in a secure but easily retrievable area. There were a suite of policies and procedures in place that had been reviewed within required timeframes at regular intervals. However, there were two policies, required in schedule 5 of the regulations, that were not available on the day of inspection. These included, the policy for the provision of information to residents and the creation of, access to, retention of, maintenance of and destruction of records. The person in charge had a good knowledge of the policies in place and how they were applied in practice.

A copy of the statement of purpose and residents guide was available in the centre.

The provider had a contract of insurance against injury to children, staff and visitors. The inspector reviewed the statement of liability which was deemed adequate.

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:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Benhaven
Centre ID:	OSV-0005423
Date of Inspection:	01 September 2016
Date of response:	22 September 2016

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 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were no communication aids available in the centre on the day of inspection.

1. Action Required:

Under Regulation 10 (3) (b) you are required to: Ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their

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

full capabilities.

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

A communication workshop will be held on the 21-09-16 to transfer information and train staff on the appropriate communication systems of each Service User prior to their admission to the centre. All communication systems will be in place by the 30-09-2016

Proposed Timescale: 30/09/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

It was reported that suitable training for the staff assigned to work in the centre was planned but this was not documented.

2. Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

A schedule of training is now documented with a format in place to record attendance.

Proposed Timescale: 15/09/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Pictures and other soft furnishing had not yet been put in place to provide a homely atmosphere.

Further work was required in the back garden and drive way to promote its use by the two children identified to live in the centre who were wheel chair users.

An area identified as a sensory area had not yet been fitted out.

It was identified that radiator covers were required throughout the centre.

3. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The Company has added more soft furnishings to the environment.

- Collages with pictures and photos of the residents are been developed to be placed around the centre. These will be in place by October.
- Work on Sensory room will be completed on 30-09-2016.
- Radiators will have covers in place on the 30-09-2016.
- Groundworks in the external environment will be completed by the 30-09-2016 to the driveway and back garden to promote its use for residents.

Proposed Timescale: 30/09/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The corporate and local risk registers were in the early stages of development.

A site specific risk assessment had not been undertaken which meant there was the potential that pertinent risks might not be identified or have appropriate controls put in place.

4. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

A site specific assessment was carried out on the 13-09-2016 by EHS. Report and findings will be in place by 20-09-2016. The centre will work through report and findings issue and make the required improvements. Risk Management policy now in place and supplementary documents related to emergencies will be in place by the 30-09-2016.

The Corporate risk register is currently been updated to take into account new units and new personal within the service. This will be completed by the 30-10-2016.

Proposed Timescale: 30/10/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Appropriate hand hygiene posters were not displayed.

The person in charge reported that training for staff would be made available but this was not documented,

5. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

Hand hygiene signage is now in place. A documented training schedule is now in place.

Proposed Timescale: 15/09/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Fire fighting equipment was not securely fitted to the walls but positioned in free standing stands which posed a hazard.

The fire assemble point was identified in the evacuation procedure as being in the front garden but appropriate signage to depict this had not yet been put in place.

Templates for personal emergency evacuation plans which referred to the mobility and cognitive understanding of the child were not in place.

6. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

1. All Fire Safety equipment will be securely fitted.
2. Assembly point directional signage will be install by 23-09-2016
3. Personal emergency evacuation plans will be developed when the client risk management plan is completed.

Proposed Timescale: 07/10/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Documentary evidence to show that all staff would receive children first training was not available at the time of inspection.

7. Action Required:

Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

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

Contact has been made to Tulsa child and family agency to get a date for children's first training.

Proposed Timescale: 30/10/2016

Outcome 12. Medication Management

Theme: Health and Development

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

There was documentary evidence that two medication fridges and medication cupboards for the safe storage of medications had been ordered but were not in place at the time of inspection.

Arrangements to review and monitor safe medication management practices had not yet been developed.

A template for a staff signature sheet for those administering medicines was not in place.

Arrangements for the handling and disposal of unused and out of date drugs had not yet been put in place.

8. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

1. Fridges and medication cabinets will be in place by the 20-09-2016.
2. An Audit template is now included in the medication policy. 13-09-2016.
3. Administration templates are now included in medication policy on the 13-09-2016.
4. A procedure is now in place for the safe disposal of unused medication with a template now in the medication policy for recording. 13-09-2016

Proposed Timescale: 20/09/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some of the information presented in the statement of purpose was incorrect. This included, the staffing compliment and the gender mix of children.

The document was not dated.

9. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The statement of purpose and function has now been updated to reflect an accurate staffing compliment and gender mix of children.

Proposed Timescale: 12/09/2016

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:

The person in charge was enthusiastic and committed to the centre but had limited management experience and no formal management qualification.

She had a fair knowledge regarding the requirements of the regulations and standards but knowledge of her statutory responsibilities could have been improved.

10. Action Required:

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

The company has a number of procedures and processes within the company to ensure the staff skills and experience base is continually developed within the organisation. This includes.

- The PIC are included in a mentoring programme coordinated by an external management consultant and the Director of Services. This is ongoing process but loaded towards first six months.

- The PIC is included in the company CPD cycle
- Other training is provided on a needs assessment basis.

Proposed Timescale: 03/03/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Audit templates for proposed audits in the centre had not yet been put in place.

11. 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:

The company has a management system and associated procedures in place, the HIQA six monthly report template will be used by the Auditing team which is made up of independent persons who will formally audit on a six monthly basis to compliment ongoing inspections.

Proposed Timescale: 13/09/2016

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The inspectors noted that vehicles to transport the children to school and other activities had not yet been secured.

There were no toys, games or other craft materials available on the day of inspection.

A room identified as a sensory room in the statement of purpose had not yet been fitted out.

12. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

1. Vehicles will be in place by the 30-09-2016.
2. During the transition process Staff will correlate information on resident's belongings inclusive of toys. Other toys will be purchased for the unit once a profile of the appropriate toys is attained.
3. The sensory room will be fitted out and completed by the 10-07-16.

Proposed Timescale: 30/09/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Inspectors found that a number of the requirements of schedule 2 of the regulations in relation to staff documentation were not being met in the sample of files reviewed.

13. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

1. An audit of all personnel files will be completed by the PIC.

2. Job descriptions have been included in all Staff files

Areas in the files where gaps have been identified have being accounted for with details now in files.

Proposed Timescale: 20/09/2016

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were two policies, required in schedule 5 of the regulations, that were not available on the day of inspection. These included, the policy for the provision of information to residents and the creation of, access to, retention of, maintenance of and destruction of records.

14. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The policy for the provision of information to residents and the creation of, access to, retention of, maintenance of and destruction of records is now in place within the Centre.

Proposed Timescale: 13/09/2016