

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by COPE Foundation
Centre ID:	OSV-0003304
Centre county:	Cork
Email address:	desmondm@cope-foundation.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	COPE Foundation
Provider Nominee:	Mary Desmond
Lead inspector:	Patricia Sheehan
Support inspector(s):	Carol Maricle;
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	4

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 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:
25 March 2014 09:30	25 March 2014 17:30
26 March 2014 09:00	26 March 2014 17:00

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

This monitoring inspection was the first inspection of this service carried out by the Health Information and Quality Authority (the Authority). The COPE Foundation provides a short-break service for children who attend other services within the COPE Foundation. As part of the monitoring inspection, inspectors met with children, some of the parents, staff members, the person in charge and senior management. Questionnaires completed by children and their parents were also received by the Authority. Inspectors observed practices and reviewed documentation.

Four children were receiving a short-break service on the first day of inspection and three on the second day, each of whom had a moderate intellectual disability. All of the children were engaged in an educational programme in one of the four schools

under the patronage of COPE Foundation but run by the Department of Education and Skills.

Overall, inspectors found that children received a service in a caring and supportive environment which was child-centred and delivered by staff committed to enhancing the lives of the children. While evidence of good practice was found across all of the outcomes inspected, findings on this inspection identified concerns in areas such as children's personal planning, risk management and safety, governance and management, and staff supervision.

The action plan at the end of this report identifies where a number of improvements are required to meet the requirements of the Health Act 2007 Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. These were discussed with the person in charge and head of children and family services at the feedback meeting at the end of the inspection.

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 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):

No actions were required from the previous inspection.

Findings:

There were systems in place to support children's rights, dignity and consultation. Inspectors found that the views of children about how the centre was planned and run were listened to and informed some practices. Minutes of the weekly forums held with children in order to facilitate their participation in daily life showed regular discussion of, for example, activities and bedroom layout. A survey had recently been circulated to families as a means of consulting and eliciting feedback about the service provided. While parents were the main advocates for their child, access to an advocacy service was not yet available and it was not clear how children were informed of their rights. The person in charge stated that development of an advocacy service was a work in progress at the time of inspection.

There was evidence that complaints were well managed and complainants were promptly made aware of the outcome of any complaint. Families who spoke with inspectors and responded to questionnaires were aware of the complaints process and confident that complaints would be listened to and addressed. There were policies and procedures for the management of complaints, which included an appeals process, and information on the complaints process was available in an accessible and age-appropriate format.

Children were treated with dignity and respect and this was confirmed by parents. Inspectors observed interactions between children and staff and saw that privacy and dignity was respected during mealtimes and activities. Staff told inspectors how they strived to uphold privacy and dignity during personal care provision and a review of intimate care plans confirmed that practice was in line with the centre's policy.

Children's belongings and finances were protected and again practice was in line with the centre's policy. Inspectors viewed records relating to the management of children's

pocket money and saw that monies were kept safe through appropriate practices and record keeping.

The centre was managed in a way that facilitated children's capacity to exercise choice in their daily lives and routines. Staff described to inspectors how children had been involved in choosing their individual key workers. Inspectors observed some of the routines after the children returned from school and saw that independence was encouraged by staff and routines reflected interests. Children had some choice in the food provided, and the questionnaires received by the Authority included one comment that more choices would be preferable.

Children had opportunities to participate in activities that were meaningful to them and which suited their needs, interests and capacities. An inspector saw the timetable with different opportunities for play and recreation and met with the dedicated activities staff member who described how she encouraged the children to develop their interests. Children who completed questionnaires said that they liked the activities available both inside and outside the centre. Inspectors observed some children at play and saw that play rooms were attractive spaces with cupboards clearly labelled with photos of the contents and well stocked with toys and sensory equipment.

Judgment:

Non Compliant - Minor

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):

No actions were required from the previous inspection.

Findings:

The communication needs of children at the centre at the time of inspection were met. Inspectors found that staff were aware of the individual communication needs of children and supported children to communicate at all times. Individual communication requirements were highlighted in personal plans, some of which had been developed with speech and language input, and were reflected in practice. Inspectors observed staff listening to the children and reflecting back what they had heard them communicate. Training had been provided to staff in different communication techniques and visual schedules supported children to understand the sequence of activities. Inspectors saw a white board in the dining area that used pictures to communicate events taking place in the afternoon and evening. Staff stated that the use of picture exchange communication symbols helped the children to communicate better.

While an information policy was still under development, as outlined in Outcome 18, children had access to information. Information on local events was available and there were televisions in bedrooms and in the sitting rooms. There was a computer available but it was unclear to inspectors if children were facilitated to use it. Parents and staff told inspectors that children availing of the short- break service were facilitated to bring in from home any personal portable device that assisted communication.

Judgment:
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):
No actions were required from the previous inspection.

Findings:
Children were supported to maintain their relationships and develop links with the community. Inspectors met with some parents and received questionnaires from others who stated that they were welcomed by the service and kept up to date with the wellbeing of their child during the short break at the centre. Communication between the centre and parents was enhanced by a communication book that travelled with the child. Inspectors reviewed daily records that detailed the ongoing contact with family during the short break. Some parents confirmed that they were involved in the development of their child's personal plan and its review. Inspectors saw that there was ample space for a child to meet their family in private and observed a number of parents dropping their child at the centre and the comfortable relationships that existed between parents, child and staff.

Children were encouraged to use community facilities and the centre was within walking distance of a number of local amenities. Staff spoke of visits to local play areas and swimming pools and inspectors saw photos of some of the outings. Some of the children communicated their enjoyment of going out to eat and visiting the shopping centre. Children who completed questionnaires said how much they enjoyed going bowling, to the cinema and eating out.

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):

No actions were required from the previous inspection.

Findings:

The admission of children was in line with the statement of purpose and with the admission policy of the centre. The person in charge told inspectors about the process and parents confirmed that they were first invited to visit the centre, and then the person in charge visited their child at school. This was followed by a number of introductory visits as part of a gradual and planned process to ensure the service could meet the wishes and needs of the child and family.

While there were terms and conditions that parents signed, it did not meet the requirements of the regulations for a written agreement that clearly sets out the support and care offered to children and the services to be provided. In addition, some of the terms and conditions referenced, for example, in relation to medical cover, were for the adult services offered by the COPE Foundation.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Children did have a personal plan which detailed their individual needs and outlined the supports required to maximise their quality of life. Inspectors read a sample of personal

plans, referred to as personal passports. They were based on assessments of the child's health, personal and social care needs, developed in consultation with the family, and were reviewed to ensure their effectiveness. Inspectors saw that the person in charge made efforts to have a copy of any specialist assessment recommendations on the child's file but overall the system was not sufficiently robust to ensure comprehensive multidisciplinary input in the assessment, planning and review process. While questionnaires completed by children said they took part in the development of their plan, the extent of their involvement was not clear in the sample of personal plans reviewed. While personal plans were in an accessible picture format and the person in charge said children could access them, inspectors found that they were not consistently made available to children.

Children were supported as they made the transition from home to the short- break service and then back home on a regular basis. Staff described the preparation and planning that took place to ensure the children had as seamless as possible transition to the service from home and this was confirmed by the person in charge. Inspectors observed the children and saw that they were very familiar with the centre and comfortable in the environment.

Discharges took place each time the child returned home from the centre and while staff were clear about the steps for a safe discharge, a centre specific policy to guide staff at the time of discharge, to ensure a safe discharge, was only in draft form at the time of inspection.

Not all children were fully supported in preparing for adulthood. One child whose personal plan was reviewed was of an age to require support and guidance to enable him or her to live as independently as possible. However, specific life skills and goals had not been addressed in his or her plan.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The design and layout of the centre, purpose built to facilitate short breaks for children,

was fit for purpose, although the outside play areas were not extensive. Inspectors found that the premises met the needs of children and that the centre was homely and well maintained. Divided into two buildings, access was via gates using a keypad and a secure front door as the centre was just off a main road. One of the buildings was two story and had a living room, kitchen and dining area, a laundry room and three bedrooms in addition to a self-contained apartment on each floor. The two apartments were intended for older children and the acquisition of life skills for more independent living, but only one was utilised at the time of inspection. There was also a play room and small outside garden area. Children could freely access both floors by means of stairs and a lift.

The second building was single storey which had a living room, kitchen and dining area and three bedrooms at one end and another living room, kitchen and dining area and three bedrooms at the other end. There was also a play room and outside patio area. This second building was not in use at the time of inspection. All communal areas in both buildings were bright and appropriately furnished and bedrooms were spacious with floor to ceiling wardrobes. Tasteful photo montages of some of the children adorned the walls upstairs and there was excellent signage throughout the centre. There were adequate toilets, bathrooms, and showers to meet the needs of children. The kitchen had sufficient cooking facilities and equipment.

Housekeeping equipment was kept in laundry rooms where there were hand-washing facilities. The buildings were clean and cleaning schedules were seen by inspectors. There were safety catches on all windows and closed circuit television (CCTV) monitored the outside of the buildings to ensure safety. Staff toilets were located on the ground floor.

It was evident that a regular programme of maintenance was in place and that issues were addressed in a timely manner. While the lift was not operational at the time of inspection, the person in charge stated that the servicing it required was to be completed within the next two weeks. Inspectors saw that no child receiving a short-break service at the time of the inspection required a lift to access the premises. With the exception of a hoist in a bathroom in the unused second building there was no specialist equipment installed.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

There were a number of systems in place to promote the health and safety of children, visitors and staff. However, the management and ongoing review of risk required improvement.

A visitors' sign in and out book was readily accessible at the entrance and there was evidence that persons entering and leaving the centre signed the book. The vehicle used for transporting children was registered and taxed. Staff described how maintenance issues relating to safety were addressed and a log of such issues was viewed by inspectors. Training records showed that staff were trained in manual handling. An out-of-hours emergency contact list was in place and an emergency plan outlined the arrangements for responding to emergencies. Personal emergency evacuation plans were available for each child whose personal plan was reviewed by inspectors. While there were monthly health and safety audits completed, inspectors noted that they did not consistently reflect the actual incidents occurring in the centre during the first three months of 2014. There was no policy and procedure in place relating to health and safety, including food safety. The provider nominee stated that a number of the required policies had been developed but some were still in draft stage. The health and safety statement was not up to date.

There was evidence of adequate procedures in place for the prevention and control of infection, for example, alcohol hand gels and facilities for staff hand washing. Inspectors observed colour coded mops and that the housekeeping rooms had hand-washing facilities. The centre was clean and inspectors reviewed the cleaning schedules and audits of practice in this area. Training records showed that a number of staff had received training on hand hygiene. Procedures were in place to dispose of clinical waste.

The risk management policy, only in draft format and therefore not implemented, did not outline the arrangements for investigation and learning from serious incidents and adverse events involving children. While recordkeeping of incidents and accidents was adequate and individual risk assessments for children routinely done, an assessment of their safety while using the stairs had not been completed. While the centre had assessed some risks and identified controls within the safety statement, staff had not received risk assessment training and there was no overall risk register capturing potential risks (environmental, operational and clinical) associated with the centre, and the specific ones as outlined in Regulation 26.

A significant number of precautions against the risk of fire were in place. Suitable fire equipment was provided and fire exits were unobstructed. A procedure for the safe evacuation of children and staff in the event of fire was prominently displayed. Fire records reviewed by the inspector confirmed weekly fire checks of, for example, the alarm panel and that the fire alarm and fire safety equipment were being serviced on a regular basis. Records also showed that fire drills, to include the children, took place regularly. One of the children told an inspector what he/she would do if there was a fire. Records showed that fire safety training was delivered and staff confirmed that they knew what to do in the event of a fire. A certificate of fire compliance had been submitted to the Authority.

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):

No actions were required from the previous inspection.

Findings:

There were adequate measures in place to safeguard the children and protect them from abuse. Children who completed questionnaires said they felt well cared for and safe. Inspectors observed staff interacting with the children in a respectful and warm manner and there was evidence of specific plans around the provision of personal and intimate care. Training had been provided to staff on the provision of intimate care.

The person in charge was the designated person for reporting allegations or suspicions of abuse and neglect in accordance with national guidance and she was aware of her responsibilities. Records reviewed by inspectors demonstrated that training in child protection had been provided. There had not been any allegations or suspicions of abuse and neglect recorded or reported and there was a policy in place to guide staff in ensuring that children were protected from all forms of abuse and neglect. Inspectors found that staff were knowledgeable of the policies and procedures relating to the welfare and protection of the children. Some staff had received training in the appropriate procedures to follow in relation to protected disclosures if they were concerned about the behaviour of a colleague.

There was evidence of efforts made to identify and alleviate the underlying causes of behaviour that was challenging for individual children. Individual behavioural support plans were in place and a behavioural support team was available to promote positive behavioural approaches. Staff spoken with were knowledgeable about how to manage behaviours that challenge and records showed that specific training had been provided.

The use of restrictive procedures was not routine and there was a policy in place to guide staff. However, inspectors reviewed documentation relating to one particular use of restraint on an ongoing basis and found that the assessment of the need for restraint was not up to date and the safety reasons for all uses of the restraint were unclear. There was no evidence that consent had been obtained or that regular reviews had

taken place or that staff had been trained on the use of restrictive measures. Records were not kept in relation to its use. The person in charge explained that she had not considered this use of restraint to be a restrictive procedure as it had been assessed as required for safety purposes by a specialist. As a result inspectors found that the procedure being used was not applied in accordance with evidence-based practice and the organisation's restrictive intervention practice committee had not been notified in line with policy. The person in charge immediately sent a written notification to this committee after discussion with inspectors.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the centre was maintained and the person in charge was knowledgeable on how to report incidents, accidents and notifiable events. Inspectors reviewed a notifications folder which contained the notifiable events as detailed in the Regulations. The Authority had recently received a notifiable event relating to loss of power and a quarterly report of incidents which did not involve personal injury to a child.

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):

No actions were required from the previous inspection.

Findings:

Children who availed of the short-break service offered by the centre received their education in one of the four schools under the patronage of the COPE Foundation. Children came for their short break every six weeks from school and returned to school and then home after the short break was over. The assessment and establishing of educational goals and programmes to meet educational needs of the children was carried out in consultation with their parents within the school setting and not within the centre. The person in charge said that a more direct role for the centre, such as attending educational planning meetings, was being considered in order to fully support children in achieving their potential.

The sample of personal plans reviewed by inspectors outlined the educational goals and inspectors noted good communication and engagement between the centre and schools in the communication records and this was confirmed by staff.

Children had opportunities for social activities outside of the centre. Inspectors found evidence of how children were facilitated to use local community amenities and children who completed questionnaires said that they enjoyed all the outings from the centre and looked forward to them.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Childrens' healthcare needs were assessed and met. As part of the admission process, information on the individual health needs of the children was sought from parents. General practitioner (GP) services were accessed via parents during work hours and staff utilised the out of hours GP service if required at other times. A medical exam was offered when children accessed COPE Foundation services initially and then updated every three years. Inspectors noted that specific healthcare needs were addressed in personal plans and that complex medical needs were met by the nursing staff under the supervision of a specialist team within a general hospital. There was evidence that specialist services and allied healthcare services, such as speech and language therapy, occupational therapy, and psychology, were available to children.

There was evidence that children were provided with nutritious food. Children who completed questionnaires commented favourably on the quantity and quality of snacks and food served and that it was available at times that suited their routine. Inspectors observed snacks being prepared and served to the children on their return from school, including healthy options, and saw that they were appropriate and that it was a positive social part of the day. Inspectors saw in personal plans that the advice of dieticians was implemented in regards to diet and nutrition.

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):

No actions were required from the previous inspection.

Findings:

Medication management systems were in place to protect children but some improvements were required.

The processes in place for the handling of medicines and the disposal of unused and out-of-date medicines were in accordance with current guidelines and legislation. Medications were kept securely and individually labelled for each child. Controlled drugs were double locked and a record kept of the count at each shift. Inspectors saw that this record was accurate and signed by two staff as required by An Bord Altranais guidance to nurses on medication management. A record was maintained of medication errors and separate administration sheets were completed for long-term medication and PRN (as needed) medication with a signature sheet. There were quarterly audits by the person in charge in order to monitor and ensure safe medication management practices and inspectors reviewed some of these audit findings and the changes made to practice.

The medication management policy was out of date and actual practice in the centre did not comply with it. An inspector viewed drug charts supplied by the centre and completed by the family GP and these charts accompanied the child after each stay so that they could be amended by the GP as required. The child came to the centre with their medication (transferred between school and centre staff) in the original packaging labelled by the pharmacist. There were no written centre-specific procedures to capture these practices and guide staff adequately and ensure safety.

The refrigerator used for storing medications that required such storage was kept in one of the unused apartments which was acknowledged by the person in charge to be an

inappropriate 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):

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose which outlined the mission and aims of the centre and described the range of services provided in addition to the accommodation, staffing and management arrangements. However, the statement of purpose did not fully include all the information required to comply with Regulation 3. The statement did not, for example, specify the criteria used for admission, including emergency admissions, the size of the rooms and the arrangements to access education.

Inspectors found that most staff were aware of the statement of purpose and their work practices reflected the partnership model and the uniqueness of each child. The statement was kept under review and was available in an accessible format.

Judgment:

Non Compliant - Minor

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):

No actions were required from the previous inspection.

Findings:

The organisational management structure had recently been redesigned to ensure clear lines of accountability for decision making and responsibility for the delivery of services. The person in charge now reported to the head of children and family services, who in turn reported to the chief executive officer. Regular meetings between the person in charge and her line manager had only recently commenced. As a result of the redesign, the most appropriate person to be the provider nominee was still under discussion. Since the inspection this matter has been resolved. Inspectors met with the head of children and family services and she demonstrated knowledge of the regulations and the Authority's Standards.

There was a full-time person in charge who was a clinical nurse manager with the required experience and knowledge for ensuring the wellbeing of the children in the centre. She demonstrated a strong commitment to the delivery of child-centred care and was actively engaged in the operational management of the centre and aware of the support needs and plans for the children receiving a short break. Based on interactions during the inspection, inspectors found she had a robust knowledge of the regulations and the Authority's Standards. At the time of inspection, the person in charge was also responsible for three other centres which were adult services. The head of children and family services stated that in order to ensure the continued effective governance of this centre, these additional responsibilities would be reallocated within the organisation.

There was evidence that the centre was well managed and staff stated they were well supported by the person in charge and that communication was good. Inspectors reviewed minutes of staff meetings which took place regularly. Staff stated that they were confident about reporting any concerns they might have and that appropriate actions would be taken to address same. Inspectors reviewed records relating to regular audits by the person in charge as a means of monitoring the safety of the service. However, a system had not yet been developed to ensure a robust annual organisational review of the quality and safety of care in the centre, in consultation with the children and their families, in order to improve services and achieve better outcomes for children.

Effective arrangements were not in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering. The head of children and family services outlined to inspectors the performance management system that was about to be introduced on a pilot basis and then rolled out in the autumn of 2014. This system would facilitate managers and employees to set expectations and measure and review results alongside any professional development plans.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

There had not been any extended absences of the person in charge. However, while there were suitable arrangements in place to cover short-term absences of the person in charge, there were no arrangements in place to cover long-term absences. The head of children and family services informed inspectors that this was a work in progress and she was aware of her obligation to notify the Authority of any absence of the person in charge.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

There were sufficient resources to meet the needs of children and their families who availed of the short- break service offered by the centre. Also, the facilities reflected the statement of purpose. The means of planning and allocating resources, such as action plans and budget plans, were described by the head of children and family services and a number of operational planning documents were viewed that demonstrated the process.

The transport service for taking the children on excursions outside the centre was available on a shared basis only and therefore accessible to the children at certain times only. Inspectors observed that this did not prevent activities taking place and staff were able to describe how they planned around the times of transport availability. However, with the planned expansion of the service from a maximum of 8 to 14 children at any one time and with the small outside play area, there would be significant restrictions on the children being able to get out and about without dedicated transport arrangements

in place. This was discussed with the management and staff and the need for a dedicated transport arrangement agreed.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

On the days of inspection there were sufficient staff with the qualifications and experience to meet the needs of the children. Three staff were on day duty and two on night duty and this was reflected in the rota viewed by inspectors. There was a planned rota reflecting the intended staff compliment and an actual rota reflecting the numbers of staff on duty at any one time. The centre had a relief panel of staff to call on should the assessed dependency requirements of the short break admissions demand a higher staffing level. Inspectors observed interactions between children and staff in the afternoon after school and found that children received assistance in a caring, respectful and timely manner. Staff interviewed were very knowledgeable about the children and knew them well.

Training was available for staff and those who were interviewed by inspectors detailed the training events they had participated in during the previous 12 months. The person in charge stated that mandatory training in areas such as Children First: National Guidance for the Protection and Welfare of Children (2011), manual handling, crisis intervention and fire safety was delivered regularly. Inspectors reviewed individual training records which identified courses attended and future dates outlined for specific updates. Many of the staff had received training in intimate care, therapeutic play and communication methods for children with intellectual disability.

There was a recruitment policy in place and a sample of staff records reviewed complied with the requirements of Schedule 2 of the regulations. The person in charge described how she informally gave feedback to staff in order to improve practice but formal staff supervision did not take place in order to support staff and ensure best practice and safe care.

A volunteer came to the centre and assisted with activities and inspectors saw evidence of his induction process, references obtained and that a vetting disclosure had been completed. However, his role and responsibilities and arrangements for supervision and support were not set out in writing.

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):

No actions were required from the previous inspection.

Findings:

The majority of records required for the effective running of the centre were accurate and up to date. They were kept secure and were easily retrievable. A policy for the retention and destruction of records guided practice to comply with data protection requirements. Inspectors reviewed the Residents' Guide and found it was in an accessible format with pictures and photographs throughout. It did not contain the arrangements for children's involvement in the running of the centre and how inspection reports on the centre could be accessed. There was a directory of children in the centre and the information it contained complied with statutory requirements with the exception that the date of discharge was not recorded in line with the regulations.

A range of policies and procedures as required by Schedule 5 of the regulations had recently been developed at the time of inspection with a review date established, but not all the policies were yet in place. For example, a policy on staff training and development and the provision of information to children and access to education were not yet developed. Staff interviewed had an understanding of the policies and how they were applied in practice. A signature record showed that all staff that had read the policies.

The provider had a contract of insurance against injury to children and provided the statement of liability to inspectors.

Judgment: Non Compliant - Minor

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:

Patricia Sheehan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by COPE Foundation
Centre ID:	OSV-0003304
Date of Inspection:	25 March 2014
Date of response:	6 June 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

An advocacy service was not available to children.

Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

- PIC made contact with Communications Manager requesting update information on progress of Advocacy Working group within organisation
- Up to date information now onsite.
- Contact made with Cork Advocacy service on the 8th May.

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

- Cork Advocacy service leaflet to be posted to each child/family, by 1st June.
- Parents and children will be consulted informed of such services by end of July via open day, date to be confirmed.
- An Advocacy Group will be established in the centre.

Proposed Timescale: 30/07/2014

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The agreement for the provision of services did not clearly set out the support and care offered to a child and include the details of the services to be provided for that child.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

- Registered Provider is currently addressing a new Admission policy.
- Registered provider is in the progress of developing a 'Contract of Care' Policy, awaiting draft policy to be sanctioned.
- No fees are charged for short-breaks.

Proposed Timescale: 30/06/2014

Outcome 05: Social Care Needs

Theme: Effective Services

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

The system in place to ensure comprehensive multidisciplinary input to the assessment, planning and review process was not sufficient.

Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

- Request made for Data Management System, where PIC could view entries made by other professionals and print information re children made by the multi-disciplinary team.
- Access to Data Management System now onsite - 29th April 2014.
- Person in charge and Provider nominee to arrange meeting with Heads of Therapeutic Departments to discuss multi-disciplinary input going forward and our requirements needed from them to meet HIQA Standards. Date of meeting - 26th May 2014.
- Following meetings with Therapy Managers in June, new systems will be put in place to ensure multi-disciplinary inputs to the assessment, planning and review process of Personal Plans.

Proposed Timescale: 30/06/2014

Theme: Effective Services

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

Personal plans were not made available to children.

Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

- Personal Plans are currently available to children in the nurses' office, and information highlighting this will be put in Information corner.

Proposed Timescale: 20/05/2014

Theme: Effective Services

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

The extent of participation of each child in development of person plans was not clearly evidenced.

Action Required:

Under Regulation 5 (4) (c) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which is developed through a person centred approach with the maximum participation of each resident, in accordance with the resident's wishes, age and the nature of his or her disability.

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

- Children participate in the development of Personal Plans according to their level of ability, in conjunction with parents/families, not later than 28 days after admission to the designated centre which is developed through a person centred approach with the

maximum participation of each resident, in accordance with the resident's wishes, age and the nature of his or her disability.

- A flow chart outlining the process of participation of each child in the development of his/her personal plan is available in Information Corner.

Proposed Timescale: 20/05/2014

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:

A risk management policy, to include the specified risks as stated under Regulation 26, and the hazard identification and assessment of all risks, was not implemented.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

- Registered Provider is preparing Risk Management policy,
- Registered Provider addressing Risk management training for staff .
2 staff members attending Risk Management training on 15th May 14.
- Registered Provider in process of up-dating Safety Statement
- Registered Provider have scheduled Safety Committee meetings and a representative from the centre will be involved. Dates for the next two meetings are June and 5th December.

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

The draft risk management policy did not detail the arrangements for investigation and learning from serious incidents and adverse events involving children.

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

- Registered Provider has made available Incident/Accident review sheets, which includes arrangements for the identification, recording and investigation of, and

learning from, serious incidents or adverse events involving children

Proposed Timescale: 31/05/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Restrictive procedures were not applied in accordance with national policy and evidence-based practice.

Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

- PIC has completed Restrictive Practices forms regarding restraint practices for child and made applications to the Restrictive Practice Committee for approval on the 29th April 2014. This committee will ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.
 - Copies of all documentation, including multi-disciplinary assessments, recommendations, approval forms from Restrictive Practices Committee, relating to specific children will be held in each child's file.
- Complete for child where restrictive practices are in place. Will be on-going for other children when, if need arises.

Proposed Timescale: 20/05/2014

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:

Medication management practices did not comply with the policy, which was out of date.

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:

- Registered Provider is reviewing and up dating the Medication Policy.
- PIC has a written local centre specific protocol in place regarding the safe transfer of medications on discharge between agencies as from 11th May 2014.

Proposed Timescale: 30/06/2014

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:

The statement of purpose did not specify the criteria used for admission, including emergency admissions and prolonged breaks, the size of the rooms, and the arrangements to access education.

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 has been up-dated to include the criteria used for admission, including emergency admissions and prolonged breaks, the size of the rooms, and the arrangements to access education.
- PIC has made contact with the Respite Care Co-ordinator regarding criteria for admission, including emergency admissions and prolonged breaks.
- Registered provider is addressing the Admission policy and Contract of Care Policy.
- Policy to Education whilst on Short Breaks for Children has been developed. New Policy in place.

Proposed Timescale: 30/06/2014

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:

There was no annual review of the quality and safety of care and support.

Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

- Registered Provider has commissioned an external accreditation service to undertake an evaluation of the whole organisation including care and support standards.
- The PIC will annually review quality and safety of care, by using an audit tool covering set standards.

Proposed Timescale: 01/11/2014

Theme: Leadership, Governance and Management

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

There was no annual review of quality and safety in consultation with children and their families.

Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

There will be annual review of quality and safety in consultation with children and their families, by the PIC using 'Children/Family Satisfaction survey' to elicit such information.

Proposed Timescale: 01/11/2014

Theme: Leadership, Governance and Management

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

A copy of the annual review was not made available to children.

Action Required:

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

- A copy of the annual review will be made available to children and their families.
- All documentation relating to the Annual review of the quality and safety of care and support will be available onsite for inspection by children and their families, and the chief inspector ,if requested.

Proposed Timescale: 01/11/2014

Theme: Leadership, Governance and Management

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

Effective arrangements were not in place to support, develop and performance manage staff.

Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

- Registered Provider is now piloting Performance Management System in 2 other centres in the Organisation and this will be rolled out across the organisation, from September onwards.

Proposed Timescale: 01/09/2014

Outcome 15: Absence of the person in charge

Theme: Leadership, Governance and Management

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

There were no arrangements in place for any long-term absence of the person in charge.

Action Required:

Under Regulation 33 (1) you are required to: Notify the chief inspector in writing of the procedures and arrangements that are or will be in place for the management of the designated centre during the absence of the person in charge.

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

- Arrangements are in place for the management of the designated centre during the absence of the person in charge for more than 28 days by a Staff Nurse with the relevant experience and knowledge of the centre.

Proposed Timescale: 20/05/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Formal staff supervision did not take place.

Action Required:

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

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

- Registered Provider is now piloting Performance Management System in 2 areas and this will be rolled out across the organisation from September onwards.
- At present formal reports take place between day and night staff.
- At present weekly handover take place between both shifts.
- At present general staff meetings occur quarterly.
- Person in charge/ Person Participating in Management/team leader supervise staff on a daily basis.
- Person in charge and Person Participating in Management will have formal supervision bi-monthly with all staff with immediate commencement.
- Person in Charge has scheduled monthly one to one meetings with the Provider Nominee for 2014 and these meetings commenced on 7/3/14

Proposed Timescale: 01/09/2014

Theme: Responsive Workforce

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

Roles and responsibilities of volunteers and arrangements for supervision and support were not set out in writing.

Action Required:

Under Regulation 30 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in writing.

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

- PIC has made contact with the Volunteers Co-ordinator and requested written roles and responsibilities for volunteers, and arrangements for supervision and support. Now onsite
- Currently no volunteers working in centre.

Proposed Timescale: 20/05/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

Not all the required policies and procedures as required in Schedule 5 of the

Regulations were developed and implemented.

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:

- Registered Provider is addressing Policies as required. New Policy folder onsite containing a combination of 10 new and remaining 11 Policies are in draft format.

Proposed Timescale: 01/09/2014

Theme: Use of Information

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

The directory did not record the dates of discharge.

Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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:

- Directory now records dates of discharge.

Proposed Timescale: 20/05/2014

Theme: Use of Information

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

The residents' guide did not contain arrangements for childrens' involvement in the running of the centre.

Action Required:

Under Regulation 20 (2) (c) you are required to: Ensure that the guide prepared in respect of the designated centre includes arrangements for resident involvement in the running of the centre.

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

- Residents Guide to be updated to mention arrangements for children's involvement in the daily running of the centre - this will include determining choices around mealtimes, bedrooms, activities, and other matters.

Proposed Timescale: 30/05/2014

Theme: Use of Information

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

The residents' guide did not state how inspection reports could be accessed.

Action Required:

Under Regulation 20 (2) (d) you are required to: Ensure that the guide prepared in respect of the designated centre includes how to access any inspection reports on the centre.

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

- Residents Guide will be updated to include how inspection reports will be accessed.

Proposed Timescale: 30/05/2014