

**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
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	COPE Foundation
Provider Nominee:	Mary Desmond
Lead inspector:	Carol Maricle
Support inspector(s):	Louisa Power
Type of inspection	Unannounced
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, 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 24 June 2016 09:00 To: 24 June 2016 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 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 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This was a monitoring inspection carried out to monitor the compliance of the centre with the regulations and standards. This centre was a designated centre for children with disabilities that offered a respite service.

How we gathered our evidence

As part of the inspection, inspectors met five children and a number of staff that included nurses and health care assistants, the person in charge and the head of the children and families division of the provider (person nominated by the provider). The inspector spent time with and observed the children in receipt of respite services on the day of the inspection. The majority of the children were unable to tell the inspector about their views of the quality of the service, but the inspector observed staff interacting with them throughout the day and the inspector also viewed a sample of questionnaires that had been returned to the person in charge by family representatives in the 12 months prior to the inspection. One of the children was

able to converse with the inspectors and he/she showed the inspectors around the centre and discussed the activities that he/she were involved in during their respite stay. The inspectors read documentation such as a sample of children's care files, incident and accident records and medication records.

Description of the service

The provider had produced a document called the statement of purpose, as required by the regulations which described the service provided. Inspectors found that the service matched what was described in that document. The centre operated a respite service and on the day of the inspection it was open seven days a week. The statement of purpose identified that the centre catered for children with a diagnosis of an intellectual disability and/or autism. The maximum number of children that the centre could cater for was eight children of both male and female gender. The centre was a purpose built, spacious, detached two storey building with a small play area to the rear. The centre shared the campus with a second building. This building in the year prior to this inspection had reconfigured as an adult residential service under the auspices of the same provider. There were 57 children that were eligible to receive respite services at this centre. There were eight bedrooms at this centre, two bathrooms and two wash rooms, an indoor playroom, two sitting rooms and a kitchen/dining area. The centre was located in a suburb that was within walking distance to local shops and facilities.

Overall judgment of our findings

The inspector was satisfied that the provider had put systems in place to ensure that adequate governance arrangements were in place. The children received an individualised service that was age appropriate and tailored to their needs. The service was led by a committed person in charge, she was very experienced in working for the organisation, had the relevant qualifications and was very knowledgeable about the standards and regulations.

There were some areas of non-compliance that required improvement:

- although the personal plans of the children were reviewed regularly it was not clear how the parent/representative contributed to the annual review (outcome five)
- aspects of health and safety required improvement (outcome seven)
- the staffing skill mix ratio at the time of the inspection was an issue (outcome 17)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

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):

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

Findings:

At the last inspection, an advocacy service was not available to children.

At this inspection, an advocacy service was now available for all children. A nursing staff member was appointed to the role of 'advocacy champion' (as described by her and the person in charge). An inspector met with this staff member. She organised the monthly advocacy meetings for the children and she was very passionate about the rights of children in general. She showed the inspector the agenda for each meeting and a sample of minutes from previous meetings. The names of the children were recorded to ensure that she could monitor (as it was a respite service) the children who did attend and had not yet attended. Each meeting had a clear agenda and children were facilitated to communicate their views using a range of tools created by staff that helped convey their satisfaction and dissatisfaction about different aspects of the service, for example, where children could not verbalise their views they could use a range of circular signs that represented different facial expressions. The agenda covered a range of topics such how to make a complaint, personal plans, activities that they would like to do and their happiness when they stayed at the centre. Their views were then recorded and outcomes to complaints or suggestions were also recorded. This ensured that there was follow through on the issues that they raised.

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):

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

Findings:

At the last inspection, the agreement for the provision of services did not clearly set out the support and care offered to a child and nor did it include the details of the services to be provided for that child.

The inspectors viewed a sample of files. Contracts were in place for children and these contracts set out the required information for children and their parents/representatives. There was evidence that parents had signed the contracts and the person in charge told inspectors that the parents also retained a copy of the contract.

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):

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

Findings:

At the last inspection, the system in place to ensure multi-disciplinary input to the assessment, planning and review process was not sufficient. Personal plans were not made available to children. The extent of participation of each child in the development of personal plans was not clearly evidenced.

At this inspection, the wellbeing and welfare of children was maintained by a high standard of evidence-based care and support. Children had opportunities to participate in meaningful activities that were appropriate to his or her interests and preferences. The arrangements to meet the children's assessed needs were set out in person plans that reflected their needs, interests and capacities. Personal plans were written with the participation of the children. Children were supported when moving between childhood and adulthood.

The inspectors viewed a sample of files. The health, personal and social care and support needs were assessed for children. Staff received regular updates to these assessments from the relevant multi-disciplinary professionals or received same from the parents/representatives of the children. The inspectors viewed a sample of healthcare assessments completed by staff and some improvements were required which is further commented upon in outcome eleven.

Personal plans were in place for all children whose files were viewed by inspectors. The person plans contained a range of information such as essential information on the child, their family, the child's likes and dislikes, communication needs, emergency contacts and school arrangements. Plans were up-to-date, comprehensive, personalised to the child and reflected their assessed needs. Goal setting formed a significant part of the personal plan. Staff members were assigned key-working responsibilities and one of the roles involved commenting each month on the child's progression against agreed roles. Overall, personal plans were regularly reviewed but it was not always clear how the parent/representative were involved in the goal setting and the annual review of their child's personal plan.

Children were involved in a wide range of activities at the centre such as playing in the garden, listening to music, watching DVDs, going for local walks and doing arts and crafts. There was also evidence of seasonal activities such as a Christmas party in December and face painting at Halloween. In particular, older children were facilitated to get involved in activities more suitable for their age such as going to restaurants, playing pool and cooking. Staff completed activity sheets following each respite stay and these informed the child's parents of the activities they had participated in during their respite stay.

An inspector viewed the personal plan for a young person with whom they met at the centre. There was evidence to demonstrate that this young person was being adequately prepared for adulthood. This personal plan contained a wide range of photographs that the child and their key-worker had taken together to demonstrate his/her goals. The photographs also demonstrated the child engaging in activities that showed how he/she was meeting their goals. In addition to this, the key-worker wrote monthly updates that showed progression against goals. This file in particular demonstrated the unique relationship between the child and their key-worker as demonstrated through photographs and written records that clearly showed a close, positive and fun relationship.

There was evidence that personal plans were audited by those involved in management. There were written notes compiled by a person involved in the management of the centre on each personal plan with clear instructions for the key-worker to attend to any

gaps. The key-worker then updated the audit sheet to show completion of tasks regarding same.

Judgment:
Substantially 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):

No actions were required from the previous inspection.

Findings:

This outcome was not inspected in full.

At the last inspection, the centre was in compliance with this outcome. At this inspection, the person in charge informed the inspectors that a set of recommendations had been received by her from members of the multi-disciplinary team (attached to the organisation). They recommended a range of specialist hoisting equipment (to complement the existing equipment) and adaptations to aspects of the bathrooms to ensure that all children in use of a wheelchair had enhanced ease of access to shower and bathing facilities. The person in charge confirmed that these recommendations were at a costing stage.

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):

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

Findings:

At the last inspection, the risk management policy did not include the specified risks as stated under regulation 26.

At this inspection, there was a health and safety statement in place. This outlined general aims and objectives in relation to health and safety within the centre. The health and safety statement was augmented by a risk management policy. The risk management policy outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk.

An inspector reviewed the risk register and saw that there was a robust system to identify hazards on an ongoing basis. The risks identified specifically in the regulations were included in the risk register. There was evidence that risk assessments had been implemented in practice and were kept under continual review. However the child lock on a press under the kitchen sink was not working properly on the day meaning that the door could be opened easily.

A number of individualised risk assessments were available for each of the residents. A very comprehensive individualised risk assessment was completed for swimming which described the risk, potential impact, existing controls, additional controls required and a risk score. However, the other individualised risk assessments for risks including manual handling, falls, fire, use of the lift, water and use of electrical appliances lacked detail. These risk assessments outlined the risk, a risk rating and existing controls. Many of the controls in place were generic such as staff supervision and a centre specific protocol. The person in charge told inspectors that more detail on these controls were set out in the centre risk register however, staff were not prompted to view this additional information in that register.

Inspectors noted that some residents who attended on respite received enteral nutrition via percutaneous endoscopic gastrostomy (PEG). Inspectors observed that adequate controls were in place to manage the risk associated with the administration of nutrition via PEG including resident-specific protocols and care plans which were in line with evidence based practice. An audit of the practice had been undertaken in February 2016. Staff with whom inspectors spoke were knowledgeable in relation to the routine management and associated complications of the PEG feeding. However, the risk associated with the administration of nutrition via PEG was not included in the risk register and the controls in place were not outlined.

A comprehensive emergency plan was in place which covered events such as natural disasters and utility failure. Provision was made to cover an event where the centre may be uninhabitable.

A monthly safety audit was undertaken which examined the condition of the premises, housekeeping, storage, trip hazards, electrical safety, lighting, heating, moving and handling, office safety, security, access to occupational health, aggression and violence, fire safety, first aid and staff training. Pertinent deficiencies were identified and actions were completed in a timely manner.

The minutes of the regular safety committee meetings were made available to inspectors. The most recent meeting had taken place on the 22 April 2016. Items discussed included transport, notifiable events, fire safety, moving and handling, safeguarding, audit results and medicines management.

An inspector reviewed a sample of incident forms and saw that accidents and incidents were identified, reported on an incident form and there were arrangements in place for investigating and learning from accidents. The inspector noted that the improvements identified were implemented in a timely fashion. A monthly review was completed of incident forms which analysed any patterns and reviewed the effectiveness of preventative actions. Incident forms were discussed at safety committee meetings.

Suitable fire safety equipment was provided throughout the centre. Fire safety equipment was to be serviced on an annual basis, most recently in June 2016. There was an adequate means of escape. Fire exits leading to the outside of the premises were unobstructed. The clear procedure for safe evacuation in event of fire was displayed in a number of areas. Records of daily and monthly fire checks were kept. These checks included inspection of the fire panel, escape routes, fire doors, emergency lighting and evacuation procedure. The fire panel was to be serviced on a quarterly basis and inspectors noted that no alerts were active for faults at the time of the inspection. However, inspectors saw and the person in charge confirmed that the fire panel had not been serviced since 10 February 2016 and was due for service on 10 May 2016. The person in charge outlined that the servicing was scheduled. The person in charge forwarded evidence to HIQA to confirm that the panel was serviced shortly after the inspection.

Fire doors were installed throughout the centre. Records indicated that fire doors were checked regularly by staff and examined annually by a suitably qualified person. Inspectors saw that the majority of fire doors were kept closed. However, the fire door of the play room was seen to be held open by a manually operated latch that was not connected to the fire system. This was brought to the attention of the person in charge who immediately took steps to remove the latch.

Staff demonstrated good knowledge in relation to fire safety and the procedure to follow in event of a fire. Inspectors were provided with a training matrix following the inspection and this showed that all but one staff member (relief) had received training in this area in 2015 or 2016.

Fire drills took place on a regular basis and a detailed description of the fire drill, duration, participants and any issues identified was maintained.

A personal emergency evacuation plan (PEEP) was seen to have been developed for all residents and had been updated regularly and in line with resident's changing needs. However, one PEEP viewed by an inspector was not dated or signed.

Procedures were in place to for the prevention and control of infection. An infection prevention and control policy was available. The centre was visibly clean throughout and staff outlined a clear procedure in relation to cleaning that used a colour coded system to prevent cross contamination. A regular cleaning audit was undertaken which reviewed

all aspects of hygiene. Staff confirmed that personal protective equipment such as gloves and aprons were available. Adequate hand sanitising facilities were available and staff were observed to prompt residents in relation to hand hygiene. Immunisation records were maintained. A centre specific protocol in relation to vomiting and/or diarrhoea was in place which was in line with national infection control guidance. Some staff had completed a three-day training on infection control and others had completed training in hand hygiene.

Suitable moving and handling equipment was provided and serviced regularly, in line with the manufacturer's recommendations, most recently in May 2016. Staff had attended training in manual handling (client handling) or were booked in to attend this training in 2016. Staff stated that some residents who attended on respite required the assistance of a hoist. Inspectors saw that comprehensive manual handling plans were in place which outlined the support required in relation to a number of tasks including moving in bed, transfers, bathing and transport.

Vehicles were available and records confirmed that the vehicles were roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

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):

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

Findings:

At the last inspection, restrictive procedures were not applied in accordance with national policy and evidence-based practice. At this inspection, there were adequate measures in place to protect residents from being harmed or suffering abuse. There were processes in place to ensure that appropriate action was taken in response to allegations of abuse. Children were supported and assisted to develop knowledge, self-awareness, understanding and skills needed for self care and protection. Children were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenged. A restraint-free environment was

promoted.

There were adequate measures in place to safeguard the children and protect them from abuse. The children with whom the inspectors met were not able to communicate fully with the inspectors however the inspectors observed staff interacting with them. They were kind and warm towards them and furthermore it was clear that they knew them all individually, despite the high numbers of children in receipt of services at this centre. There was evidence that children were satisfied with the service, as seen in satisfaction questionnaires that were issued directly to children. Some of the children in conjunction with their parents returned these questionnaires and these showed that they were happy with the service and enjoyed their respite.

Records reviewed by inspectors demonstrated that training in child protection had been provided to some staff but not all. During interview, staff were cognisant of keeping children safe. There had not been any allegations or suspicions of abuse and neglect recorded or reported in the 12 months prior to the inspection. There was a policy in place to guide staff in ensuring that children were protected from all forms of abuse and neglect. The training records indicated that not all staff had attended training in Children First (2011) National Guidance for the Protection and Welfare of Children. During interview, staff were aware of the need to speak to the person in charge should they have concerns about the practice of a colleague but some did not necessarily know what a protected disclosure was.

Children had intimate care plans developed for them. These were individualised to the children and covered a range of areas from hair care, skincare and bathing and the plan indicated the support levels needed. Staff members completed record sheets to show that they assisted the children in these areas.

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 where necessary 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. One child was awaiting input from a behavioural therapist at the time of the inspection, having been referred three months earlier by the person in charge. The person in charge was aware of the delay and had put measures in place to address the behaviours in the interim.

Judgment:
Substantially 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:

Residents attended the centre for short term respite overnight, at weekends or for holidays. During their stay, children's healthcare needs were met through timely access to health care services and appropriate treatment and therapies. An "out of hours" doctor service was available if required. There was clear evidence that where treatment was recommended by doctors, specialist services, consultants and allied healthcare professionals, this treatment was facilitated during the child's stay. The right to refuse medical treatment was respected. Children and their parents/representatives were consulted about and involved in the meeting of their own health and medical needs during their stay.

An annual assessment of each child's individual healthcare needs was undertaken on an annual basis using the 'OK Health Check'. This assessment was augmented by a number of evidence based assessment tools in relation to pressure areas and oral care. An annual review by the resident's doctor was completed and kept on file. The 'OK Health Check' gathered information in relation to a large number of healthcare domains including height, weight, epilepsy, continence, nutrition, skin care, breathing, circulation, pain, medicines, hearing, female/male health, dental care, mobility and mental health. Inspectors noted that many of the assessment forms were completed in full and captured detailed information in relation to the child's healthcare needs. However, some assessment forms were not completed in full and lacked detail in a number of pertinent areas in line with child's assessed needs including pain, nutrition, continence, skin care, dental care and mental health. There was no evidence that a note made by a staff member in one assessment was followed up on by the nursing staff as recommended.

The management of epilepsy was in line with evidence based practice. A comprehensive record of seizure including date, time, type of seizure, duration and recovery was maintained. The appropriate recommendations from the neurology clinic were implemented. A personalised management plan was in place which guided staff in the administration of buccal midazolam as a 'rescue' medicine. On the day of inspection, training was provided to care staff in relation to the administration of buccal midazolam.

Children were encouraged and enabled to make healthy living choices in relation to exercise, weight control and healthy eating. They were encouraged to be active throughout their stay.

Children were encouraged to be involved in the preparation and cooking each meal. Staff with whom inspectors spoke with confirmed that a choice was provided to children

for all meals. The meals outlined by staff were nutritious and varied. There were ample supplies and choice of fresh food available for the preparation of meals. Outside of set mealtimes, children had access to a selection of refreshments and healthy snacks. Inspectors saw some children prepare their own refreshments.

Judgment:
Substantially Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

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

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

Findings:

The medicines management outcome was examined by a medicines management inspector.

There was a medicines management policy in place. The policy detailed the procedures for safe ordering, prescribing, storing, administration and disposal of medicines. The policy also outlined that support would be offered to residents who wished to manage their own medicines and outlined the risk assessment to be used.

Nursing staff described and the inspector saw that there was a robust checking process in place to confirm that the medicines received correspond with the medication prescription records. When children entered the centre on respite, a documented record was maintained of the quantity and medicines received from the child and/or their representative. A similar record was maintained when the child left the centre and the quantities were reconciled by staff.

Nursing staff outlined that, if a child had a change to their medicines during their stay, every effort would be made to have the prescription dispensed in the pharmacy where the child usually attends. If this was not possible, the medication prescription and administration records would be brought to a local pharmacy to ensure that the pharmacist would be facilitated to meet his/her obligations to the resident under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland.

Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. The inspector noted that medicines were stored securely and there was a robust key holding procedure. Staff confirmed that medicines requiring refrigeration or additional controls were not in use at the time of inspection. A secure refrigerator was available to store medicines requiring refrigeration. Robust

measures were in place to store and document the receipt, administration and return of medicines requiring additional controls in line with the relevant legislation. However, a documented record of the count of these medicines at the handover of shift was not completed when these medicines were in use, in line with guidance issue by An Bord Altranais agus Cnáimhseachais and this was confirmed by the person in charge and nursing staff.

A sample of medication prescription and administration records was reviewed. Prescription charts were seen to be complete and in line with the relevant legislation. Medication administration records were completed after the medicines were administered by staff, identified the medications on the prescription sheet and allowed for the recording of the time and date medicines were administered.

Staff outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A written record was maintained of the medicines returned to the pharmacy which allowed for an itemised, verifiable audit trail.

A system was in place for reviewing and monitoring safe medicines management practices. The results of a medication management audit were made available to the inspector. The audit identified pertinent deficiencies and the inspector confirmed that actions had been completed.

A sample of medication incident forms were reviewed and the inspector saw that errors were identified, reported on an incident form and there were arrangements in place for investigating incidents. Learning from incidents was clearly documented and preventative actions were seen to be implemented. Medication incidents and the use of 'as required' medicines were reviewed on a quarterly basis to identify any trends.

Training had been provided to some health care assistants on medication management and the administration of buccal midazolam.

Judgment:
Substantially Compliant

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

At the last inspection, inspectors found that 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.

The inspectors viewed the statement of purpose that had been updated in November 2015. This met the requirements of the regulations and specified the criteria used for admission, including emergency admissions and prolonged breaks. It confirmed the size of the room and it included the arrangements for children to access education.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

At the last inspection, there was no annual review of the quality and safety of care and support. Effective arrangements were not in place to support, develop and performance manage staff.

At this inspection, there were effective management systems in place. The centre had a clear management structure that was set out in the statement of purpose. The centre was governed and managed well. The staff with whom inspectors met were clear about their roles, positive about the service and told inspectors that they felt supported in their role.

Staff team meetings were held quarterly and each week a meeting took place between the two shifts for an official handover of their shift. The minutes of these meetings showed that a range of issues were considered including items such as the risk register, policies and audits. The needs of individual children were discussed at the weekly handover meetings.

The person in charge had organised a system of audits at the centre covering a wide range of areas such as hygiene, medication management, personal plans, intimate care and health and safety. The person in charge delegated responsibilities in carrying out audits to all grades of staff and this ensured that all staff, regardless of grade were responsible for the audit of practice at the centre.

The provider had nominated a person to visit the centre in 2015 in an unannounced capacity and these visits along with satisfaction questionnaires from children and their parents formed the basis of the annual review of 2015. The unannounced inspections conducted by a person nominated by the provider addressed a range of issues including the safety and care of children. An inspector viewed a sample of questionnaires completed by children and their parents/representatives. Overall, they were satisfied with the service received.

There was also a coffee morning held at the centre earlier in the year to which all parents were invited to. At this morning, the person in charge delivered a presentation to parents on the service and took questions from them. This showed how the service valued the thoughts and views of the parents. A newsletter was also issued to children and families during the year and this featured seasonal competitions, details of fund-raising events and other information. The newsletter confirmed how the centre used social media to communicate with the children and families.

Effective arrangements were 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. A performance management development (pmds) system was in place. This system facilitated managers and employees to set expectations and measure and review results alongside any professional development plans. The inspectors viewed a sample of pmds records completed in the 12 months prior to this inspection. These showed how staff were held accountable in their role and it also documented their special interests within their post.

The service continued to be managed by a clinical nurse manager. She had 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. Despite the high numbers of children attending the service, she had an excellent knowledge of each child when asked by inspectors about various aspects of their care.

Judgment:
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):

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

Findings:

At the last inspection, arrangements were not in place for the long-term absence of the person in charge.

These arrangements were now in place and there was a named person involved in the management of the centre that was identified as the staff member that would cover the role of the person in charge in the event of a long-term absence.

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):

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

Findings:

At the last inspection, formal staff supervision did not take place. The roles and responsibilities of volunteers and arrangements for supervision and support were not set out in writing.

At this inspection there was not an appropriate skill set, as set out in the statement of purpose to meet the needs of children due to long term leave. Despite this, child did receive continuity of care from a core staff team. Staff had access to on-going training. The requirements of Schedule 2 were mostly met. The role and responsibilities of volunteers were set out in writing. Although formal staff supervision did not take place,

there was a performance management appraisal system in place in addition to the person in charge supervising staff on a day to day basis.

There were some staffing skill mix issues at the centre at the time of this inspection. The statement of purpose set out that the usual staffing complement was three staff during the day (one of whom was a nurse) and two health care assistants. At night-time the skill mix was identified as one nurse and one health care assistant. At the time of this inspection, the person in charge showed inspectors how she was striving to meet this particular skill mix given a number of nursing staff on sick leave or on long term leave with more nursing staff expected to be on long term leave in the coming months. This meant that the service was short of their usual nursing complement, which she was aware was not in line with the statement of purpose. She showed inspectors how she managed the centre roster currently and confirmed that where children required nursing care this was provided (not all children required nursing care).

The inspectors asked the person in charge to confirm what arrangements were in place for those for children who were not in need of nursing care but were in need of medication and/or emergency medication as not all staff were trained in the administration of medication. She told inspectors that two health care assistants were now trained in the safe administration of medication and she scheduled these staff members to work when they had a nursing gap on their roster. She confirmed to inspectors that all staff had received training in the administration of buccal midazolam. This training had taken place on the day of the inspection, as observed by the inspectors. A staff nurse on-call service was also available within the organisation for staff to contact.

In the long-term, the person in charge was mindful of the impact that the lack of nursing staff may have on service delivery and had submitted a business proposal to her line manager in May 2016 to address this issue. At the time of this inspection, the situation was not resolved, although the head of children and families division at the organisation confirmed receipt of the business proposal and told inspectors that she agreed that there was a need and she would be addressing this at a monthly senior management meeting the week following the inspection. She told inspectors that she was confident that the skill mix ratio would be addressed and resolved shortly.

There was a system of continuous professional development at the centre. Regular training was available for staff and those who were interviewed by inspectors discussed the training events they had participated in during the previous 12 months. Staff received training in areas such as fire safety, managing behaviour that challenged and risk assessment.

Since the last inspection, the person in charge did not yet organise supervision sessions for staff but a performance management appraisal system was now in place and there were also records of 'interval' meetings held by her with staff members as part of their yearly performance management appraisal that clearly showed how the staff were held accountable in their role.

A sample of staff files were reviewed by an inspector. While the majority of files contained the information required under Schedule 2 one file did not contain the required documentary evidence of the qualifications of a staff member and another file did not contain evidence of the person's identity, including a recent photograph. A volunteer had commenced at the centre and inspectors saw evidence of his/her induction process. There was appropriate information obtained such as references and garda vetting. The person in charge forwarded paperwork to HIQA following the inspection that demonstrated that the volunteer had signed all the necessary paperwork such as a written arrangement and a code of conduct.

Judgment:
Substantially Compliant

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):

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

Findings:

At the last inspection, not all of the required policies and procedures as required in Schedule 5 of the regulations were developed and implemented. The residents guide did not contain the arrangements for children's involvement in the running of the centre. The resident's guide did not state how inspection reports could be accessed.

At this inspection, a copy of a guide given to children was submitted to HIQA following the inspection. This guide included information for children on arrangements for their involvement in the running of the centre. It also stated how children could access inspection reports.

During this inspection, the inspector discussed an aspect of report-writing with the person in charge. There were written records kept by staff of the care and support given to children, including nursing care notes (where needed) and other records such as a record of intimate care, the activities that the child participated in and incidents/accidents. However, there was no overall daily summarised written record compiled by staff that was retained at the centre. However, the person in charge told

the inspector that notes of this nature were recorded on the written report given to the parent following each respite stay. The inspector was concerned that should these notes be mislaid by a parent, there was no summarised account of each respite stay for each child as copies were not made by staff at the centre.

Policies and procedures as set out in Schedule 5 of the regulations were in place.

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:	A designated centre for people with disabilities operated by COPE Foundation
Centre ID:	OSV-0003304
Date of Inspection:	24 June 2016
Date of response:	02 August 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 05: Social Care Needs

Theme: Effective Services

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

There was a lack of written evidence to show that the parent was involved in an annual review of their child's personal plan.

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

1. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, 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:

Letters of invite for each parent to arrange a meeting to discuss their child's personal plan /care were issued on the 27th July. Meetings will be arranged between Keyworkers and families by 31st August.

Proposed Timescale: 01/09/2016

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 risk associated with the administration of nutrition via PEG was not included in the risk register and the controls in place were not outlined. The child lock on a press under the kitchen sink was not working properly on the day meaning that the door could be opened easily.

2. 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:

The risk associated with the administration of nutrition via PEG is included in the risk register and the controls in place.

All children now have individual risk assessment in place in their personal plan.

The risk register reflects this risk. (No.42)

Child lock on the kitchen press has been resolved, and is now in working order.

Proposed Timescale: 07/07/2016

Theme: Effective Services

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

Many of the controls in individualised risk assessments were generic for example 'staff supervision'. Staff were not prompted to read an explanation of these controls in the centre risk register.

3. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

Risk assessments will prompt staff to read explanation of these controls in the centre risk register.

Proposed Timescale: 30/09/2016

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:

Not all staff were recorded as to have completed training in Children First (2011).

4. 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:

All staff have completed training in Children First (2011).

Proposed Timescale: 07/07/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Some assessment forms were not completed in full and lacked detail in a number of pertinent areas.

5. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

Assessments forms will be reviewed in full by end of December.

Proposed Timescale: 23/12/2016

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:

A documented record of the count of Schedule 2 medicines at the handover of shift was not completed

6. 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:

Record of Schedule 2 medicines will also be documented between all shifts.

Proposed Timescale: 24/06/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Some staff files did not have all of the required information as per Schedule 2.

7. 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:

Staff files will have all of the required information as per Schedule 2.

Proposed Timescale: 30/09/2016

Theme: Responsive Workforce

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

The centre was not operating to a skill mix as outlined in the statement of purpose.

8. Action Required:

Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

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

The business plan will be addressed by end of July. The centre will operate to a skill mix as outlined in the statement of purpose.

Proposed Timescale: 01/09/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

An overall account of the child's experience of respite was compiled by staff and given to the parent upon discharge of the child but a copy was not retained by staff.

9. Action Required:

Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

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

An overall account of the child's experience of respite compiled by staff and given to the parent upon discharge of the child will be retained by staff.

Proposed Timescale: 14/07/2016