



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Cork City North 6
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	14 October 2022
Centre ID:	OSV-0003302
Fieldwork ID:	MON-0036194

About the designated centre

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

The designated centre is comprised of two semi-detached buildings located in a Cork suburb. There is a garden at the rear and front of the property with space for parking also. Both buildings are two storey with separate sitting rooms and kitchen-dining rooms in each house. The designated centre has two separate entrances at the front of the house and doors have been created in the dividing wall both upstairs and downstairs to allow access from one house to another internally. The designated centre provides residential accommodation for both males and females over the age of 18 years of age with an intellectual disability and/or autism. The designated centre provides full time residential care with staffing support both by day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 14 October 2022	09:30hrs to 13:30hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was a focused unannounced inspection intended to assess if infection prevention and control practices and procedures within this designated centre were consistent with relevant national standards. The inspector was able to meet with both of the residents currently living in the designated centre during the inspection.

This designated centre was last inspected in January 2021 and was found to be compliant with regulation 27: Protection against Infection during that inspection.

On arrival at the designated centre the inspector was greeted by one of the residents. The resident welcomed the inspector into their home. They explained to the inspector that they had chosen not to attend their day service and outlined their planned activities for the day with staff support. They told the inspector that they were very happy living in their home. They spoke about the pandemic and how they were glad to be able to enjoy community activities since the restrictions had eased. They enjoyed attending concerts previously and had tickets to attend a Christmas pantomime in the coming months in the city.

The inspector was introduced to the other resident in their home at a time that suited them later in the morning. The resident greeted the inspector with a fist pump and was very proud to show the inspector the cleaning that they had completed in a number of rooms in their home earlier that morning. The resident explained that they were very happy to have being able to celebrate their birthday in the weeks before the inspection. They also outlined their plans for the day ahead which included going for a walk, enjoying their preferred hot drink from a named outlet and listed other possible community activities later in the evening.

During the walk about of the designated centre the inspector observed a door in one of the sitting rooms did not have a self-closing mechanism present. This was required as part of the fire safety control measures in place in the designated centre. The person in charge and the person participating in management were not aware of the mechanism not being present. While staff had completed weekly checks on doors within the designated centre, this issue had not been identified or notified to management. The person participating in management ensured the issue was dealt with immediately and a replacement mechanism was installed during the inspection.

The designated centre was well ventilated and was decorated with some personal items reflective of the residents living in the designated centre. The inspector observed some areas of good practice relating to infection prevention and control (IPC), which included staff knowledge and evidence of cleaning being completed on some regularly used surfaces. However, it was not possible for staff to effectively clean some damaged surfaces in the designated centre. These included some floor surfaces, kitchen presses and wall surfaces. While the person in charge outlined some planned upgrade works, some aspects of the premises required further review

by the provider. Not all areas were maintained or being effectively cleaned in line with current public health guidelines - Community infection prevention and control manual. A practical guide to implementing standards and transmission based precautions in community and health care settings- March 2022. This will be further discussed in the next two sections of this report.

Throughout the inspection the staff team were observed to wear appropriate personal protective equipment (PPE) in line with current national guidance. Residents were also observed to be aware of IPC measures such as hand washing, greeting people and staying safe during the pandemic. However, the inspector observed during the inspection that not all used PPE was disposed of correctly in line with the current public health guidelines and the provider's own protocols on the safe disposal of used PPE. In addition, the visitor records of individuals entering the designated centre was not evident on the day of the inspection. The inspector requested to document their arrival time at the designated centre at the start of the inspection. The inspector was informed by staff present that no sign in sheet was available at the time and was not provided with such a document to complete at any time during the inspection. It was not evident at the time of this inspection that there had been consistent and ongoing documenting of individuals accessing the designated centre from an IPC perspective in the weeks prior to this inspection.

Overall, this inspection found that residents were well cared for in this centre and were generally afforded good protection against infectious agents. However, there were some improvements to be made to ensure that IPC practices and procedures within the designated centre were consistent with relevant national standards.

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

Capacity and capability

The overall governance and management in place, in particular in terms of monitoring systems being carried out required further review to ensure that there was consistent and effective prevention control practices followed in this designated centre.

The person in charge at the time of this inspection had a remit over three designated centres. The inspector was informed during the inspection by the person in charge that the provider had reduced their remit from four designated centres in the weeks prior to this inspection. The person in charge outlined during the inspection that they had been unable to complete some of their regulatory responsibilities within this designated centre. This included staff supervision during

2022, regular review of the contingency plan and to have a regular presence within this designated centre.

The person in charge had escalated to the provider the risk associated with ongoing staffing vacancies in January 2022. At that time there were five whole time equivalent posts vacant. At the time of this inspection there were three whole time equivalent post vacant. While regular agency staff were providing support to the residents the importance of consistent staff to support the assessed needs of the residents living in this designated centre had been identified as an ongoing risk. The inspector acknowledges that the provider had under taken a recruitment drive during 2022.

The inspector was also informed that some regular staff had been redeployed to other designated centres during 2021. These staff had been completing regular audits and meetings which residents prior to their redeployment. It was evident following a review of the audit schedule for 2022 that some audits were not completed during 2022 or had not been completed as outlined in the audit schedule. For example, no hand hygiene audits had been completed since November 2021. No IPC audits had been completed since May 2022. The findings of that audit identified that some furniture was not in a good state of repair. No actions or additional details were documented regarding this finding in the audit, with evidence of furniture being present during this inspection to be in such a state.

The 'Preparedness planning and infection prevention and control assurance framework for registered providers' self-assessment tool had been partially reviewed in June 2022 but was found to be incomplete at the time of this inspection. The last review of the centre's contingency planning in respect of the COVID-19 pandemic was completed in January 2022. The annual review and providers internal six monthly audits were not available in the designated centre at the time of the inspection. In addition, not all staff training records regarding IPC training were available for the inspector to review. This information was provided to the inspector in the days after this inspection. All staff, including agency staff had up-to date training in the area of IPC.

However, the provider had not ensured that all actions identified in the annual review which was completed in October 2021 had been adequately addressed. Similar actions were identified in subsequent provider – led internal audits completed in February and August 2022. These included a number of actions relating to regulation 27: Protection against infection. The most recent findings included a missing drawer on a kitchen press, a missing tile on a kitchen wall behind the sink and the clinical guidance available for staff was not reflective of current national guidelines. At the time of the inspection, the inspector noted that not all staff had documented that they had read and understood the clinical guidance relating to COVID-19. In addition, the auditors identified that improved governance oversight was required within the designated centre including increased staff supervision and appraisals. These had not been adequately evidenced to have been addressed at the time of this inspection. While the person in charge outlined that

there was a planned schedule of maintenance within the designated centre this was not yet in progress.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service provided in this designated centre in respect of IPC.

Quality and safety

The welfare and wellbeing of residents was maintained by a good standard of evidence-based care and support. Generally safe and good quality supports were provided to the residents living in this centre on the day of this inspection. A number of issues identified during the inspection did require some improvements to ensure that residents were protected from infection in a manner that was consistent with relevant national standards.

Residents were supported to attend relevant healthcare professionals. One resident was identified as being at high risk if they contracted COVID-19 or a similar respiratory infection due to an underlying medical condition. This person was supported by the staff team to remain safe and had not contracted COVID-19.

As previously mentioned, residents demonstrated their awareness of IPC measures to keep themselves safe in relation to COVID-19 infection. During the pandemic while a number of staff had contracted COVID-19, residents had been supported to remain safe during 2020 and 2021. One resident was effectively supported to self-isolate in their home in March 2022 when they contracted COVID-19 at the same time as four staff members. However, no post outbreak review had been completed following the recovery of all confirmed cases in the designated centre.

The inspector was informed that some maintenance issues had been identified and were scheduled to be completed, these included repairs to damaged flooring in a number of areas and the replacement of damaged seating. However, no details were available at the time of the inspection of when these works would be addressed and completed. The person in charge outlined planning and completion of such works needed to be carried out without causing increased anxiety to the residents. Additional issues were identified during the inspection which also impacted the effectiveness of cleaning activities. These included build up of grease and food deposits in an oven and not all daily cleaning activities as outlined on the designated centre's checklist were consistently being completed. For example, the night time checklist completed since 3 October 2022 to 13 October 2022 detailed no vacuuming of floor surfaces had been done. The rationale for this was documented as the resident was sleeping but it was not documented if the activity was being completed at another time of the day that better suited the resident. In addition, the cleaning checklists were not consistently completed in line with the provider's protocols. For example, the house for which the checklist was being completed for was not always documented. In addition, no cleaning activities were documented as

having been completed twice on the following dates, 13 or 23 September 2022 or 8 October 2022, as per the provider's current protocols.

On the day of the inspection there was evidence of the inappropriate disposal of used PPE. The inspector observed a used face mask in a bin that contained material that was to be shredded in the staff office. A number of containers with hand gel which were in use in one of the houses did not have an expiry date evident on them day of the inspection.

Following a review of the risk register a number of IPC risks had been identified. A number of these had been risk rated to have a low impact on residents due to the controls in place. These included food hygiene with controls in place which included the use of colour coded utensils. These were observed to be in use during the inspection. However, the inspector reviewed the risk of harm to residents due to the failure to control the spread of healthcare acquired infections (HCAI's) due to the breakdown of the chain of infection which was rated a low risk. The controls listed included hand hygiene audits. These were found not to be in place at the time of this inspection.

In addition, while staff demonstrated their knowledge regarding the use of cleaning materials to prevent cross contamination between areas. It was observed that on the day of the inspection, the storage of mops was not in line with the provider's protocols. Mops were found to be lying on the floor of the storage unit, not inverted as outlined in the protocol in the designated centre. Also, the inspector was not assured that staff were consistently following the provider's colour coding protocol regarding which areas specific cleaning equipment was to be used in. For example, one mop with a yellow handle had a green mop head attached to it. In addition, clean mops heads were being stored in an open container in the same space as used mop heads. This issue was addressed immediately by staff during the inspection.

Regulation 27: Protection against infection

Although some good practice was identified in relation to IPC measures in place in the centre, some areas of improvement were required to ensure that IPC practices and procedures were consistent with relevant national standards. These included;

- The appropriate disposal of used PPE.
- The appropriate storage of cleaning equipment in line with the provider's protocols.
- The appropriate use of cleaning equipment in line with the provider's protocols to prevent cross contamination of areas.
- Damaged surfaces directly impacted the effective cleaning of areas such as floors and walls..

- The internal surfaces of one oven had evidence of food deposits and grease build up.
- Documenting of regular cleaning duties was not consistently completed. An issue identified on the night time cleaning schedule, was not evidenced as being addressed, for example the vacuuming of the floors in one of the houses.
- Not all planned audits, including IPC and hand hygiene audits were completed as scheduled during 2022.
- Evidence of recording all visitors accessing the designated centre was not consistently completed.
- The provider did not evidence that all staff had read and understood the clinical guidance relating to COVID-19.
- The provider did not evidence the governance and oversight within the designated centre to ensure ongoing regular review of the centre specific contingency plan and the HIQA self-assessment tool.
- The provider did not ensure the supervision of staff and the person in charge in line with the provider's policy had taken place.
- The provider had not ensured a post outbreak review was completed in March- April 2022.
- The provider had not ensured ongoing review of risks to reflect when not all controls identified were in place.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for Cork City North 6 OSV-0003302

Inspection ID: MON-0036194

Date of inspection: 17/10/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The appropriate disposal of used PPE</p> <ul style="list-style-type: none"> • Staff and residents have been given guidelines in relation to the appropriate disposal of used PPE and separate bins will be ordered for the centre and designated specifically for the disposal of used PPE. • All staff and residents are aware that used PPE is not to be disposed of with general household waste <p>The appropriate storage of cleaning equipment in line with the provider’s protocols</p> <ul style="list-style-type: none"> • This issue was addressed immediately by staff during the inspection • Discussed further during staff meeting to ensure compliance with IPC guidelines <p>The appropriate use of cleaning equipment in line with the provider’s protocols to prevent cross contamination of areas</p> <ul style="list-style-type: none"> • Colour coded guidelines have been updated and are now in place for cleaning equipment in the centre • All staff are aware of protocols for cleaning and appropriate storage of used mop heads <p>Damaged surfaces directly impacted the effective cleaning of areas such as floors and walls</p> <ul style="list-style-type: none"> • Wall tiles have been repaired and drawers replaced • Due to the need for the resident to leave their home overnight, repairs to floor surfaces remain outstanding due to resident’s current health care needs • A suitable date will be agreed with the resident as per their wishes • PIC will liaise with maintenance re repairing damage to floor surfaces once a suitable 	

date has been agreed with the resident

The internal surfaces of one oven had evidence of food deposits and grease build up

- Deep clean of both ovens agreed to be completed 22/11/2022
- Ovens will be cleaned regularly in line with local cleaning protocols – same to be documented on cleaning records

Documenting of regular cleaning duties was not consistently completed. An issue identified on the night time cleaning schedule, was not evidenced as being addressed, for example the vacuuming of the floors in one of the houses

- Documentation has been reviewed and updated to reflect actual cleaning activities in the centre. Daily, weekly and monthly cleaning checklists to be implemented.

Not all planned audits, including IPC and hand hygiene audits were completed as scheduled during 2022

- IPC folder which was not present on the day of inspection identified further audits had been carried out during 2022 as per schedule
- PIC, CNM1 and PPIM met to review records and files 17/11/22. Same reduced down to one folder to include all audits including IPC audits
- Furniture review to be carried out with the residents in line with plans for new flooring
- Robust plans to be actioned for all internal regulation 23 audits
- Hand hygiene audits in place with observational assessments planned to be completed for December

Evidence of recording all visitors accessing the designated centre was not consistently completed

- Visitors book reinstated post inspection. All staff are aware that records for visitors are to be completed consistently in the centre.

The provider did not evidence that all staff had read and understood the clinical guidance relating to COVID-19

- All staff will review the local protocols and policies in relation to IPC and ensure that they are up to date in relation to current guidance
- Staff will sign off that they have read and reviewed all policies, protocols and guidelines in relation to IPC
- PIC will ensure that all staff have access to up to date HSPC guidance

The provider did not evidence the governance and oversight within the designated centre to ensure ongoing regular review of the centre specific contingency plan and the HIQA self-assessment tool

- HIQA self-assessment tool has been completed and will be reviewed regularly in the centre – completed on 17/11/2022
- Contingency plan has been reviewed and updated to reflect any changes to the centre and current guidance in relation to COVID 19 and IPC measures

The provider did not ensure the supervision of staff and the person in charge in line with

the provider's policy had taken place

- Schedule of performance management reviews to be compiled and formal supervision to commence in the centre

The provider had not ensured a post outbreak review was completed in March- April 2022

- Outbreak monitoring record completed post outbreak in March was held offsite
- This record is now available for review in the centre
- In the event of further outbreaks the monitoring record will be completed and held in the designated centre

The provider had not ensured ongoing review of risks to reflect when not all controls identified were in place

Controls to put in place in relation to IPC risk:

- HSE-land hand hygiene training completed and refreshed by all staff
- Observational hand hygiene assessments to be completed by designated staff member to ensure ongoing adherence to appropriate hand hygiene practices in the centre

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	31/01/2023