



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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 9
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	05 May 2022
Centre ID:	OSV-0003304
Fieldwork ID:	MON-0036192

About the designated centre

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

Cork City North 9 comprises of Le Cheile - No's 1 and 4, a two-storey building. Le Cheile provides respite services to a maximum of seven children. Le Cheile No. 1 ground floor comprises of 3 single bedrooms, a kitchen / dining room, a sitting room, a playroom, an assisted bathroom, a staff office, toilet and shower room. A small secure outdoor garden space is also available. The first floor comprises of 3 single bedrooms, a living room, a kitchen / dining room, a bathroom and a staff toilet. Le Cheile No. 4 ground floor comprises of a single bedroom, a kitchen / sitting room and shower / toilet room. A secure outdoor garden space is also available. The first floor comprises of a single bedroom, a kitchen / sitting room and shower / toilet room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Thursday 5 May 2022	10:00hrs to 15:30hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an unannounced focused inspection intended to assess if infection prevention and control practices and procedures within this designated centre were consistent with relevant national standards. The inspector met the three residents in receipt of respite services on the day of the inspection when they returned from school in the afternoon.

This designated centre had been identified as an adult isolation unit during the pandemic by the provider at a time when respite services were not being provided to children. The inspector was informed that the respite services had resumed for children attending this designated centre in line with public health guidelines as restrictions were eased nationally. In addition, the inspector was informed that the centre had also re-commenced respite services over seven days each week subject to adequate staffing resources being available to meet the assessed needs of the children attending the service.

During the inspection the inspector met with and observed the staff team as they prepared the designated centre to ensure the bedrooms and other communal areas were ready prior to the children arriving at the designated centre. The three bedrooms were cleaned and checked by the staff. Each bed was prepared during the day of the inspection with bed linen, as per the known preferences of the children attending. The staff team had completed pre-admission respite checklists for each child with family representatives over the phone in advance which included up-to-date information as per the public health guidance relating to the current pandemic.

On arrival at the designated centre each child was greeted by staff and supported to visit their bedroom as per their wishes. Infection prevention and control (IPC) measures were observed to be completed by staff such as checking the temperatures of each child, within a short period of their arrival. Staff were familiar with the preferred routines of each child and were observed to support each child individually. Staff had drinks prepared in advance as per the known preferences and assessed needs of the children attending. One child went for a walk around the designated centre with a staff member to check each area out as per their usual routine at the start of each respite stay. Another child was informed by staff with picture references of the other children who would be in the designated centre with them. This child was observed to become very excited when they met one of the other children in the sitting room. The staff team outlined to the inspector the planned activities that the children would be offered to participate in during the evening, which included a community activity. There were sufficient staff resources on duty to support individual or group activities in line with the preferences of each child.

Throughout the inspection the staff team were observed to wear personal protective equipment, (PPE) in line with current national guidance. There was evidence of

regular monitoring of symptoms of COVID-19 as per the provider's protocols, throughout the inspection. There was documented evidence that temperature monitoring of all persons entering the designated centre had been consistently completed.

During a walkabout of the designated centre with the person in charge the inspector observed extensive wall murals which had been completed recently in a communal hallway. These were bright and provided a welcoming atmosphere to the area. It was evident the premises was subject to regular cleaning and was well ventilated throughout the inspection. The provider had also employed the services of a dedicated cleaning service for nine hours each week in this designated centre. Three hours every Monday, Wednesday and Friday morning. The inspector observed evidence of wear and tear in many areas of the designated centre. This had also been identified as an issue in a previous inspection completed by the Health Information and Quality Authority (HIQA) of the designated centre in November 2020. While most of the issues relating to the premises identified during that inspection had been addressed, further issues had developed since that inspection relating to structural finishes. These included damaged or missing plaster from small sections of some internal walls, damaged window sills due to water egress and gaps in floor surfaces. These issues had been identified by the person in charge as impacting the effective cleaning of the designated centre in advance of this inspection. They had also requested a deep clean to be completed in the designated centre, which was scheduled for the week after this inspection.

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 and control practices followed in this designated centre. The most recent provider led audits completed in February 2022 and July 2021 had not assessed regulation 27. The provider had reviewed regulation 27 in an annual review in October 2021. However, the ongoing monitoring and assessment by the provider of regulation 27 during a period of time when national public health guidelines were in place to address the pandemic had not been consistent.

The person in charge and staff team demonstrated up-to-date knowledge on current IPC guidelines and information to ensure safe practices were adhered to in this designated centre. The staff team were observed to engage in IPC measures

continuously throughout the inspection which included hand hygiene practices prior entering rooms such as communal areas, regular temperature checks consistently being documented and protocols in the event a child or staff member became unwell while in the designated centre. In addition, staff completed a deep clean discharge checklist at the end of each respite stay which detailed surfaces and areas that were cleaned. There were systems in place to ensure staff were provided with up-to-date information relating to IPC, these included regular team meetings. There were two staff members who were identified as COVID-19 leads and there were also hand hygiene assessors on the staff team. The inspector was informed that the current guidance for staff in relation to infection control policies being followed in the designated centre was the Health Service Executive, (HSE) South Cork and Kerry guidelines on infection prevention and control in community disability services 2012. The person in charge had completed the HIQA Self-assessment in preparedness planning and infection prevention control assurance. This had been subject to regular review with the most recent review taking place in February 2022. In addition, the contingency response plan for the designated centre and checklist had also been reviewed at the same time.

The inspector reviewed the training records relating to IPC for the regular core staff team. All staff had completed the required IPC training which included on-line training modules provided by the HSE. The person in charge outlined that staff were required to ensure their training remained up-to-date. However, the person in charge also had a training matrix which identified the training requirements of staff for the year ahead. The inspector noted that the practical hand hygiene assessments that were being conducted by trained assessors were not completed while observing staff complete their duties. At the time of this inspection there were no observational hand hygiene audits completed in the designated centre to ensure staff practices were in line with IPC guidelines.

The inspector met with all the staff on duty during the inspection. They were familiar with the individual assessed needs of the children that were scheduled to attend on the day of the inspection. Staff were also consistent in the information provided to the inspector regarding the management of specific care needs of some children attending respite services which included Percutaneous Endoscopic Gastrostomy, (PEG) feeding and the management of items such as bed linen in the event of a known infection risk being present.

Staff also outlined how they had continued to support children in their homes during the pandemic while adhering to public health guidelines. The staff team had identified a number of families that required ongoing support during the pandemic while the designated centre was closed. Staff supported some children to enjoy outings in their local communities or provided family representatives with additional support in the home. In addition, the staff team had recently supported a child to attend their planned respite stay when they had displayed symptoms of non COVID-19 related illness. The team liaised with the provider's clinical nurse specialist in IPC to ensure the child would be able to attend as planned. The inspector noted that the person in charge and staff team consistently demonstrated their flexible approach to the ongoing provision of person centred services since the pandemic had impacted

the childrens' respite services in this designated centre.

Quality and safety

While there was evidence that infection prevention and control practices were part of the routine delivery of care and support to residents, improvement was required to ensure the premises maintenance facilitated effective cleaning being completed in a consistent manner.

The inspector observed easy-to-read hand hygiene signs located throughout the designated centre, including over wash hand basins in bedrooms and in bathrooms. There were daily, weekly and monthly cleaning checklists which were completed when services were being provided in the designated centre. During the walkabout of the designated centre with the person in charge, issues with the premises were identified. The person in charge outlined how they had logged a number of the issues as per the provider's procedures with the maintenance department which were scheduled to be resolved in the days after this inspection. These issues included repairs to gaps in some floor surfaces which were awaiting specific replacement products. While the person in charge outlined that painting had taken place in some areas of the designated centre others areas including the external areas still awaited completion. The person in charge was aware that two hand sanitising units required re-mounting in the designated centre. The units had become dislodged in the days prior to the inspection and the maintenance department had been informed that they required to be re-attached. The inspector observed sufficient alternative supplies of hand sanitising gel available in multiple locations throughout the designated centre including the entry /exit point of the designated centre. All units were checked to be working and clean at the time of the inspection.

However, during the walkabout the inspector observed damage evident on the internal surface area of one microwave which impacted the effective cleaning of the appliance. In addition, a shower screen had recently been removed from one bathroom and the surface area remained difficult to effectively clean due to an amount of adhesive residue remaining on the floor and tile surface. An extractor fan in an upstairs kitchen area was observed to be missing the filter. This was awaiting replacement the inspector was informed at the time of the inspection.

The provider had protocols in place regarding the use of named cleaning products, with the dilution ratio also clearly documented in the designated centre. There were a schedule of IPC audits which were completed by the staff team with oversight by the COVID-19 lead. There was an effective storage system of cleaning mops evident in the designated centre. All coloured coded mop handles were stored off the floor on secure brackets in a utility room. In addition, staff placed used mop heads into specific colour coded laundry bags, also stored on brackets off the floor. The

dedicated cleaning staff then laundered and returned the mop heads to a clean storage area once dried. The inspector reviewed the documentation for this colour coding cleaning system for cloths and mops. For example, the documentation outlined the items coloured coded yellow to be used in laundry and clinical areas and the items colour coded green to be used in utility areas as well as kitchens and kitchenettes. However, on review with the person in charge it was unclear which colour coded cleaning materials were being used in some areas of the designated centre. The dedicated cleaning staff were not available on the day of the inspection to clarify what colour cloth and mop were used in specific areas.

There were effective protocols in place to ensure the risk of legionella disease was a reduced in the designated centre while the centre was closed or there were reduced numbers of children being supported in the centre. Protocols were also in place for the management of items deemed to be high, intermediate or low risk of contamination. For example, items deemed to be high risk such as equipment used in PEG feeding were single use where possible. Intermediate risk items included items that may have come in contact with bodily fluids and low risk included the blood pressure cuff. Each risk had specific management protocol and product dilution information available for staff to refer to.

Regulation 27: Protection against infection

Some improvement was required to ensure that infection prevention and control practices were carried out in a consistent and effective manner. In particular;

- The governance and management arrangements in this centre required further review to ensure that there was effective monitoring by the provider of infection prevention and control practices in the designated centre. The two most recent provider-led six monthly audits of February 2022 and July 2021 had not assessed regulation 27.
- A review of maintenance of the premises to ensure effective infection prevention and control measures could be completed. This included gaps in floor surfaces and damaged window sills.
- Two hand sanitising units required to be re-mounted to their location in the premises.
- A review of the colour coding system in operation for cleaning specific areas was required, to reflect the correct cloths and flooring cleaning to be used in the laundry/utility areas.

Judgment: Substantially 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	Substantially compliant

Compliance Plan for Cork City North 9 OSV-0003304

Inspection ID: MON-0036192

Date of inspection: 05/05/2022

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none">• Colour coding system for cleaning has been reviewed and updated to reflect correct colour cloths and mops etc.• Review of all maintenance works required occurred on 24/05/2022 and agreed timeframe with facilities manager for all works to be completed by the end of August 2022• Two hand sanitizing units will be remounted – end of May 2022• Provider led audit team will assess Regulation 27 during next inspection	

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.	Substantially Compliant	Yellow	31/08/2022