



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

Issued by the Chief Inspector

Name of designated centre:	Cork City North 4
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	08 January 2021
Centre ID:	OSV-0003698
Fieldwork ID:	MON-0031588

About the designated centre

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

The designated centre comprised of four purpose built units in a campus setting on the outskirts of a large city. The service provides full-time residential care to adult males and females with an intellectual disability and / or autism. Three units were located close to each other and the fourth was located within the wider campus. The units situated close to each other had a kitchen, a living room, separate laundry facilities and single bedrooms. These units had more than one communal area and some had visiting rooms. In addition, one of these units contained a single occupancy apartment comprising a sitting room with dining facilities, kitchen, bedroom and bathroom. The remaining unit was a single occupancy apartment located within the wider campus and this contained a kitchen, dining and sitting room area, a bedroom and bathroom. The staff team consisted of nurses, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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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 - 2015 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 8 January 2021	10:00hrs to 12:00hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

The risk based inspection was initiated following an outbreak of COVID-19 within the designated centre which effected many residents and staff. The inspector observed staff working extremely hard to protect both residents and their colleagues from the real threat of infection. All staff articulated and were committed to best practice and strictly adhered to current public health guidelines. All managers within the organisations structure were working closely together and supporting residents and staff. This oversight, control and support was evident as well as articulated by staff. Staff relayed sadness that the pandemic had impacted on the residents and the designated centre after having successfully keeping it at bay for 10 months.

Capacity and capability

Due to the COVID-19 pandemic and in adherence to infection control guidelines, this inspection was confined to an office in the day services opposite the designated centre. The effective leadership, governance and management of the designated centre was observed to very good and all responses to the COVID-19 outbreak were in line with current health protection surveillance centre guidelines and public health advice. The management and staff demonstrated a proactive approach to infection control and all actions were in line with the registered providers own contingency plan. The registered provider had sufficient staff resources in place and replacement staff were known to residents. The inspector spoke with staff and reviewed a wide range of documents to gather evidence and observed a high degree of regulatory compliance.

No derogation of staff had occurred in the designated centre. Previous communication from the registered provider had implied that the derogation process had been used in relation to staff that were regarded as close contacts of a diagnosed positive COVID-19 case. What the registered provider had intended communicating was that derogation guidelines were followed and observed in relation to casual contacts of a confirmed positive case. The inspector reviewed all documents maintained by the registered provider, specifically relating to a significant outbreak of COVID-19 that commenced on 28/12/2020. The records reflected that senior management across the organisation immediately implemented the registered providers contingency plan that was in full adherence to current public health guidelines. Close contacts of the diagnosed index case were immediately tested by the organisations COVID-19 testing team and were isolated and removed from duty for a period of 14 days. Day services staff were immediately redeployed to support residents in the designated centre. Staff rosters were maintained with difficulty, however staff demonstrated a significant commitment by working additional shifts and cancelling holidays. The registered provider was dealing with eight other

simultaneous outbreaks across its services in different parts of the city and county. It was evident that the recently appointed person in charge was actively managing the outbreak.

All staff spoken to indicated that they felt very well supported by their colleagues and all senior managers within the organisation. Staffing levels had been maintained and there was no shortage of personal protective equipment (PPE). The registered provider representative had provided assurances that the derogation of staff had not taken place and if it were to, it would be a last resort. Derogation would only take place in the presence and strict adherence to derogation guidelines, risk assessments and checklists. The person in charge had only recently taken up the role but was very competent and experienced in relation to the assessed needs of all residents and the staff that they supervised, despite dealing with a significant outbreak. The person in charge was also supported informally in their absence by an experienced clinical nurse manager who was the person in charge and responsible for an adjacent designated centre.

Regulation 15: Staffing

The registered provider ensured that the number, qualifications and skill mix of staff was appropriate to the assessed needs of residents.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that the designated centre was resourced to ensure the effective delivery of care and support in accordance with its statement of purpose and the provision of a good standard of care to residents. Management systems in place ensured that safe and effective services were provided despite the COVID-19 outbreak within the designated centre.

Judgment: Compliant

Quality and safety

The inspector observed that the registered provider and all staff were focused on the needs of residents and the protection of residents from COVID-19. Residents were cohorted and protected in as safe an environment that the registered provider could safely maintain while adhering to current public health guidelines,

regulatory compliance and best practice.

The registered providers Director of Nursing and the registered providers Infection Control lead responded immediately to the positive result received by the index case on 28/12/2020. Public Health officials were contacted and senior managers within the registered providers management team attended meetings by teleconference. The registered providers contingency plan had been activated. All residents and staff were assessed as casual or close contacts and contact tracing was enacted by the registered provider. All residents and staff had been tested for COVID-19 within 48 hours by the registered providers in-house testing team. All staff were immediately instructed to wear full PPE and residents who could wear face masks were encouraged to do so. Three residents who were asymptomatic were transferred to the registered providers COVID-19 isolation hub as some of their peers who had tested positive would have found isolation too difficult. Two of these residents subsequently tested positive for COVID-19 and were transferred back to their designated centre. Nursing staff ensured that all residents and staff temperatures were recorded twice daily in addition to other clinical observations depending on residents clinical presentations. All staff undertook revised training in the use of PPE, hand hygiene and the correct etiquette to be applied to prevent the spread of COVID-19. Hand hygiene assessments completed were available. The inspector observed staff working with full PPE in place.

The registered provider had an updated infection control policy in place that was site specific. Staff had access to PPE as required. Staff training in the use of PPE was ongoing. The registered provider had a cleaning regime in place and frequently touched areas had been cleaned at least four times a day. Since the outbreak, staff were cleaning areas on a half hourly basis. Contract cleaners were no longer attending the designated centre to reduce footfall. All staff inside the designated centre were cleaning as they went. This cleaning includes door and window handles, cupboard and press handles, chairs and wheelchair handles, light switches, appliances, remote controls and taps.

There were records of weekly infection control audits undertaken by the person in charge prior to the outbreak. In line with current health protection surveillance centre guidelines, the designated centre was restricting all entry. Staff were directed to travel to work separately and a recently introduced infection control protocol inhibited staff taking break times together to reduce the spread of infection.

The person in charge had ensured that the risk register for the designated centre was up-to-date. A number of risks had been reviewed and revised on 05/01/2021. The register included current risk assessments pertaining to COVID-19, staff shortages and governance concerns relating to the management of the designated centre. Additional controls and the named responsible person for actions were clearly documented. These related to visitor restrictions, suspected or confirmed COVID-19 cases within the designated centre, the use of PPE and the self isolation of residents. Specifically in relation to the outbreak of COVID-19, the register indicated an adherence to the registered providers infection control policy, the sourcing and use off PPE, the recording of residents and staff temperatures, the continuance of hand hygiene assessments, the continuance of PPE training, the use

of isolation services and the use of the registered providers own COVID-19 test team. Each resident also had a current personalised risk assessment in place pertaining to COVID-19. Residents healthcare plans had also been risk assessed to ensure that residents would be in receipt of the health supports required, should they contract COVID-19.

The person in charge was committed to making sure that one resident who wished to live in a community setting, would do so. The registered providers intent to deliver this plan and reduce the number of notifiable adverse incidents within the designated centre was still on track for March 2021. The person in charge qualified this in terms of the impact of the pandemic and public health guidelines.

Regulation 26: Risk management procedures

The registered provider had systems in place to ensure that each resident had a current risk assessment in place relating to COVID-19. The current risk register was up-to-date and reflected the impact of the COVID-19 outbreak as well as the actions taken to mitigate risks to residents and staff.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that all residents and staff who may be at risk of COVID-19 were protected by adopting procedures consistent with current Health Services Executive, Health Protection Surveillance Centre and the Registered Providers own infection control policies and protocols.

Judgment: 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant