



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

Issued by the Chief Inspector

Name of designated centre:	West County Cork 5
Name of provider:	COPE Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	23 February 2022
Centre ID:	OSV-0003315
Fieldwork ID:	MON-0036311

About the designated centre

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

West County Cork 5 provides residential support for up to seven adults with an intellectual disability. The centre is located in a residential area of a large town in County Cork. The centre is within walking distance of local shops and amenities such as parks and other social facilities. The house is a detached two storey building that was renovated in 2014. There are mature, landscaped gardens surrounding the property. The centres ground floor comprises of a sun room / visitors room, sitting room, kitchen-dining room, bathroom, three en-suite bedrooms, laundry room, staff toilet, shower and staff office. The centre also has a lift which is operated by staff. The first floor is comprised of four en-suite bedrooms. The residents are supported by a staff team comprising of nurses and care staff during the day and two care staff by night. The team provides support in relation to all aspects of health and wellbeing to all residents. The team liaises with other health care professionals and is proactive in health promotion. The focus of care and support is based on the individual needs and preferences of residents. Social and community integration is an integral part of the service provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Wednesday 23 February 2022	08:30hrs to 15:00hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

This was an un-announced inspection of the designated centre specific to Regulation 27 protection against infection. The inspector reviewed requested documentation in the sun room to the front of the property during the course of the day. Interaction and engagements with staff and residents were limited to a period of under 15 minutes and in areas of good ventilation. These interactions were semi-structured and afforded staff to provide or clarify information and practices to the inspector. During these interactions, the inspector and staff wore face filtering piece masks (FFP2).

The inspector met briefly with two staff who were departing the premises after completing a night shift. These staff indicated that there was no active infection on site and that there were adequate stocks of personal protective equipment (PPE).

On arrival, the inspector noted that staff were conducting a formal handover in a sun room. Staff were seen to maintain a social distance of more than two metres apart and all staff were wearing an FFP2 mask. Some windows were open and the property was well ventilated. There was signage on the external door to remind persons of Covid-19 restrictions and precautions.

The inspector was admitted through the rear dining room door. A staff member recorded the inspectors temperature and recorded details in a visitors log for the purposes of contact tracing. The inspector was shown the nearest handwash basin and hand sanitiser unit. The most current Health Protection and Surveillance Centre guidelines issued in February 2022 were available for staff, at the sign in table. Easy to read information and posters directing social distancing, hand hygiene and cough etiquette were displayed throughout the designated centre. Some residents indicated that they knew not to shake hands with the inspector. Residents also had a two metre stick in the hallway which demonstrated the distance that they should remain from each other. Staff providing direct support to residents at the breakfast table were wearing an FFP2 mask and seen to handwash before providing direct support to a different resident.

There were wall mounted hand sanitiser stations located throughout both floors of the premises, that were noted to be full and clean. Pedal bins for the disposal of paper towels and used face masks, were also available throughout the designated centre, as well as located adjacent to each wash hand basin. Stocks of PPE, soap solution, detergents, antibacterial sprays and bleach were stored in locked cupboards in the laundry room. Pedal bin liners, clinical waste bags and alginate bags were also stocked in locked cupboards. Staff could clearly demonstrate the different use of agents to clean surfaces as well as disinfect surfaces. All cleaning equipment such as buckets, mop heads and cloths were colour coded and washed and stored separately. Blue coloured cloths for use in general areas were used to clean frequently touched areas.

The kitchen and dining area were noted to be very clean and well maintained. Furniture within these rooms was in good condition. The fridge and food storage presses were observed to be clean. The microwave and oven were also seen to be clean. There was a separate hand wash basin in addition to the main kitchen sink.

All bathrooms and en-suites were noted to be clean and well maintained. These rooms had liquid soap and paper towel supplies. The hallway corridor, stairs, landing, floors and skirting were noted to be clean. Resident's bedrooms were noted to be clean, well ventilated and fresh. Staff adhered to an enhanced cleaning schedule which was attended to three times a day. Contract cleaners had been engaged for a total of three hours a week in 2020 and this contract was increased to six hours a week in 2021. Contract cleaning had ceased in December 2021 as the contractor was unable to provide staff. As a consequence, staff employed in the designated centre had greater commitments to cleaning duties. The registered provider had engaged a contractor to deep clean the designated centre in February 2022. All areas were notably clean, including areas that were out of reach. The person participating in management indicated on the day of inspection that a recruitment campaign had been successful and a new member of cleaning staff was due to be employed.

The external environment and garden areas were clean and tidy. Two service vehicles was noted to have a clean interior and a supply of face masks and hand sanitiser. One vehicle was away for repair on the day of inspection. All resident activity logs reflected that residents were actively engaged with their community and availed of community walks, drives and structured programmes. Staff used all vehicles to ensure that residents could still adhere to social distancing practices, with no more than three residents in the largest of the vehicles, a minibus.

All residents used few words to communicate. One resident was happy to show the inspector their bedroom. This bedroom was on the first floor and accessible by a stairs and a lift. This resident has recently tripped and the resultant injury involved them using a supportive boot. To prevent the likelihood of additional injury, this resident was temporarily sharing a ground floor bedroom with another resident. Consent to this temporary arrangement was sought of both residents. All residents had a single bedroom allocated to them, since the previous inspection in September 2020. Staff recorded resident's temperatures twice a day and also residents blood oxygen levels once a day, in line with the registered providers infection prevention control policy. Staff temperatures were also recorded twice a shift.

One resident assisted the inspector to interpret their current care plan and goals. This resident enjoyed horses and attended a riding programme. This resident identified both their horse and the instructor by name and told the inspector that their horse was expecting a foal. This resident stated that they loved fashion and new clothes, which staff supported them with. This information was imparted while a staff member was supporting the resident with a blow dry. Another resident had got three hens since the last inspection, which was in line with one of their individual goals set in 2020 / 2021. Fresh eggs were available to all residents and some residents were very interested in the hens and their welfare. This resident had also requested and received an individual television for their bedroom and enjoyed

watching farming programmes.

Residents had been supported through the use of a residents' monthly forum to provide updates regarding the Covid-19 pandemic as well as the continued importance of hand hygiene, mask wearing and social distancing. Records reflected that all residents had been in receipt of a vaccine booster. Some residents were observed donning surgical masks before commencing walks and drives in the local community.

Two staff members had contracted the corona virus in early 2022. One staff member had made a full recovery and had returned to work on the day of inspection. This staff member had completed a back to work form in line with the registered providers infection prevention control policy. The absence of one staff member did not appear to impact on the quality and safety of the supports given to residents on the day of inspection. The staff allocation for the previous three months consistently reflected a minimum of four staff in attendance by day and two staff in attendance at night, which was consistent with the staff resources stated in the registered providers statement of purpose. Staff did indicate that they would have wished to be able to afford more time to support residents with activities of choice. Records reflected that residents with greater physical ability and less complex needs had greater access to the community with one to one staff support.

All residents were seen to be well supported by staff. All engagements were noted to be person centred and respectful. While one resident could vocalise loudly at times looking for coffee, the overall environment was peaceful and quiet. Three visitors attended the designated centre during the course of the inspection. Verbal feedback from visitors assured the inspector that family members were happy with the quality of care and support given to their relatives. This was also consistent with completed questionnaires that families had completed, to inform the registered providers annual review of the service. All visitors temperatures were observed to be taken on arrival and the visitors area was cleaned prior to and after a visit.

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 centre in relation to infection control prevention and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

The inspector noted overall, that the designated centre had good practices and procedures in place to prevent and manage the risk of infection to residents, staff and visitors. It was evident from consultation with residents, visitors, staff and management that significant vigilance had been in place and continued to be applied to ensure a safe environment. Current staff vacancies were in the process of being addressed, however the staff teams diligence, flexibility and commitment to supporting residents had minimised the direct impact to residents and their support

needs. There was evidence of clear governance arrangements for the purposes of infection control. Records reflected good evidence of contingency planning despite risk rated concerns pertaining to staff vacancies. Significant infection prevention training had been done with staff, who now required refresher training. Minor areas for improvement on the day of inspection and noted in this report under Regulation 27 – Protection Against Infection, did not compromise the safety of the service afforded to residents.

The registered provider had clear governance and management structures in place. On the day of inspection there were two senior staff nurses and a care assistant providing direct support to residents. One staff member remained on sick leave due to Covid-19 and the person in charge was on annual leave. A previous absence by the person in charge had been notified to the Health Information and Quality Authority (HIQA) and the designated person participating in management had taken responsibility for the designated centre. Staff rosters indicated that the designated centre was suitably staffed throughout the pandemic and staff numbers rarely were below four staff by day, which was consistent with the statement of purpose. The person participating in management visited the designated centre on a fortnightly basis and staff had direct contact with them by phone. Issues in relation to infection prevention control were currently escalated through the person participating in management and staff had direct contact with the registered providers infection control advisor. Environmental audits and cleaning audits had been completed by the person in charge and actions applied. Suspected and confirmed cases of Covid-19 had been notified to HIQA in line with current regulation and guidance.

An infection prevention control checklist issued by the Health Protection and Surveillance Centre had been completed by the person in charge in October 2021. This clearly recorded residents and staff vaccination status. All had been in receipt of a vaccine booster. Visitors had been advised verbally in relation to the importance of vaccination. Access points to the designated centre were monitored and controlled by staff to ensure all visitors were met on arrival to the designated centre. Records reflected visitors temperature records and contact tracing details. More detailed records were maintained in relation to Covid-19 symptoms and vaccination status at the height of the pandemic and in relation to public health guidance at the time. Visitors had a separate room to meet their relatives in and this room was cleaned prior to and after a visit. Good supplies of PPE and cleaning agents were maintained in the designated centre. Deficiencies in some wall and skirting surfaces had been reported to the registered providers maintenance department and minor painting works were awaited.

The registered provider had a risk register that had been updated to include the risk of Covid-19 and its impact on the service and residents. While the risk of staffing the service had been deemed to be significantly high, the records reflected that staff and management had maintained a consistent service to residents since the previous inspection in September 2020. Contract cleaning hours had ceased since December 2021 and the registered provider had arranged the appointment of a new staff member that was due to commence. A deep clean of the designated centre had recently been completed. No complaints were received in relation to the service provided and visitors on the day of inspection were complimentary in relation to the

care and support that their relatives were in receipt of. All visitors were subject to temperature checks and advised in relation to mask wearing and hand hygiene. All residents had an individual bedroom with an en-suite and a temporary sharing arrangement with two residents had been appropriately risk assessed. Each resident had an individual risk assessment in place to determine the impact of Covid-19 and the infection prevention controls / actions to reduce risk. Each resident had a clear contingency plan in place that outlined how their healthcare needs would be managed and where they would be isolated in the event that they contracted Covid-19. This involved optimising the existing premises over its two floor as well as utilising a separate designated centre purely for the purposes of isolation. Staff on the day, clarified that they elected to wear FFP2 masks to prevent the spread of infection due to the prolonged periods of direct contact involved in supporting residents. Separately, staff were observed to don surgical masks when supporting residents outdoors and in the community, in line with public health advice.

The inspector reviewed all infection prevention control training records. A training matrix for 17 staff was reviewed. The vast majority of staff had undertaken hand hygiene training, breaking the change of infection, an introduction to infection prevention control and food safety. The use of PPE in acute and community settings was also undertaken. There were some gaps in these records and some staff were due refresher training. The designated centre did have three trained hygiene assessors. Records demonstrated that staff were subject to a hand hygiene assessment review every three months. The last assessments had occurred in December 2021 and January 2022. While staff had recorded the date of their last assessment, the records did not reflect the nature of the assessment undertaken nor the name of the assessor. Staff told the inspector that their hand hygiene assessor used a standard checklist but this was not available on the day. Detailed records of hand hygiene assessments, the nature of the assessment and by whom, were on file up to 2017 / 2018.

Quality and safety

The inspector noted that residents and staff had appropriate information and were involved in decisions about preventing, managing and controlling the spread of infection. Routine and enhanced cleaning, as well as audits in relation to infection prevention were undertaken. Outbreaks of infection had been well identified, controlled and reported to HIQA. Residents were engaged in community activities and were supported to attend their family home, as well as receive visitors in line with public health guidance.

A monthly resident forum was used to keep residents apprised of Covid-19 information and general guidelines. There was appropriate IPC information in easy-to-read format available throughout the designated centre. Posters also reflected a reminder to residents and staff to preserve social distancing, as well as the importance of wearing a mask and taking standard precautions. Easy read versions

were available to residents. A two metre stick with Covid 19 logos was available to assist resident's understanding of social distancing. Staff were observed to be wearing appropriate FFP2 masks in line with the registered providers policy, as well as by choice.

Each resident had an assessment called the OK Healthcheck within the last 12 months. Residents had continued to see their general practitioner over the course of the pandemic. Residents' healthcare needs and multidisciplinary visits were recorded. Each resident had an up-to-date hospital passport and contingency plans were available should a resident require isolation or need to relocate from the designated centre. Each resident had records reflecting that their temperature was recorded twice daily and their blood oxygen level measured once a day. This practice remained consistent with the registered provider response to Covid-19 plan, since the start of the pandemic. Only one resident was in receipt of care that required aseptic technique relating to an indwelling urinary catheter. Staff had appropriate knowledge relating to this procedure and the disposal of clinical waste.

Individual care plans had been updated to reflect the impact of the pandemic on goal achievement. Goals had been amended accordingly and had been subject to recent multidisciplinary review. Residents indicated that they had resumed community based activities as well as music and drama. Visits and overnight stays to family had been reinstated after individual risk assessments. Social activities including eating out, horse riding and swimming were supported by staff. Some residents were planning holidays. Visits had continued to be facilitated throughout the pandemic.

Residents said that they enjoyed the food available in the designated centre and were offered choice. Staff gave direct support to some residents at meal times, while others were given supervision from a respectful distance. The kitchen and dining area were maintained to a very high standard, where all food preparation and storage areas were spotless. Staff had undertaken food safety training.

The registered providers infection prevention policy determined that staff hand hygiene competency be assessed by trained assessors, every three months. Attendance to hand hygiene was noted to be good amongst staff. The person in charge had in place a number of regular audits which included an environmental audit, hand hygiene assessments and mattress audits. An assessment of readiness tool, issued by HIQA, to determine preparedness to a Covid-19 outbreak, had been completed within the last 12 weeks.

The premises was observed to be very clean. Cleaning was conducted by staff twice a day and once at night. Cleaning that was signed off on the designated centres enhanced cleaning list, was noted to be well cleaned. Stocks of cleaning agents were well maintained. Staff in discussion with the inspector were knowledgeable in relation to the colour coding applied to the different mops, buckets and single use cleaning cloths for bathroom, kitchen and living areas.

The designated centre had three vehicles that were shared by residents. Two vehicles present on the day, appeared clean and each had a supply of masks and

hand sanitiser stored in them.

Health protection and surveillance centre guidance was available to all staff and noted to be located at the staff sign in area. This information was current and known to staff. Sharing IPC information was recorded in staff meeting minutes, however, staff meetings had not taken place since July 2021.

Regulation 27: Protection against infection

The registered provider ensured that residents who may be at risk of a healthcare associated infection were protected, however, some areas of improvement were identified to ensure that procedures consistent with the standards for the prevention and control of healthcare associated infections were fully adhered to. These included:

- * Staff required refresher training in infection prevention practices, hand hygiene and food preparation and safety. Training records needed to account for gaps in training as well as an accurate recording of assessments undertaken and under whose supervision.

- * Staff meetings had not occurred in the absence of the person in charge. Team safety meetings had not taken place since November 2021. Both meetings were forums for discussing infection prevention controls, sharing information as well as highlighting concerns.

- * Staff were committed to cleaning the premises while awaiting the filling of an existing vacancy since a contracted cleaning service ceased in December 2021.

- * Existing staff vacancies were currently rated as a high risk on the registered providers risk register, that would impact on the implementation of the infection prevention control contingency plan. This risk needed to be reviewed by the senior management team in light of its identification within the annual review dated March 2021, of the quality and safety of services to residents.

- * Some elements of the designated centre required minor repair that was awaited, particularly to walls, skirting boards and window boards.

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 West County Cork 5 OSV-0003315

Inspection ID: MON-0036311

Date of inspection: 23/02/2022

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> <ol style="list-style-type: none"> 1. The Person In Charge will link with the trainers to establish an appropriate time frame for the training to be completed. The PIC will review the training records in place, making changes to reflect the gaps and furthermore, ensuring that accurate recording of assessments are undertaken and maintained. (By 13th May). 2. The Person In Charge will ensure that staff meetings will recommence every quarter and in the absence of the PIC the PPIM will facilitate same. Local Team safety meetings take place every Tuesday morning at handover and minutes are available and shared with Team members not in attendance. In the absence of the PIC, the PPIM shares with the Team the most up to date IPC guidelines when updated, updates are discussed at Tuesday meetings. (completed). 3. The registered providers cleaning contractor’s have ensured that as of week ending 15th April that the Designated Centre will have an assigned cleaner. (By 15th April 2022) 4. The Registered provider will make every effort to ensure that the WTE, qualifications and skill mix is appropriate to the assessed needs of the residents and in line with the SOP. (by 10th June 2022). 5. The registered provider shall ensure that the premises of the designated centre are of sound construction and kept in a good state of repair. Facility manager will be requested to carry out a walk through of WCC 5 with the PIC or designate and agree works that need to be completed. (By 13th May) 	

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
27	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	10/06/2022