



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

## Issued by the Chief Inspector

Name of designated centre:	No.3 Bilberry
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	08 January 2021
Centre ID:	OSV-0005148
Fieldwork ID:	MON-0031587

## About the designated centre

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

No. 3 Bilberry provides residential support for a maximum of four adult residents. It provides support for persons with moderate to severe levels of intellectual disability including those with autism.

The focus of the centre is on understanding and meeting the individual needs of each person living here by creating as homely an environment as possible. Individuals are encouraged to reach their fullest potential by participating in leisure, social and household activities.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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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	10:10hrs to 12:00hrs	Elaine McKeown	Lead

## What residents told us and what inspectors observed

The inspector met with two of the four residents living in this designated centre. In an effort to minimise movement as a result of the COVID-19 pandemic, the inspector was located in the staff office during the inspection.

The two residents were been supported by one staff member in their own sitting room at the time the inspector arrived. The social care leader had explained in advance of the inspection to the residents that the inspector would be coming to visit the centre. The residents were seen to be sitting comfortably in a large sitting room and the inspector observed staff to be familiar with requests made by these residents during the inspection which included requests for refreshments and confirmation of a proposed spin later in the morning when an additional staff member came on duty at midday. Staff also outlined how these residents had been supported over the Christmas period in the house.

One resident had requested to rest in their bedroom on the morning of the inspection. This resident did acknowledge the inspector as they passed in the hallway on one occasion. The staff explained that the resident had been at home for an extended period of time over the Christmas holidays and had only returned to the centre on 4 January 2021.

One resident was self-isolating in their own apartment area since 25 December 2020. Staff could be heard answering the resident's questions during the inspection in a respectful and professional manner. This resident had been scheduled to remain at home with family members for two nights over Christmas but returned to the centre on the 25 December after just one night due to them being identified as a close contact of confirmed cases of COVID 19 in their day service.

The inspector observed a committed staff team working to support the residents and adhering to the current public health guidelines. The staff team worked closely together and were supported by management to maintain familiar supports for the residents during this difficult period. The staff had successfully managed to keep the designated centre COVID free for the previous 10 months and were saddened for the residents whose Christmas plans had been changed at short notice due to the evolving situation in the designated centre.

## Capacity and capability

This risk based inspection was carried out following the receipt of information from

the provider that derogation of staff had been implemented in the designated centre following the confirmation of an outbreak of COVID-19.

The person in charge had provided all requested information to the inspector in advance of the inspection and had ensured all the required documentation for review was easily accessible in the designated centre. Following a review of the correspondence between management and the designated centre once an index case had been identified in one of the provider's day services on the 22 December, it was evident that the person in charge, person participating in management and senior management were actively involved in responding to the rapidly changing situation which developed between the 22 December - 27 December when on that date a decision was made to prepare for the derogation of staff in the designated centre, following the confirmation that the resident had returned a positive test result for COVID-19.

The quick response of staff responding to the changing situation in the designated centre was evident. On the 25 December, the social care leader went to the designated centre to support the staff already rostered on duty during the day and that evening to maintain minimal staffing levels and facilitate the resident's early collection from their family home once it had been determined that they had been identified as a close contact of a confirmed case. Staff wore full personal protective equipment, PPE, when completing this. The resident returned to their own self-contained apartment style dwelling in the centre and was able to self-isolate with staff support in this area without increased risk to the other two residents who were in the centre at the time. Prior to the return of the resident to the designated centre all staff were advised by the person participating in management to support this resident as a positive case until a test could be carried out and result known. Minimal staffing levels were maintained in the designated centre and one resident who had gone to stay with family members on the 24 December 2020 remained in the family home for an extended period until 4 January 2021, following discussion with the family representatives and the person in charge.

The social care leader explained to the inspector that when one resident was identified as been a close contact of a confirmed case in their day service hub, they required support from familiar staff to help reduce their anxieties regarding the sudden change to their Christmas plans. This required staff to provide regular re-assurance to the resident within their apartment area on their return to the designated centre, while adhering to public health guidelines.

Staff spoken to during the inspection outlined how they had been kept informed of the rapidly changing situation by senior managers. They also expressed that while they may have had concerns regarding supporting a resident with COVID -19, the person in charge had provided them with up-to-date information and ongoing support. This included speaking to staff members individually who would be involved in the derogation process and being the central liaison person with the families via phone calls. Staff explained to the inspector the importance in this designated centre of staff being familiar with increasing anxieties and individual behaviours. As minimal staffing was in operation, staff advised the person in charge that they needed to be able to focus on supporting the residents during this period. Staffing

rosters were maintained, with core staff doing extra flexible shifts to support the residents as required. In addition, annual leave was cancelled. Nine staff were involved in the derogation during this outbreak.

Once the resident became a confirmed case on 29 December 2020 the other three residents and eight staff deemed to be close and casual contacts were also tested. On 31 December 2020, one suspected staff who had worked in the centre on 24, 25 and 26 of December 2020 became a confirmed case. A second staff member was confirmed positive on 4 January 2021.

The person participating in management co-ordinated the contact between the manager of the day services from 22 December when the index case was confirmed. Staff in the designated centre were informed of the possibility of one of the residents there being a casual contact. On receipt of more confirmed cases the day services manager informed the person participating in management on the 25 December that the resident was considered a close contact of confirmed cases within their day service hub. In the absence of being able to obtain direct public health advice on the 25 December, the person participating in management contacted the designated centre and the decision was made to bring the resident back to the centre that day.

A video call was held on 27 December with the person in charge, person participating in management and the director of services to discuss the options available to safely maintain staffing levels in this designated centre. Prior to derogation being agreed at this meeting, the option to put the whole staff team on COVID leave was discussed. Regular relief staff familiar with the residents had already been allocated to the roster. The person in charge had exhausted the list of staff who had previously worked in the designated centre. Annual leave had been cancelled. Core staff were covering additional shifts. The staff from the day service or other sectors could not provide additional supports due to staff there already on COVID leave. In addition, the specific communication and assessed needs of the residents required at least one familiar staff to be present in the designated centre at all times. The person participating in management completed the derogation checklist on 27 December. Together with the human resources manager the risk assessment of the staff team was completed on this date also. Derogation of the staff commenced on 27 December under section four of the public health derogation guidance document - Guidance for the derogation for the return to work for health care workers who are essential for critical service, updated on 23 December 2020. All required actions as per this document were completed including the completion of the relevant guidance checklists. The management team actively engaged with public health services throughout this situation. The period of derogation was from the 27 December to 10 January 2021.

## 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 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 found that the staff team and registered provider were focused on ensuring the safety and well-being of the residents in the designated centre throughout this pandemic. The team were aware of the possible impact of sudden changes to planned events could have for the residents.

There was an immediate response by management to this evolving situation in line with public health guidelines. The person participating in management contacted public health on 26 December to arrange testing for the resident. A request for all staff to be tested was made to public health on 27 December. All staff were observed to be wearing full PPE during the inspection, ongoing monitoring of residents and staff was completed and documented. The person in charge spoke daily with staff in the designated centre. The staff carried out an extensive cleaning of the designated centre on 28 December in addition to the regular cleaning of touch points. Additional bins were supplied for the disposable of PPE with signage clearly visible on how to manage these as per the provider's protocols. Staff had access to adequate supplies of the required PPE and all had completed training in hand hygiene. Staff were entering the designated centre via the front and exiting through another route to avoid contact with other staff. The resident in the apartment used their own entrance at all times. Residents were supported to maintain social distancing where possible. The designated centre had two additional communal areas for the remaining three residents as well as the self-contained apartment. The efforts of the staff and the infection control procedures in place resulted in no other residents and staff becoming confirmed cases during the derogation period.

The staff team outlined the assessments completed to facilitate one resident to



access the day services once these services had re-opened in the months prior to Christmas. This was deemed to be an essential part of the supports required for this resident. Prior to the outbreak the staff team had completed a risk assessment for the resident to go home over the Christmas break. On the 24 December another risk assessment was completed by staff for the resident who was deemed to be a casual contact at that time. The staff discussed the situation with the resident's family representatives and the resident had been monitored closely for signs of infection since the 22 December. On their return to the designated centre on 25 December monitoring was completed as per the public health guidelines.

A risk assessment of the staff team was completed by the person participating in management and the human resource manager prior to the derogation of staff; this was completed as one assessment for the team. At the time the provider was actively managing an evolving situation within the service and one team assessment for this designated centre was completed. Staff were informed by the person in charge of the requirements of self-monitoring and reporting daily to their line manager the situation in the designated centre. The inspector discussed the decision to complete one assessment with the director of services over the phone after the inspection. All available staff in the designated centre were determined to be required for the derogation period and it was later confirmed to the inspector that nine staff were involved in the process.

The person in charge had ensured the risk register and individual risk assessments had been updated pertaining to COVID-19. Additional controls were in place which included the allocation of a specific bus for one resident to ensure the safety of the resident and the staff with actions and person responsible clearly identified. It was deemed necessary to continue to provide access to a vehicle to support residents. This was done to assist in reducing anxiety levels for residents and prevent escalation of behaviours in what was a difficult situation.

The person in charge also informed family representatives of the situation within the designated centre. The families of the two residents who had spent time at home were fully informed and appropriate actions were taken regarding testing of any relatives who were deemed contacts.

## Regulation 26: Risk management procedures

The registered provider had systems in place to ensure that risk assessments were in place and reviewed relating to COVID-19 for all residents and included the actions taken to mitigate risks to residents and staff. A risk assessment was also completed for the staff who were derogated.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant