

Framework of Information

DISABILITY RESIDENTIAL CENTRES (ADULTS AND CHILDREN)

1. Data:

Registered providers are required to notify the chief inspector within three days of an outbreak of Covid 19.

Information received from providers to date for disability providers:

NF02 COVID-19 Status	No. of designated centres	No. of Residents	No. of staff	No. of Suspected COVID related Deaths
██████████	█	█	█	█
██████████	█	█	█	█
██████████	█	█	█	█

2. Definition of settings: type; size; accommodation lay out; patient / client cohort (e.g. care of the elderly, disabilities, mental health etc)

Centres for People with Disabilities

There are currently 1,294 registered designated centres providing 8,954 residential places for people with disabilities. However, providers also provide a broad range of other residential services such supporting people to live independently, support to people with disabilities in their family home, shared care and support arrangements that do not meet the designated centre criteria set out in Section 2 of the Health Act 2007, and we do not have information on those services.

Centres are primarily either HSE operated or funded by the HSE through Section 38 and Section 39 of the Health Act 2004.

Community based centres may be configured as stand-alone houses or a group of houses together. Congregated settings have 10 or more residents living in them and may consist of a number of centres on a campus or are large stand-alone premises

[Appendix 1: Disability.](#)

3. **Risk assessment:**

Centres for People with Disabilities

There are a number of risks relating to the management of COVID-19 in residential services for people with disabilities:

- *The risk of infection in congregated settings is increased due to*
 - *Large groups of people living in close proximity.*
 - *Many people living in these situations require significant levels of care and support,*
 - *People living in these centres tend to be elderly*
 - *Often to not understand the importance of personal hygiene and social distancing as a means to manage the infection.*
 - *These centres tend to have large numbers of staff coming on duty which further increases the risk.*
- *Small community houses tend to be based in ordinary houses in the community. Generally, people with disabilities in these centres*
 - *Required care and support in their home and are therefore very vulnerable.*
 - *The houses generally do not have capacity for isolation in the event of infection.*
 - *The services are dependent on smaller groups of staff which may present challenges when it comes to sick leave.*
- *Some providers are large organisations with significant resources that they can deploy to assist with managing the crisis. However, there are also 52 providers who have less than 10 designated centres and who will most likely struggle to deploy additional resources to assist with infection control and response to infection [Appendix 2 Disability – Smaller Providers](#).*

Summary Table

<i>Number of disability centres - Non-compliant with more than 1 of the key regulations</i>

<u>46</u>

Appendix 3 Disability – Non Compliance details the name, number of residents and the specific non complaint regulation which may potentially challenge a service to safely manage residents with Covid 19

The management of an outbreak:

The risks inherent in the management of an actual or suspected outbreak are linked to these key issues:

- *access to infection control advice*
- *access to PPE*
- *isolation and/or controlled cohorting of residents*
- *timely access to testing*
- *timely reporting of result*
- *availability of professional healthcare and support staff*

Poor access to any of these contribute to the inability of a provider to recognise, respond to, staff their centre and contain the spread of Covid 19.

4. **Guidance/Standards:** IPC; testing; visitors; staff; respite and activities

- *Sector has already reduced and /or stopped all visitors*

5. **Preparedness:** IPC training and competence; PPE supply; contingency plans in place for staff

- *Chief Inspector issued a contingency check list (**appendix 4**) to all designated centres on March 24th*

6. **Assurance:** set of KPIs to be reported

- *Inspector of Social Services must contact all designated centres for:*
 - *Disability fortnightly - a series of questions are asked and the response recorded (**appendix 6**).*
- *Mandated notifications¹ - in response to the public emergency on March 12th the Chief inspector reduced the number of mandatory notifications (**appendix 8**)*

¹ Chief inspector suggests it would be beneficial for Reregistered Providers to report suspected Covid 19 cases

7. **Strengthened outbreak control and supports required;** national; regional; local

At a national level consideration should be given to the impact of recent national decisions such as:

- *The lifting of the HSE embargo on employment is attractive for staff working in the disability sector to apply for work.*
- *Providers have anecdotally informed us that the social welfare funding is preventing them from employing people e.g. from the hospitality sector.*
- *It is unclear whether the HSE's 'Be on Call' campaign will facilitate the allocation of healthcare professionals to the residential sectors.*
- *The HSE national disability team have informed us that they are engaging with disability provider umbrella bodies and this programme should be progressed to further achieve a national governance and aligned operational arrangements within the HSE to clearly articulate the national response and support for the residential sector.*

At a regional level disability centres require access to a single point of contact within the HSE ²to a support structure that provides

² The Chief Inspector has offered the HSE an Infection Control Hub in HIQA (staffed by HIQA personnel who know the sector) as a first point of contact for residential centers. This hub would have to have direct contact with e.g. the emergency team leads in each CHO area. *Currently awaiting HSE response*

FYI

The HIQA infection control hub team will offer guidance or advice on the following:

- outbreak preparedness
- outbreak management advice to include ;
 - resident placement
 - cohorting and special measures especially in centres where isolations is not possible
 - Staff cohorting in the management of suspected and infected cases
 - transmission based precautions
 - standard precautions

The team will also support in understanding HSE advice and its applicability to specific centres and general support to providers and staff in designated centre on infection control issues.

- *advice of the action to take if a resident presents with Covid 19*
- *advice to underpin changes in practice*
- *access to PPE, and other items as the need arises*
- *support to staff centres in the event that Covid 19 seriously undermines the local staffing level (may be finance for agency staff or may be redeployed staff)*