



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

## Issued by the Chief Inspector

Name of designated centre:	Hazelwood
Name of provider:	St Michael's House
Address of centre:	Dublin 11
Type of inspection:	Announced
Date of inspection:	15 March 2022
Centre ID:	OSV-0002336
Fieldwork ID:	MON-0036074

## About the designated centre

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

Hazelwood is a residential service for five people, male and female, over 18 years of age with an intellectual disability. The centre is located in Dublin and is a five bedroom house with wheelchair accessible bedrooms and a bathroom. Each resident has their own room and there is a shared kitchen and dining room, two living rooms, a utility room and a large back garden. The house is led by a clinical nurse manager and is staffed by social care workers who are supported by a multidisciplinary team. The house has its own transport and is located in close proximity to public transport and a wide variety of social, recreational, educational and training facilities.

**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 (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
Tuesday 15 March 2022	10:30hrs to 17:20hrs	Louise Renwick	Lead

## What residents told us and what inspectors observed

The inspector visited the designated centre, and took measures to ensure good practice in relation to infection prevention and control, for example by using required personal protective equipment and following the local procedures in place in the designated centre for visitors.

The inspector met one resident living in the centre, who was relaxing in the living room and being supported by staff. The resident appear content and happy, was smiling with staff and was lying on the couch while having a hand massage, something that they enjoyed. Three other residents were home during the inspection, and were in their own bedrooms spending time alone, or resting. Residents were given the opportunity to speak with the inspector during the day, but declined on this occasion.

The four residents living in the centre had been supported by staff to complete questionnaires, which gave their views on the designated centre in relation to the facilities, food and mealtimes, visitors, resident rights and activities, for example. The questionnaires received demonstrated that overall residents were happy with the amount of choice they had in their daily lives and the centre's supports and facilities overall.

All questionnaires expressed that residents were happy that the staff team were easy to talk to, listened to them and knew their likes and dislikes, and that they were happy with the supports they received.

The premises were seen to be well maintained, clean and nicely decorated. The centre was located in a suburb close to transport links and community amenities such as shops, pubs, restaurants and hairdressers. There was space in the garden for parking the centre vehicle, and entrance and exit points were clear and accessible. Residents had their own individual bedrooms in the designated centre, and there were two sitting rooms available for residents to use. The kitchen had been painted, and was bright and clean on the day of inspection. The provider had arranged for the patio area and along the side of the garden to be paved, which made the garden space safely accessible for people to enjoy.

There was an accessible wet room downstairs for residents to use. This room had a bath and ceiling hoist installed, which were not used and no longer required. The person in charge had signage in place to show that these were not for use, and this had been identified on a recent provider audit. There was a bathroom with a shower upstairs in the designated centre, which was kept locked and not in use, as it did not suit the needs of residents. This bathroom had been identified as requiring upgrades. As part of the cleaning schedule, staff flushed the unused shower weekly, however this was not guided by a risk assessment or guiding protocol to ensure the safest practice. Through the provider's audits they had identified and planned other work that was required in some parts of premises. For example, replacing the dining

furniture.

There was adequate personal protective equipment (PPE) readily available in the designated centre, and identified areas for donning and doffing PPE and disposing of same. There were small tables or trolleys available to act as PPE stations in certain parts of the centre, if this was deemed necessary. Hand washing and hand sanitising supplies were available throughout the designated centre.

On the day of inspection, there were two social care workers on duty, and a nurse. While the designated centre was leading a social-care model of care, the person in charge held the role of Clinical Nurse Manager, which offered additional nursing oversight of health care needs for residents. For days when the person in charge was not on duty, or available the provider had ensured a nurse was appointed to work in the designated centre during times of additional need or risk.

The designated centre was seen to be equipped with appropriate equipment to promote fire safety and to manage the risk of fire. There were sufficient fire exits in the building which were clear and unobstructed. Fire containment measures were in place throughout building which were checked regularly, and doors could close automatically in the event of the fire alarm sounding.

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, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

The purpose of this inspection was to inform a decision for the renewal of the centre's registration, and to follow up on areas in need of improvement from the previous inspection in May 2021. Overall, this inspection found improvement in compliance with the regulations since the previous inspection. The provider had completed their actions as outlined in their compliance plan response.

The provider and person in charge demonstrated that they had the capacity and capability to operate the designated centre in a manner that ensured residents were safe, and receiving a good quality service that met their individual and collective needs.

The provider had ensured there was effective leadership and oversight arrangements in place in the designated centre. There was a full-time person in charge, who reported to a services manager, who in turn reported to a Director of Services. Along with a clear management structure for lines of reporting and responsibility, there were effective oversight systems in place. For example, the person in charge reported monthly to the services manager on areas such as adverse events, compliments or complaints or risk areas for residents. Along with

the oversight systems, the provider had completed their unannounced visit to the centre every six months, and completed the annual review, both of which monitored the safety and quality of the care and support being provided.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies and access to a vehicle.

The provider had improved upon the stability of the staff team, by appointing two relief staff employed by the provider to cover long term absences. This had resulted in a reduction of the amount of temporary agency staffing being used in the designated centre, and provided residents with more familiar and consistent staff members to support them. Staff were qualified in social care, and were provided with routine and refresher training to ensure they had the skills required to meet the needs of residents. There was oversight of the training needs of staff, and training needs were identified in advance and planned for. Provider-led audits included reviewing of the training information. While training was well monitored, some staff required refresher training in key areas such as safe administration of medicine and emergency first aid.

Overall, the provider demonstrated the capacity and capability to manage and oversee the management of the designated centre, to ensure residents were receiving a person-centred service that was meeting their needs. With some minor improvements needed in relation to staff training.

## Regulation 15: Staffing

The staffing resources in the designated centre were well managed to suit the needs and number of residents. Residents were afforded with staff support from familiar staff who knew them well.

The person in charge was a clinical nurse manager, and resident had access to additional on-call nursing arrangement, if required, or through their community health team.

Planned leave or absenteeism was mainly covered from within the permanent staff, or familiar relief staff to ensure continuity of care and support for residents. There had been a significant decrease in the use of temporary agency staffing since December 2021.

The person in charge maintained a planned and actual staff roster for the designated centre.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training as part of continuous professional development. There was oversight of the training needs of staff, and arrangements were made to plan for training, as required. A small number of staff required refresher training in emergency first aid and the safe administration of medicine, for example.

The systems as outlined in the provider's policy for the supervision of staff was being implemented in practice, with staff attending regular formal supervision in the designated centre. The person in charge arranged for regular staff team meetings, with set agendas and clear action plans.

Information on the Health Act (2007) as amended, regulations and standards, along with guidance documents on best practice were available in the designated centre.

Judgment: Substantially compliant

## Regulation 23: Governance and management

There was an identified management structure in the designated centre and lines of reporting and escalation. Roles were clear, and the provider had supervision and performance management processes in place.

There had been unannounced visits completed on behalf of the provider on a six month basis, along with an annual review on the quality and safety of care for the previous year. The annual review included the views and comments of residents, families and staff members and identified areas that were done well, and further areas for improvement. Feedback from residents and family members in the annual review were positive overall.

Along with the regulatory requirement for provider review on a six monthly and yearly basis, the provider had additional audit and oversight systems in place to ensure the designated centre was effectively monitored to ensure it was providing good quality care and support.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, adequate premises and facilities and supplies.

Judgment: Compliant



## Regulation 24: Admissions and contract for the provision of services

Since the previous inspection in May 2021 the provider had reviewed and updated their service policy on Admissions, transfers and discharge to include further details on emergency discharge and transfers and the procedure for the admissions, discharge and transfers committee. The statement of purpose had also been updated to include more specific details on discharge criteria to promote transparency.

There was a vacancy at the time of the inspection, and a new admission was being planned slowly, and safely. For example, short visits to the designated centre, building to an overnight stay and the views of existing residents was being sought throughout the process.

Residents had a written agreement outlining the terms and conditions of their residential placement and the arrangements for their care and support, inclusive of any costs or fees.

Judgment: Compliant

## Regulation 3: Statement of purpose

There was a written statement of purpose and function which was found to be a true representation of the services and facilities available in the designated centre. The statement of purpose contained the required information as set out in the regulations.

Judgment: Compliant

## Regulation 34: Complaints procedure

The provider had a complaints procedure and pathway in place in the designated centre, which was understood by residents and was on display in the designated centre.

Residents felt they could raise a complaint with any staff member, and that they would be listened to.

The person in charge maintained a record of any complaints, and there was a review mechanism as part of the written complaints procedure.

Judgment: Compliant

## Quality and safety

This inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred, was very much a part of the local community and offered a comfortable and homely place to live.

Residents had been supported to return to day services and supported employment outside of the designated centre, and to avail of communities amenities and facilities when the national restrictions had eased.

The centre was managed in a way that identified and promoted residents' good health, personal development and well being. Residents' needs were noted and assessed in a comprehensive manner using an assessment tool implemented by the provider. Based on these assessments, personal plans or care plans were written up to outline how each individual need would be met and supported. Residents had information available to them in an accessible format. Residents were encouraged to set goals to aspire to.

The designated centre was found to be clean, tidy, well maintained and nicely decorated. It provided a pleasant, comfortable and homely environment for residents. Each resident had their own bedroom decorated to their tastes and had adequate space and storage for personal belongings. The centre provided bright and spacious communal spaces, individual bedrooms for residents, an adequate number and type of toilet and washing facilities. There were both ground floor and first floor bedrooms available for residents based on their requirements and needs. The designated centre was located close to local amenities and community facilities. There were two sitting rooms available, with televisions and television services in both. There was a large back garden which had accessible pathways and outdoor furniture. Resident questionnaires indicated that they wanted different furniture in the garden, and the provider's audits had identified this too. There were plans to purchase new garden furniture coming into the spring for residents to use, now that the space had been made more accessible for residents to use.

Residents' health and safety was promoted through effective risk management policies and procedures, emergency planning and incident recording and management systems. Residents appeared content and happy in their home, and the designated centre was operated in a way that promoted residents' safety. The service had procedures and practices in place to support the protection and safeguarding of residents from abuse. All staff received training on the protection and safeguarding of residents. There was a designated person responsible for screening safeguarding concerns.

There were strong risk management systems in place to identify, assess and review

environmental and personal risks in the designated centre and to ensure effective control measures were in place. While the systems for the management of risk were good, there was one risk identified on inspection that required review, one environmental risk had not been formally assessed and documented to ensure it could be effectively reviewed in line with the provider's risk oversight arrangements.

The provider had also ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 through formal risk assessments and self assessments. Personal protective equipment (PPE) was available along with hand-washing facilities and hand sanitiser. Staff were observed to be following guidance in relation to PPE. The provider had plans in place to support residents to self-isolate and residents were supported to understand how to protect themselves when out in the community.

### Regulation 13: General welfare and development

Residents were re-engaged with formal day services and meaningful occupation as per their choices and interests. Residents who did not wish to attend their day service placement had their wishes respected. Some residents were engaged in employment.

Residents enjoyed varied activities both outside of the designated centre and at home, for example going out for walks, out for meals, to visit the cinema or to play pool and having a massage and were supported to maintain links with their friends and families.

Judgment: Compliant

### Regulation 17: Premises

The designated centre was designed and laid out to meet the aims and objectives of the service. The provider had made arrangements for the matters in Schedule 6 to be in place. For example, adequate private and communal accommodation, suitable storage, and facilities for residents to launder their own clothes. The designated centre was located in a suburb of Dublin, with access to local amenities and community facilities and transport routes.

The premises were homely and comfortable and nicely decorated. The provider had identified a number of areas that were in need of improvement:

- Upgrading of the upstairs bathroom

- Replacement of the garden furniture

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Residents' safety was promoted through risk management systems in the designated centre. For example, there was a policy in place outlining how risks were identified, assessed, managed and reviewed and the person in charge maintained a risk register of known personal and environmental risks.

Centre specific risks were reviewed by the person in charge monthly, and reviewed with the services manager on a quarterly basis, along with review of incidents and adverse events which may impact on risks.

The provider had written plans in place to follow in the event of an emergency. For example, if there was a flood, or loss of power.

While there were good risk management systems in place, a specific environmental risk in relation to unused bathrooms was not formally assessed with guiding control measures for staff to follow. The practices in the centre were promoting routine flushing of unused water facets, however the risk itself had not been included in the assessment system to ensure regular review and oversight of the effectiveness of controls.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The registered provider had put in place local procedures for the management of the risk of infections in the designated centre, which were guided by public health guidance and national standards. The risk of COVID-19 was assessed and reviewed regularly, and the provider had plans in place to support residents to isolate if they were required to.

There were written procedures specific to the designated centre, if there was a suspected or confirmed case of an infection and how residents would be supported and an outbreak managed if it occurred.

The provider had made arrangements for an Infection Prevention and control (IPC) audits to be completed in the centre by a suitably qualified person. The results of this audits were good overall, and any actions identified had a plan in place to address them. The staff team had access to a nurse in infection prevention and

control to assist them.

Staff were wearing the personal protective equipment (PPE) as required in the latest guidance and there was an adequate supply of PPE stock for the designated centre.

On arrival to the designated centre there was a visitor sign in sheet and measures to check temperature of all people entering the building. There was hand sanitising facilities located around the premises and on immediate arrival into the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

There were fire safety systems in place in the designated centre. For example, a fire detection and alarm system, emergency lighting system, fire containment measures and fire fighting equipment. There was a written plan to follow in the event of a fire or emergency during the day or night, and fire drills had taken place on a routine basis in the designated centre.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider and person in charge had addressed the actions from the previous report in relation to medicine management. Residents now had a capacity and risk assessment completed for self-administration of medicine.

Medicine audits were completed on a monthly basis, along with a review of any medication errors each month.

Staff were trained in the safe administration of medicine.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

There was a system in place to assess and plan for residents' needs and these documents were reviewed regularly. Advice from health and social care professionals was included in the assessment process and the planning for residents' needs. Residents had written personal plans in place outlining the supports they

required.

Residents' wishes and aspirations had been reviewed, and plans put in place to support residents to achieve them.

Judgment: Compliant

### Regulation 6: Health care

Residents were provided with appropriate health care as outlined in their personal plans.

Residents had access to their own general practitioner (GP) along with access to health and social care professionals through referral to the primary care team, or to professionals made available by the provider.

Residents had been supported to avail of national screening programmes, in line with their own wishes and choices.

Judgment: Compliant

### Regulation 8: Protection

The provider had ensured there were policies, procedures in place to identify, report and respond to safeguarding concerns in the designated centre. The person in charge and staff team were aware of their responsibilities in this regard and staff had received training in the protection of vulnerable adults.

Staff had received training in safeguarding vulnerable adults.

The provider had improved their admissions criteria and processes, to promote residents' safety and protection from abuse through assessments of compatibility and consultation with residents when new admissions were occurring.

Residents had intimate care plans to outline the supports they required with personal care, and these were respectful of residents' wishes and preferences.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Hazelwood OSV-0002336

Inspection ID: MON-0036074

Date of inspection: 15/03/2022

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Regulation 16 (1) (A) The Person in Charge and Training Department have devised a training schedule to ensure completion of training identified on day of inspection</p> <p>Regulation 16(1) (A) The Person in Charge has completed a risk assessment for support from centers in the event of additional first aid support.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Regulation 17(1)(b) The Person in Charge had sought funding for replacement garden furniture for the Designated Centre</p> <p>Regulation 17(1)(b) The Registered provider had identified the need for bathroom upgrade and has been listed to the schedule of works for completion</p>	
Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  
Regulation 26 (2) The Person In Charge completed a risk assessment to coincide with the practices implemented by the staff team in line with IPC Management and the prevention of Legionnaires Disease

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/06/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/10/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and	Substantially Compliant	Yellow	15/03/2022

	ongoing review of risk, including a system for responding to emergencies.			
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