



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:	Unannounced
Date of inspection:	15 September 2023
Centre ID:	OSV-0002336
Fieldwork ID:	MON-0036992

About the designated centre

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

Hazelwood is a designated centre operated by St. Michael's House. It provides full-time residential service for up to 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 bedroom and there is a shared kitchen and dining room, two living rooms, a utility room and a large back garden. The house is managed by a person in charge 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:	5
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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
Friday 15 September 2023	10:30hrs to 17:00hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor ongoing regulatory compliance in the designated centre. The person in charge was on leave at the time of the inspection but the service manager and staff on duty were present to facilitate the inspection. Conversations with staff, observations of the quality of care, a walk-around of the premises and a review of documentation were used to inform judgments on compliance with the regulations and standards.

The centre comprised of a large two-storey house located in North Dublin and was located close to many services and amenities, such as shops, pubs, restaurants and hairdressers which were within walking distance and good access to public transport links.

The centre had the capacity for a maximum of five residents, at the time of the inspection there were five residents living in the centre full-time. Upon arrival to the centre, four residents were out of the centre attending day services. One resident was present in the centre and was in bed when the inspector arrived, later in the day they were observed relaxing in the sitting room.

The inspector was shown around the centre by the service manager and staff on duty, both were knowledgeable and familiar with the assessed needs of residents. The centre was observed to be a clean and tidy, warm and comfortable environment. The premises were seen to be well maintained, clean and nicely decorated. There was space in the garden for parking the centre's transport vehicle, and entrance and exit points were accessible and kept clear and uncluttered. There were two sitting rooms available for residents to use. Photo's of residents were on display here alongside certificates of achievement. One sitting room was used as an activity base and contained a storage unit with board games and arts and crafts. There was also a music box and radio in this room as well as a TV for residents use. Doors were observed to remain open throughout the course of the inspection making all communal areas accessible to all residents.

Since the last inspection, the provider had made some home improvements to this centre, which included a bathroom upgrade and a new couch had been ordered to replace one of the ones in the sitting room. Residents had their own individual bedrooms in the designated centre, which were personalised to the resident's tastes with art-work, music and DVD collections, cards and family photos on display.

In the hallway the inspector observed the house floor plans clearly displayed beside the centre's fire evacuation plan. Residents' paintings, artwork and photos of the residents with family members or visitors and engaging in activities such as going on holiday or on day-trips were also displayed in the hallway which gave the house a homely and welcoming aesthetic.

The kitchen had been recently renovated and a notice board on the kitchen wall

contained information on advocacy and assisted decision making in easy-read format. The notice board also contained a visual plan for the week including menu plan and planned activities for each day.

When residents returned from their day services, they each came in to kitchen had tea or coffee and communicated with staff about their day. One resident spoke to the inspector on return from their day service and showed the inspector around their bedroom. Another resident spoke with the inspector about their day and the plans they had for the weekend.

Residents were observed receiving a good quality person-centred service that was meeting their needs. They had choice and control in their daily lives and were supported by a familiar staff team who knew them well and understood their communication styles and behaviour support needs. The inspector saw that staff and resident communications were familiar and kind. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner. Staff were observed to interact warmly with residents. Staff and residents were observed talking and sharing jovial interactions throughout the inspection.

A take-away night was planned for the evening meal and all residents were supported to make their own choice in what they wanted to order. All residents were observed enjoying this meal together in the kitchen.

From speaking with residents and observing their interactions with staff, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose.

Staff spoken with said residents appeared to be happy living in the home. They said they receive lots of supports from wider management and the clinical team particularly regarding the health care needs for one resident. Staff felt they were able to utilise supports when needed and escalate concerns if necessary.

The provider's most recent annual review of the centre had consulted with residents and their representatives. It reported that residents families were happy with the quality of care provided with one saying communication was a strong point and they felt they "were always kept in the loop". Residents views were obtained by staff through key-working, personal plans and house meetings to ensure their voices were heard.

In summary, the inspector found that the residents enjoyed living in the centre and had a good rapport with staff. The residents' overall well-being and welfare was provided to a good standard.

The next two sections of this report will 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 care in the centre.

Capacity and capability

The purpose of this inspection was to monitor levels of compliance with the regulations. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The registered provider had implemented governance and management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their needs and therefore, demonstrated, they had the capacity and capability to provide a good quality service. The centre had a clearly defined management structure, which identified lines of responsibility, authority and accountability.

The centre was managed by a suitably qualified and experienced person in charge who was employed on a full-time basis, with responsibility for this designated centre only.

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 registered provider had implemented management systems to monitor the quality and safety of service provided to residents including annual reviews and six-monthly reports, plus a suite of audits had been carried out in the centre.

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 residents had access to a transport vehicle which was assigned for the centre's use only.

There was a planned and actual roster maintained for the designated centre. Staff rosters were maintained in a clear, legible format and showed the full name of each staff member, their role and their shift allocation.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for the residents. The inspector found that staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. The person in charge provided support and formal supervision to staff working in the centre.

The inspector spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

An up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre.

The person in charge had submitted all required notifications of incidents to the Chief Inspector of Social Services within the expected time frame.

The person in charge was aware of all complaints which were followed up and resolved in a timely manner.

Regulation 14: Persons in charge

The provider had appointed a person in charge for the centre that met the requirements of Regulation 14 in relation to management experience and qualifications.

The person in charge was full-time in their role and had oversight solely of this designated centre which in turn ensured good operational oversight and management of the centre.

There were adequate arrangements for the oversight and operational management of the designated centre at times when the person in charge was or off-duty or absent.

Judgment: Compliant

Regulation 15: Staffing

The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of the residents. The staffing resources in the designated centre were well managed to suit the needs and number of residents. Staffing levels were in line with the centre's statement of purpose and the needs of its residents.

A planned and actual roster was maintained. Vacancies were managed by familiar relief staff to ensure continuity of care and support for residents.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that

adequate training levels were maintained.

All staff had completed or were scheduled to complete mandatory training including fire safety, safeguarding, manual handling, infection prevention and control (IPC), and positive behaviour support.

The provider's six monthly audit monitored and reviewed the provider's own compliance with ensuring all staff received mandatory training and refresher training to maintain their skills.

Supervision records reviewed were in line with organisation policy. The inspector found that staff were receiving regular supervision as appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents.

It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre. The staff team was led by an appropriately qualified and experienced person in charge.

The person in charge reported to a service manager. They also held monthly meetings which reviewed the quality of care in the centre.

A series of audits were in place including monthly local audits and six-monthly unannounced visits. Audits carried out included a six monthly unannounced audit, risk management audit, fire safety, infection prevention and control (IPC), medication management audits and an annual review of quality and safety. Residents, staff and family members were all consulted in the annual review.

These audits identified any areas for service improvement and action plans were derived from these. The inspectors saw that actions were progressed across audits.

A review of monthly staff meetings showed regular discussions on all audit findings.

Judgment: Compliant

Regulation 3: Statement of purpose

An up-to-date statement of purpose was in place which met the requirements of the regulations and schedule 1 and clearly set out the services provided in the centre and the governance and staffing arrangements.

A copy was readily available to the inspector on the day of inspection.

It was also available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time frame.

The inspector reviewed a sample of incident logs during the course of the inspection, and found that they corresponded to the notifications received by the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy in place. There was an up-to-date complaints log and procedure available in the centre. This was in easy-to-read format, with a visual guide on the stages of the complaints process.

The inspector reviewed a sample of these logs and found that complaints were being responded to and managed locally.

The person in charge was aware of all complaints and they were followed up and resolved in a timely manner.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre.

This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality. The inspector found the governance and management systems in place had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored. Residents were receiving appropriate care and support that was individualised and focused on their needs. The provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times.

The designated centre was found to be clean, tidy, well maintained and nicely decorated. It provided a pleasant, comfortable and homely environment for residents. There was sufficient communal space, and a nice garden for residents to enjoy. The premises was meeting the residents' needs, and residents spoken with said they were happy with their home.

There was evidence that the designated centre was operated in a manner which was respectful of all residents' rights.

Residents chose to live their lives in accordance with their will and personal preferences. They were also supported to maintain relationships meaningful to them, for example, with their families. Residents spoken with were happy in the centre, and inspectors found that the service provided to them was safe and of a good quality. Residents were observed engaging in activities together such as mealtimes and going on outings in the community.

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.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was an up-to-date policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. All residents risk assessments were individualised based on their needs and included a falls risk management plan, manual handling assessment, IPC and emergency evacuation plans. There was evidence to demonstrate the risk management policy's implementation in the centre from a review of the risk register, personal risk assessments for residents and incident recording logs. Overall, risks identified in the centre were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and mitigate against risk.

There were suitable care and support arrangements in place to meet residents' assessed needs. A number of residents files were reviewed and it was found that comprehensive assessments of need and support plans were in place for these residents.

There were comprehensive communication plans in place that gave clear guidance and set out how each person communicated their needs and preferences.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences. Residents feeding, eating and drinking support needs had been well assessed.

Positive behaviour support plans were developed for residents where required. The plans were up to date and readily available for staff to follow. Staff had also completed training in positive behaviour support to support them in responding to behaviours of concern.

On review of a sample of residents' medical records, inspectors found that medications were administered as prescribed. Residents' medication was reviewed at regular specified intervals as documented in their personal plans and the practice relating to the ordering; receipt; prescribing; storing; disposal; and administration of medicines was appropriate.

The registered provider had safeguarding policies and procedures in place including guidance to ensure all residents were protected and safeguarded from all forms of abuse.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

Regulation 10: Communication

The inspector saw that residents in this designated centre were supported to communicate in line with their assessed needs and wishes. Some residents' had communication care plans in place which detailed that they required additional support to communicate. The inspector saw that staff were familiar with residents' communication needs and care plans.

Staff were observed to be respectful of the individual communication style and preferences of the residents as detailed in their personal plans and all residents had access to appropriate media including; the Internet and television.

The staff team had recently received Total Communication Training.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to a range of opportunities for recreation and leisure. Residents were supported to engage in learning and development opportunities. Support plans and assessments undertaken supported further development in areas such as personal relationships, community and social development, and emotional development. Resident were supported to maintain and develop personal relationships and friendships.

All residents had day service provision and had access to transport and the community when they wanted.

Residents enjoyed varied activities both outside of the designated centre and at home, for example going out for walks, out for meals, for a drive and were supported to maintain links with their friends and families, including access to a variety of community clubs. For example one resident attended a local knitting group.

Judgment: Compliant

Regulation 17: Premises

The premises was found to be designed and laid out in a manner which met residents' needs. There was adequate private and communal spaces and residents had their own bedrooms, which were being decorated in line with their tastes.

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food which was in line with their assessed needs.

There was evidence that residents were offered a balanced and nutritious diet, and were supported to make choices in meals and snacks.

Where residents needed assistance with making choices of meals and snacks, staff had introduced various methods to ensure that preferences were respected. These included visuals about food choices and healthy options, and visual aids to assist residents in making choices, which were displayed on the kitchen notice board. Inspectors observed that staff had a good knowledge of residents' food preferences and any dietary needs.

Food was safely stored, and there were both healthy snacks and treats available to residents. The kitchen was well-organised and well-stocked with fresh and frozen, nutritious food.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had an effective risk management policy which met the requirements of the Regulations.

A comprehensive risk register was maintained for the designated centre. The risk register accurately reflected the risks in the designated centre. Control measures to mitigate against these risks were proportionate to the level of risk presented.

Risk assessments were individualised and included a falls risk management plan, manual handling assessment, IPC and emergency evacuation plans.

Judgment: Compliant

Regulation 28: Fire precautions

The centre had appropriate and suitable fire management systems in place which included containment measures, fire and smoke detection systems, emergency lighting and fire-fighting equipment.

These were all subject to regular checks and servicing with a fire specialist company and servicing records maintained in the centre.

All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly, which simulated both day and night time conditions.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the ordering, receipt and storage of medicines. There was a system in place for return of out of date medication and a form was stamped by the pharmacy. The medication administration record clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration.

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medications were administered as prescribed. Residents had also been assessed to manage their own medication but no residents were self administering on the day of inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had ensured that there were arrangements in place to meet the needs of each resident.

Comprehensive assessments of need and personal plans were available on each residents files. They were personalised to reflect the needs of the resident including what activities they enjoy and their likes and dislikes.

There were systems in place to routinely assess and plan for residents' health, social and personal needs. Residents had a yearly assessment of their health needs, and in general residents had a yearly meeting with allied health care professionals to review their care and support requirements.

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

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured, where residents required positive behaviour support, appropriate and comprehensive arrangements were in place. Clearly documented de-escalation strategies were incorporated as part of residents' behaviour support planning. All staff had completed positive behaviour support

training.

Restrictive practices in use at time of inspection were deemed to be the least restrictive possible for the least duration possible.

Judgment: Compliant

Regulation 8: Protection

A review of safeguarding arrangements noted, for the most part, residents were protected from the risk of abuse by the provider's implementation of National safeguarding policies and procedures in the centre.

The provider had ensured staff were trained in adult safeguarding policies and procedures.

Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations.

Furthermore safeguarding was discussed regularly at staff meetings and guidance given about what actions to take in the event of a case of suspected abuse.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that the centre was operated in a manner which was respectful of residents' rights..

Residents attended weekly meetings where they discussed activities, menus, the premises, and aspects of the national standards including some of the rights referred to in the standards. In addition to the residents' meetings, they also had individual key worker meetings where they were supported to choose and plan personal goals. Residents rights were further supported by staff who advocated for services on behalf of the residents.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant