Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Hazelwood
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Short Notice Announced
Date of inspection:	24 April 2024
Centre ID:	OSV-0008554
Fieldwork ID:	MON-0041334

About the designated centre

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

This designated centre is located in Co Clare, accessible to community services including educational opportunities and day services. A full time residential service can be provided for up to four adults, male or female, with an intellectual disability. The designated centre is a detached dormer bungalow. All areas on the ground floor are fully wheelchair accessible, with wide door ways and even floor surface throughout. Each resident has their own bedroom, adapted where required to meet the resident's specific mobility needs. There is a kitchen/dining room, sitting room, bathroom/shower room and utility room. The staff office and sleep over room is located on the first floor. Access to the front of the building is facilitated with a ramp and the side access to the garden area is fully accessible to residents. There are large garden areas to both the front and rear of the property. Residents are supported through a social model of care with staff support reflective of the assessed needs of the residents by day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

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 24 April 2024	09:00hrs to 17:00hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This was a short-term inspection completed in the designated centre Hazelwood. This was the first inspection of the centre since becoming operational in August 2023. The residents were currently residing in this centre while renovations were being completed in their home. The centre had been decorated to ensure comfort and assurance for the residents while residing there. This included their county flags on the main window which all residents requested during the transition process.

All residents were supported to maintain their local community links while residing in the centre. While this centre was a distance from their home the person in charge and staff team had ensured supports were in place to support residents to continue to attend their chosen day service and activities. This included a social club which one resident told the inspector about and how they enjoyed the night out there.

At the time of the inspection, one resident was being supported in the general hospital setting. Staff continued to advocate and support the resident during this time. Two residents were attending their day service and were out and about throughout the day of the inspection. Another resident was being supported by staff to prepare for their day on the inspector's arrival.

This resident chatted with the inspector about their day and what they liked to do. They had decided they did not want to attend a day service every day and this was respected and supported by the provider. Staffing had been reviewed and allocated to support the resident during the day. The resident could if they chose attend the day service, which they had done on the day of the inspection.

The resident spoke of residents doing things together in the house, such as the residents enjoying going out for dinner on a Sunday or watching sports on the TV in the living room. They could watch this in their room or together in the living room. This resident chatted with the person in charge and staff present about their satellite and issues they were having with it. The staff reassured the resident that this was being looked into and would be fixed soon. They were reassured of the alternatives that were in place to ensure they continued to get to watch their favourite TV programmes and sports channels. The resident appeared happy with this.

The social night was a big activity for all residents with one resident enjoying having a job on the night of the event. It was always ensured that additional staff were on duty the night of the social to support all residents to attend. This was reflected in the staff rosters reviewed by the inspector during the inspection.

The inspector completed a walk around of the centre. The centre was observed to be clean and homely. Residents had been supported to bring their personal possessions to the centre while building work was being completed in their previous centre. On display in residents’ bedrooms was their participation in advocacy courses

and family photographs. Their county flag was on proud display in the hallway with the resident present proudly showing it to the inspector.

The next two sections of the report present the findings of this inspection about the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered

Capacity and capability

This was a short announced inspection completed within the designated centre Hazelwood. The purpose of the inspection was to monitor compliance to the Health Act 2007. This was the first inspection of the centre since becoming operational in September 2023. The provider had completed the registration process of the centre to support residents to transition from another centre to allow building works to be completed. Residents had been supported by the staff and management team in this transition.

The registered provider had appointed a clear governance structure to oversee the management of the centre. A suitably qualified and experienced person in charge oversaw the day to day operations of the centre. They reported directly to the person participating in management. There was clear evidence of communication with the governance structure through governance meetings. These meetings identified issues which required attention such recruitment, the assessed needs of the residents and organisational changes.

The provider had implemented effective measures to ensure the centre was operated in a safe and effective manner. This included the implementation of a range of monitoring systems such as the annual review of service provision, six monthly unannounced visits to the centre and on-site auditing. Where actions were identified an improvement plan was developed and monitored by the person in charge and governance team.

The registered provider had appointed a suitable skill mix to the centre. No staff vacancies were reported on the day of the inspection which ensured sufficient staffing levels were in place staff to ensure continuity of care. The person in charge had ensured the core staff team were facilitated to attend mandatory training as required. Courses had been identified as mandatory by the provider to support the assessed needs of residents. However, a number of staffing gaps were identified in the area of safeguarding on the day of the inspection. This required further review.

Regulation 14: Persons in charge

The registered provider had ensured the appointment of a suitably qualified and

experienced person in charge of the centre. This individual was full time in their role and maintained effective oversight over the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The person in charge ensured continuity of care for residents through the allocation of regular staff known to residents. The provider completed regular review of staffing to ensure residents were supported in accordance with their assessed needs. For example, one resident chose to retire from their day service, a staffing review was completed and additional staffing was sourced to facilitate the retirement while maintaining activation of the residents choice. The person in charge maintained a planned and actual staff roster to ensure the required support was available for all residents currently residing in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured all staff were facilitated and supported to attend the training deemed mandatory to support the residents currently availing of the service within the centre. This included in such areas as fire safety, manual handling and infection prevention and control. However, upon review of the training matrix in place it was noted seven staff required completion of refresher training in the the area of safeguarding vulnerable adult fro abuse. All staff had been requested to complete training in the area of human rights and this was in progress.

The person in charge was based in the designated centre to informally supervise members of the staff. Formal supervisory meetings were completed on a quarterly basis, as per the provider policy. This included the supervision of all staff who completed duties in the centre.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had ensured the development and ongoing review of the directory of residents. This document contained the relevant information as required under Schedule 3. The person in charge had effective measures in place to ensure

this was regularly reviewed.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured the allocation of a clear governance structure to oversee the operations in the centre. The inspector was provided with evidence of ongoing communication with the governance team to ensure effective oversight was in place of all residents assessed needs.

Through effective monitoring systems oversight was maintained and actions set to ensure any issues were addressed in a timely manner. This included such monitoring as:

- The annual review of service provision, which were last completed in January 2024
- Six monthly unannounced visits to the centre, the most recent being October 2023.
- Infection prevention and control
- Restrictive practices.

Following the completion of all monitoring systems an improvement plan was developed to ensure any actions were addressed in a timely manner. While the centre is operational since September 2023, actions from the centre which the residents transitioned from were reviewed also to ensure a positive impact for residents,

Staff were afforded the opportunity to raise concerns through several platforms including team meetings and informal visits by members of the management team. Each staff also received induction to the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The person in charge ensured the development and review of the statement of purpose for the centre. This document was clearly laid out and included the operations of the centre. The person in charge insured the document was regularly reviewed and any change to the function of the centre documented.

Upon review of the document some minor amendments were required including the use of agency staff and the whole time equivalent staff in the centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider had ensured the development of a complaints procedure to ensure all residents were supported to submit a complaint as they saw fit. This included the appointment of a complaints officer, a complaints pathway and a time frame to approach to complaints.

The inspector reviewed the complaints folder maintained by the person in charge. Within the documentation reviewed there was evidence of adherence to the provider policy, communication with the complainant and where possible satisfaction of the complainant. Should it be required the provider had appointed a third party to investigate a complaint should a resolution not be obtained

Judgment: Compliant

Quality and safety

As stated previously, this was a short-term announced inspection completed within the designated centre in Hazelwood. Through a review of documentation, speaking with a resident and observations throughout the day, the inspector reviewed the quality and safety of the centre and a high level of compliance was evidenced.

Each resident was supported to develop a comprehensive personal plan. These plans incorporated a multi-disciplinary approach to the assessed needs of each resident such as healthcare, communication and personal goals. The desired outcomes were in place and agreed to by each resident. Residents were consulted in the development of all plans including safeguarding plans, healthcare supports and individualised risk assessments.

Each resident had been supported to develop individualised personal goals. These were found to be reflective of the person’s interests and hobbies and were set that were accessible to the resident. Such goals included attending concerts, attending local sporting events and visiting tourist attractions. There was evidence of ongoing participation in these goals. Residents were supported through the risk process to live life as they chose. They were supported to participate in activities in the local and wider community. Several residents attended a local day service of their choice. One resident had chosen to retire and this had been supported.

Residents currently residing in the centre were supported in the area of rights and one resident spoke of how staff supported them to ensure these were met. Through regular resident meetings and staff interactions, residents were consulted in the day-to-day operations of the centre and any changes which were to be implemented.

The registered provider had ensured the development of a policy to guide the practice of the administration of medication. Some areas of good practice included the storage of medication. However, improvements were required to ensure the use of over-the-counter medications was completed in accordance with the provider's policy.

Regulation 13: General welfare and development

All residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. Residents discussed the activities they completed and those they wished to complete in the future. Residents had an awareness of their personal goals.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. Risks were managed and reviewed through a centre-specific risk register and individual risk assessments. At the time of the inspection the provider had identified no high level risk. The risk register outlined the controls in place to mitigate the risk which was regularly reviewed by the person in charge. Such risks addressed within the risk register included:

- Falls,
- Health care concerns
- Infection control and
- Safeguarding.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured there were effective systems in place for fire

safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. fire procedures were reflective of the needs of the residents, for example when a resident had a hearing impairment flashing lights were used to alert to an emergency.

The inspector completed a review of the last five completed fire evacuation drills including the completion of a night time scenario drill. Drills promoted resident awareness of what to do in an emergency. Each resident had a personal evacuation plan in place which appropriately guided the resident and staff in supporting residents to evacuate. Residents spoken with were aware of the evacuation procedures.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had ensured the development of a policy to guide in the practice of medication and medicinal products. Some areas of good practice evidenced in this area included the storage of medication and the residents access to a local pharmacist

However, improvements were required to ensure the use of over-the-counter medications was completed in accordance with the provider policy. For example, it was noted on documentation records that when a resident attended a local pharmacy to purchase an over-the-counter medication there were areas of the form not completed to allow for adequate review. This included:

- The duration for the medication to be administered
- If long term medication was reviewed for potential side effects
- A number fo forms reviewed did not state the pharmacy recommendations.

The inspector reviewed the medication Kardex present in the centre. While these were used to record the administration of the medications a number of short-term medications did not contain the end date of when the medication was to be completed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal files. Each resident had a comprehensive assessment which identified the residents' health, social and personal needs. The assessment informed the residents' personal plans which

guided the staff team in supporting residents with identified needs.

Areas of support were addressed including desired outcomes and required interventions. This included in such areas as communication, mobility and skills promotion.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to safeguard residents. There was evidence that incidents were appropriately reviewed, managed and responded to. The residents were observed to appear comfortable in their home and spoke of feeling safe. Residents were aware of who to speak to if they had a concern or felt unsafe. Staff spoken with, were found to be knowledgeable in relation to their responsibilities in ensuring residents were kept safe at all times.

Within each personal support plan it was addressed in a clear and dignified manner how to support the intimate and personal care needs of residents. Residents were observed by the inspector to be offered these supports by staff in a very respectful way.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge had ensured that the centre was operated in a manner which respected the rights of all individuals. Residents were consulted in the day-to-day operations of the centre through key worker and house meetings. The person in charge ensured residents were provided with up-to-date information pertaining to the centre including the inspection process and what to expect.

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	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hazelwood OSV-0008554

Inspection ID: MON-0041334

Date of inspection: 24/04/2024

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • All staff have completed Safeguarding Adults at Risk of Abuse Training. • The Person in Charge will continue to ensure that staff are facilitated and supported to attend mandatory training. • The Person in Charge will continue to monitor staff training records to ensure that all training is kept up to date. • The designated centre's training records are maintained in the form of a training matrix. • The Person in Charge will continue to complete a Training Needs Assessment form with each staff member at regular intervals, as part of the Support and Supervision process.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: • The Statement of Purpose has been amended to include information related to the use of a panel of relief staff. • The whole time equivalent section of the Statement of Purpose has been amended so that it correctly reflects the whole time equivalent of staff in the centre.	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: • A team meeting was held on 07/06/2024. At the meeting staff were reminded that when over the counter medication is administered the relevant form should be completed in full. Staff were asked to review the medication policy to ensure that they are aware of the procedure for completing forms. • All staff were reminded that, when they are supporting a person at an appointment and an episodic medication is prescribed the doctor should be requested to document the duration of the medication on the episodic kardex. • The Policy for Administration of Medication and the Medication Management Process will remain an agenda item for team meetings within the designated centre.	

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	24/06/2024
Regulation 29(3)	The person in charge shall ensure that, where a pharmacist provides a record of a medication-related intervention in respect of a resident, such record is kept in a safe and accessible place in the designated centre.	Substantially Compliant	Yellow	24/06/2024
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable	Substantially Compliant	Yellow	24/06/2024

	practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	24/06/2024