



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:	08 January 2025
Centre ID:	OSV-0002336
Fieldwork ID:	MON-0036990

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
Wednesday 8 January 2025	09:30hrs to 16:45hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of the designated centre, Hazelwood. The inspection was carried out in response to the provider's application to renew the registration of the designated centre.

The inspector used observations and discussions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life. The inspector found that this centre was meeting the requirements of the Regulations in all areas looked at and was, in many instances, going beyond the requirements of the Regulations to meet the National Standards.

The centre comprised of a large two-storey house located in North Dublin. The centre was located close to many services and amenities, which were within walking distance and good access to public transport links. The centre was registered to accommodate five residents.

The person in charge, service manager and staff described the quality and safety of the service provided in the centre as being very personalised to the residents' individual needs and wishes. They all spoke about the high standard of care all residents receive. Throughout the inspection, residents were seen to be at ease and comfortable in the company of staff. It was clear during the inspection that there was a good rapport between residents and staff.

The inspector observed residents coming and going from their home during the day, attending day services and making plans for the evening.

All residents were aware of the inspection visit and were supported to meet with and talk to the inspector. The inspector met four residents on the day of the inspection. Two residents came to talk to the inspector and both said that they were happy living in the centre, with one telling the inspector he had recently enjoyed a holiday to Galway. The other resident spoke about his trip to Funderland, which he had just returned from. They both showed the inspector their respective bedrooms and appeared proud of them.

In advance of the inspection, residents had also completed Health Information Quality Authority (HIQA) surveys, with support from staff. These surveys sought information and residents' feedback about what it was like to live in this designated centre. The feedback in the surveys was very positive, and indicated satisfaction with the service provided to them in the centre, including the premises, meals, and staff, and also noted that residents felt safe and were able to make choices and decisions in their lives.

One of the residents accompanied the inspector on a walk around of the premises. 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. In the hallway the inspector observed the house floor plans clearly displayed beside the centre's fire evacuation plan.

There were two sitting rooms available for residents to use. The kitchen/dining area was main hub of activity in the house. When residents returned from being out and about they each came in to kitchen had tea or coffee and communicated with staff about their day.

Residents' bedrooms were nicely decorated in line with their preferences and wishes, and the inspector observed the rooms to include family photographs, and memorabilia that was important to each resident.

Overall, from what the inspector was told and observed during the inspection, it was clear that residents had active and rich lives, and received a good quality service. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. 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. Overall, the inspector found that there were effective leadership systems in place which were ensuring that residents were in receipt of good quality and safe care.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. The person in charge was full-time and supported in the management of the centre by a service manager. The person in charge reported to a service manager and Director, and there were effective systems for the management team to communicate and escalate any issues.

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.

There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift

allocation. From a review of the rosters there were sufficient staff with the required skills and experience to meet the assessed needs of residents available. 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.

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.

Records set out in the schedules of the regulations were made available to the inspector on the day of inspection. When reviewed by the inspector these were found to be accurate and up to date including an accurate and current directory of residents, residents guide and complaints log.

Furthermore, 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 at this time.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for residents in a prominent place in the centre.

Overall, the inspector found that systems and arrangements were in place to ensure that residents received care and support that was person-centred and of good quality.

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.

The person in charge demonstrated a comprehensive understanding of the service needs and of the residents' needs and preferences.

The inspector saw that there were systems in place to support the person in charge in fulfilling their regulatory responsibilities.

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 staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs.

The inspector reviewed actual and planned rosters at the centre for November and December 2024 and the current January 2025 roster. The person in charge maintained a planned and actual staff rota which was clearly documented and contained all the required information.

Staffing levels were in line with the centre's statement of purpose and the needs of its residents. Residents were in receipt of support from a stable and consistent staff team.

The inspector observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs. Residents spoke positively of the support that they received from staff.

The registered provider had ensured that they had obtained, in respect of all staff, the information and documents specified on Schedule 2 of the Health Act 2007. A sample of which had been requested by the inspector who reviewed two staff records on the day of the inspection and found them to be accurate and in order.

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.

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

All staff were up to date in training in required areas such as safeguarding vulnerable adults, infection prevention and control, manual handling and fire safety. Furthermore, staff were in receipt of risk assessment training and positive behaviour support.

Additional bespoke training in mental health had been provided to the staff team in relation to some of the residents changing needs. This was further enhancing the quality of care being delivered to residents.

Staff had also completed human rights training to further promote the delivery of a human rights-based service in the centre.

Judgment: Compliant

Regulation 19: Directory of residents

A current and up-to-date directory of residents was available in the designated centre and included all the required information specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured the records of information and documents pertaining to staff members as specified in Schedule 2 was correct and in order.

Similarly, the sample of records viewed pertaining to Schedule 3 and 4 were correct and in order and were made available to the inspector upon request including the designated centre's statement of purpose, residents' guide, fire safety log (including a record of drills and the testing of equipment) and a record of all complaints made by residents or their representatives or staff concerning the operation of the centre.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted a copy of their insurance along with their application to renew the centre's certificate of registration. The inspector saw that the provider had in place a contract of insurance against injury to residents and damage to the premises of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place with clear lines of accountability. 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 person in charge reported to a service manager, who in turn reported to the director of services. Management systems were in place to ensure that the service provided was appropriate to the needs of the residents and effectively monitored. The provider had appropriate resources in place including equipment, staff training and transport arrangements in place in the centre. The staffing resources in the designated centre were well managed to suit the needs and number of residents.

Local governance was found to operate to a good standard in this centre. Good quality monitoring and auditing systems were in place. The person in charge demonstrated good awareness of key areas and had checks in place to ensure the provision of service delivered to residents was of a good standard. The provider also had in place a suite of audits, which included; medication, infection prevention and control and health and safety checklists.

Regular staff meetings were held, and a record was kept of the discussions and required actions. The presence of the person in charge in the centre provided all staff with opportunities for management supervision and support. An annual review and unannounced visits to monitor the safety and quality of care and support provided in the centre had been completed, as required by the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed on inspection and was found to meet 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 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 and accessible to all.

The inspector reviewed the complaints log 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 living in the designated centre. The inspector found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

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.

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 decorated in line with their tastes.

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

Residents' health care needs were well assessed, and appropriate health care was made available to each resident. Residents had access to a general practitioner and a wide range of allied health care services.

The registered provider had ensured that residents were free to receive visitors to their home in accordance with each resident's wishes

There were appropriate fire safety measures in place, including fire and smoke detection systems and fire fighting equipment. The fire panel was addressable and there was guidance displayed beside it on the different fire zones in the centre. The inspector observed the fire doors to close properly when released.

A residents' guide was available in the designated centre. The residents' guide was

reviewed on the day of inspection and was found to contain all of the information as required by Regulation 20.

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.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar with the procedure for reporting any concerns, and safeguarding plans had been prepared with measures to safeguard residents.

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

Regulation 11: Visits

The inspector saw that there were supports in place to assist residents to develop and maintain links with their friends and family.

There were no visiting restrictions in the centre. Residents were free to receive visitors in line with their wishes.

There was a visitors policy displayed on the wall in the hall and visiting arrangements were outlined in the designated centre's statement of purpose and function, which was readily available to residents and their representatives.

Additionally, there was adequate private space in the centre for residents to receive visitors.

Judgment: Compliant

Regulation 17: Premises

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

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably

decorated.

The inspector saw that upstairs bathrooms required upkeep in relation to the flooring. However, there were two other bathrooms available and accessible to residents and suitable to their assessed needs.

The centre had also been adapted to meet the individual needs of residents ensuring that they had appropriate space that upheld their dignity and improved their quality of life within the designated centre.

The providers most recent six monthly had identified the need for the downstairs bathroom to be made more accessible for one resident, a grant had been sent to the relevant local authority and an occupational therapy assessment submitted.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide which had been made accessible and contained information relating to the service. This information included the facilities available in the centre, the terms and conditions of residency, information on the running of the centre and the complaints procedure.

It was evident that there was regular residents' meetings occurring weekly within the centre. The inspector reviewed four of the residents meetings minutes which demonstrated that residents were given the opportunity to express their views and preferences and were provided with information relating to the running of their centre, their rights, facilities available and how to access additional supports should they be dissatisfied with any aspect of their care and support.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment.

There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements. The exit doors were easily opened to aid a prompt evacuation, and the fire doors closed properly when the fire alarm activated.

Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist

company.

The inspector reviewed fire safety records, including fire drill details and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

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.

Two residents' files were reviewed and it was found that comprehensive assessments of need and support plans were in place for these residents.

Care plans were derived from these assessments of need. Care plans were comprehensive and were written in person-centred language. Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met.

Support plans included communication needs, social and emotional well being, safety, health and rights.

Judgment: Compliant

Regulation 6: Health care

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

Individual health plans, health promotion and dietary assessments and plans were in place. A review of residents files demonstrated that residents had access to a range of allied health care professionals. These professionals included psychologists, physiotherapists, occupational therapists, general practitioners and speech and language therapists and hospital consultants in accordance with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that where residents required behavioural support, suitable arrangements were in place to provide them with this. The inspector reviewed two of the resident's positive behaviour support plans and found that they clearly documented both proactive and reactive strategies.

Clearly documented de-escalation strategies were incorporated as part of residents' behaviour support planning with accompanying well-being and mental health support plans.

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

Restrictive practices were regularly reviewed with clinical guidance and risk assessed to use the least restrictive option possible.

Judgment: Compliant

Regulation 8: Protection

The registered provider had implemented systems, underpinned by written policies and procedures, to safeguard residents from abuse. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit.

Safeguarding plans were reviewed regularly in line with organisational policy. Formal and interim safeguarding plans were implemented and were supported by risk assessments. The control measures to protect residents from abuse were seen to be proportionate, person-centred and mindful of the residents' rights and wishes.

Staff spoken to on the day of inspection reported they had no current safeguarding concerns and training in safeguarding vulnerable adults had been completed by all staff.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant