



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

## Issued by the Chief Inspector

Name of designated centre:	Hazelwood
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	09 February 2024
Centre ID:	OSV-0003321
Fieldwork ID:	MON-0033480

## 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 which provides residential services on a campus based setting in County Mayo. The centre supports residents who have an intellectual disability and who may also have complex medical needs and reduced mobility. This centre can accommodate eight male and female adults and the service is closed to any further admissions apart from residents who may be currently residing on the campus. There is 24 hour nursing care offered in this centre and residents are also supported by health care assistants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	6
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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 9 February 2024	09:45hrs to 17:00hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. The inspection also formed part of the registration renewal process for the centre. As part of this inspection, the inspector met with residents who lived in the centre and observed how they lived. The inspector also met with the person in charge, the management team and staff on duty, and viewed a range of documentation and processes.

The residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported to achieve best possible health, and were involved in activities that they enjoyed. The person in charge and staff were very focused on ensuring that a person-centred service was delivered to these residents.

Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents. Staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed, offering meals and refreshments to suit their needs and preferences, and going out in the community. Throughout the inspection, all residents were seen to be at ease and comfortable in the company of staff, and were relaxed and happy in their homes.

The inspector met with residents who were present in the centre during the inspection. Residents living in Hazelwood required support with communication. Residents did not communicate verbally, or chose not to engage with the inspector. Therefore, the inspector did not get to hear their views about living in the centre. However, residents were observed to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre.

It was evident that residents were involved in how they lived their lives. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, and by observation, and this information was used for personalised activity planning. The personal planning process also worked with residents to develop long and short term goals that were meaningful to them. Some of the activities that residents enjoyed, and were involved in, included bowling, shopping, cinema, visiting and socialising with family and friends, entertainment events and having outings to places of interest such as the aquarium in Galway. Some residents enjoyed going out for meals and this was happening. For example, a resident had been for afternoon tea in a restaurant and was experimenting with different food cultures in restaurants and was enjoying discovering new tastes.

Hazelwood was located on a campus setting on the edge of a rural town and had good access to a wide range of facilities and amenities. The centre consisted of two neighbouring self-contained bungalows and provided a full-time residential service for up to eight people. Each bungalow had a spacious sitting room, a well-equipped

kitchen and dining area, an office and laundry facilities, as well as additional communal spaces where residents could spend time alone whenever they chose to. All residents had their own bedrooms and an adequate number of bathroom facilities were provided. The centre to be clean and well-maintained, and provided residents with a comfortable living environment. Residents in these houses were involved in a decongregation plan and were moving to community houses in the local areas on a phased basis.

It was clear from observation in the centre, conversations with residents and staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community.

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

## Capacity and capability

There were good systems in place to ensure that this centre was well managed, that a good quality and safe service was provided to residents who lived there, and that residents' care and support was delivered to a high standard.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge who worked closely with staff and with the wider management team. Arrangements were in place to support staff when the person in charge was not on duty. There were also arrangements to manage the centre when the person in charge was absent and these were in place and effective during this inspection. The person who covered the absence of the person in charge was well qualified and experienced and was very knowledgeable regarding the care and support needs of each resident.

The provider ensured that the service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided. These included ongoing audits of the service in line with the centre's audit plan, and six-monthly unannounced audits by the provider. These audits showed a high level of compliance and any identified actions had been addressed as planned. A review of the quality and safety of care and support of residents was being carried out annually.

The management team were very clear about notification of certain events to the Chief Inspector of Social Services, including quarterly notifications, and notifications relating to certain absences of the person in charge. Clear records of incidents which

occurred in the centre were kept, and notifications were submitted as required.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, dedicated transport for each house, access to Wi-Fi, television, and sufficient numbers of suitably trained staff to support residents' preferences and assessed needs. The centre was also suitably insured.

Documents required by the regulations were kept in the centre and were available to view. Documents viewed during the inspection included personal planning records, directory of residents, audits, staff training records and service agreements. There was also a statement of purpose which gave a clear description of the service and met the requirements of the regulations.

#### Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector as required.

Judgment: Compliant

#### Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience.

Judgment: Compliant

#### Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support and safeguarding. Staff had also attended other training relevant to their roles.

Judgment: Compliant

#### Regulation 19: Directory of residents

There was a directory of residents which included the required information relating to each resident who lived in the centre.

Judgment: Compliant

### Regulation 21: Records

This regulation was not examined in full on this occasion, although a wide range of documentation and records were viewed throughout the inspection. The sample of records viewed were maintained in a clear and orderly fashion, and were up to date.

Judgment: Compliant

### Regulation 22: Insurance

There was a current insurance policy in effect for the service.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations, and was being reviewed annually by the person in charge.

Judgment: Compliant



### Regulation 30: Volunteers

The provider did not use volunteers in their services.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge and management team were aware of the requirement to make notifications of certain adverse incidents, including quarterly returns, to the Chief Inspector within specified time frames. A review of accident and incident records indicated that these notifications had been made appropriately.

Judgment: Compliant

### Regulation 32: Notification of periods when the person in charge is absent

The provider was aware of the requirement to notify the Chief Inspector of absence of a person in charge, and suitable notification had been made as required when these events had previously occurred.

Judgment: Compliant

### Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider was aware of the requirement to notify the Chief Inspector of the procedures and arrangements that would be in place for the management of the centre in the absence of the person in charge. This information had been supplied in respect of an absence of the person in charge and suitable deputising arrangements had been implemented.

Judgment: Compliant

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

Judgment: Compliant

## Quality and safety

There was a high level of compliance with regulations relating to the quality and safety of care, and the provider had ensured that residents received a good level of person-centred care.

The management team and staff in this service were very focused on maximising the independence, community involvement and general welfare of residents who lived there. The inspector found that residents received person centred care and support that allowed them to enjoy activities and lifestyles of their choice.

Residents' personal, health and social care needs and goals were agreed at annual meetings and plans to achieve their assessed needs had been developed. The goals that had been identified for residents were appropriate for each individual, and there were clear plans as to how these goals would be achieved.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of health care. Nursing staff were based in the centre, and were involved in the ongoing assessment of residents' health needs. All residents had access to a general practitioner and were supported to attend annual medical checks. Other healthcare services available to residents included psychiatry, psychology and behaviour support therapy which were supplied directly by the provider. Reports and information from healthcare professionals were available to guide staff in the delivery of appropriate care. Staff supported residents to achieve good health through ongoing monitoring of healthcare issues, and encouragement to lead healthy lifestyles and take exercise. Residents were also supported to avail of national health screening programmes.

Residents' nutritional needs were well met. Nutritional assessments were being carried out and suitable foods were made available to meet residents' assessed needs and preferences. There was also an up-to-date policy to guide practice, residents' weights were being monitored and a speech and language therapist was available to assess and review residents' support needs .

The centre suited the needs of residents, and was comfortable, well decorated and suitably furnished. All residents had their own bedrooms which were decorated to residents' liking. The centre was maintained in a clean and hygienic condition throughout. The person in charge and staff had been working to improve residents' quality of life and community integration and considerable work had been carried out to achieve this. There was also an ongoing plan for residents to transfer to community houses. This was being achieved on a phased basis and some residents had already moved from the centre, while plans for others were progressing as planned.

An individualised home-based service was provided to meet residents' needs and preferences. Throughout the inspection, the inspector found that residents' needs were supported by staff in a person-centred way. The inspector observed that staff supported residents to do things that they enjoyed both in the centre, and in the community. Residents were involved in a range of activities such as shopping, going to the barber or hairdresser, day trips, attending religious services, and going to entertainment events. Residents also enjoyed contact with family and friends, and this was supported both in the centre and elsewhere in line with residents' preferences.

The provider had systems in place to safeguard residents from risk and harm. These included risk identification and management, development of individualised risk profiles, and maintenance of a safe environment. There were also measures to safeguard residents from harm. These included safeguarding training for all staff, access to a designated safeguarding officer, development of intimate care plans, and a policy to guide staff.

Residents had good access to information relating to the service and information relating to their safety and rights such as safeguarding, fire safety and advocacy. This information was supplied to residents in appropriate easy-to-read formats. The provider had also ensured that residents were supported and assisted to communicate in accordance with their needs.

### Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes. There was an up-to-date policy to guide practice.

Judgment: Compliant

### Regulation 11: Visits

Residents could receive visitors in accordance with their own wishes, and there was sufficient room in the centre for residents to meet with visitors in private. Furthermore, residents were supported to meet with, and visit, family and friends in other places.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was well maintained, clean, comfortable, spacious and suitably decorated.

Judgment: Compliant

### Regulation 18: Food and nutrition

The resident's nutritional needs were being supported. Suitable foods were provided to cater for residents' assessed needs and preferences.

Judgment: Compliant

### Regulation 20: Information for residents

Information was provided to residents. This included information in user friendly format, that was relevant to residents. There was also an informative residents' guide that met the requirements of the regulations.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

There were arrangements in place to ensure that where a resident was temporarily absent from the designated centre that the hospital or other place was supplied with relevant information about the resident, including infection status. All such absences were being recorded.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed, and there was a risk management policy to guide practice.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs. A sample of person planning records viewed were up to date and informative.

Judgment: Compliant

### Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, medical consultants and national screening programmes. Access to healthcare professionals were arranged as required. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

### Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm. These measures included staff training, an up-to-date policy to guide staff, development of intimate care plans for each resident, and access to a safeguarding process.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	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 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant