



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

Issued by the Chief Inspector

Name of designated centre:	Hazelwood Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	18 May 2023
Centre ID:	OSV-0004938
Fieldwork ID:	MON-0033822

About the designated centre

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

Hazelwood services provides full-time residential care and support to adults with a disability. Hazelwood services provides services to adults with a primary diagnosis of a moderate to severe intellectual disability as well as additional needs such as a physical and sensory disability, mental health needs, communication difficulties and behaviours that challenge. The service is located in a rural setting close to a local town. Due to the rural location of the centre, a vehicle is provided to enable residents to access local amenities such as shops, cafes and leisure facilities in the surrounding area. Hazelwood services comprises of two buildings which are next door to each other and a third separate building approx three minutes away. The first two buildings contain a single bedded self-contained apartment which is adjacent to a two-storey house containing two single rooms and communal kitchen and sitting room. Both premises have access to a communal garden. The residents at Hazelwood services is supported by a staff team which includes both nursing and care staff. Two staff support the residents during the day, evenings and at weekends.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
------------------------------------------------	---

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
Thursday 18 May 2023	11:00hrs to 18:00hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor continued regulatory compliance. The inspector completed hand hygiene and the staff member on duty completed the required identification and sign in check.

On arrival at the centre the inspector met with the staff member on duty and the person in charge. The residents in the first building had their own individualised apartments and a one-to-one staff member.

The inspector met with each resident and although some were unable to fully verbalise their opinions, it was apparent from their demeanour that they were content and relaxed in their environment and in the company of staff. The inspector explained their role to the residents and why they had visited. The residents were out and about during the morning on various activities and appointments and all seemed to have full and active lives. One resident happily showed the inspector several photo books of the residents on their holidays in Connemara, Killarney and Dublin and they seemed to be really enjoying themselves.

One of the buildings in the designated centre was undergoing extensive renovations and no residents resided there, however; there were two residents due to move in once the building was complete. The person in charge had already started the process of developing a transition support plan for these two residents to support their transition. The inspector had a walk around the building and fire doors had been fitted throughout the building and the occupational therapist was supporting the person in charge with the design to ensure that it fully met the needs of the residents and was very person centred.

The inspector returned to the first building and had pleasant interactions with the residents during the afternoon. The inspector enquired what the residents opinions were in regards to their care and support and received positive responses including smiles, gestures which indicated satisfaction and some positive verbal responses.

Resident bedrooms and apartments were very individualised with personal items and choice of colour, and it was evident that the residents were involved in the running of the centre. Their apartments had televisions and radios and residents had electronic tablets and had access to the Internet. Residents in this centre were encouraged to have visits from family and friends and there were photos of family gatherings and outings and holidays with friends.

The residents were noted to be very relaxed in the centre and enjoyed the company of staff who were very kind to them and treated them with respect. There were very positive interactions with staff noted and it was evident that staff and residents had a good relationship. There was a regular staff team in place who were very familiar with the residents' needs, and this was obvious in the method and manner of communication they used, in which to support residents. Residents enjoyed TV,

shopping, eating out, going to vintage rallies, going to buy the paper and reading it with a cup of tea, getting out for their activities and trips and also enjoyed listening to music.

The apartments were warm and homely and each resident had their own space and had decorated it to their taste, with personal belongings and photographs etc.

The inspector observed that, overall, the residents' rights were being upheld in this centre and the residents were involved in the running of the centre. Residents were encouraged to make decisions about their care and were offered support where it was required.

In summary, the inspector found that residents enjoyed a full and active life and were consulted regarding the running of the centre. Each resident's well being was maintained to a high standard and the residents were happy and content in their home.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This centre had good governance and management systems in place which ensured that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

The person in charge of the centre was full-time in the role and had the required qualifications, skills and experience necessary to effectively manage the designated centre. They had clear responsibility for the running of the centre and ensured that a good standard of care and support was provided to the residents. Staff were clear as to the roles within the centre, the reporting structures in place and knew who they could escalate matters to, if required.

The inspector reviewed the actual and planned rota which indicated continuity of care from a core staff team. The number of staff and the skill mix on the day of inspection were in line with the assessed needs of the residents. Staff with whom the inspector met with, were fully aware of the needs of the residents and were observed to meet those needs effectively during the inspection.

The inspector reviewed the training record and noted that all staff had received the mandatory training. They informed the inspector that they had received training in safeguarding of vulnerable adults, fire precautions, infection prevention and control and medication management. The training record indicated that all the mandatory

trainings had been completed by the staff team.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations. The provider also ensured there was signed contract of care in place for each resident which outlined the services available, and a directory of residents indicated the date residents came into the centre.

The provider had completed two unannounced audits of the service in 2022 and an annual review of the care and support provided to the residents. The audits completed had an action plan to improve quality of care and support in the centre. The audit reviewed, training, staffing, quality and safety, safeguarding and a review of adverse events or incidents. As part of service user consultation residents were asked their opinions of the care and support provided in the centre. One person supported said they 'loved living there' while another said they 'liked getting out on trips and holidays'. Family members were sent questionnaires and three out of four were returned, all three stated they were happy with the service, one said 'staff are so welcoming and warm to us', 'it's a credit to the organisation', 'level of care has been fantastic especially during the transition process'.

In areas highlighted for improvements it was noted that one action was to implement the new activities visual board and menu board to ensure people supported participated in meaningful activities that are person centered and also ensure staff are trained in mandatory trainings. These action was complete on the day of inspection. The renovations to the new building were also meant to be completed, but there were delays in materials arriving, however; there was a time frame for completion now in place.

The inspector reviewed notifications on the day of inspection and found that the person in charge had notified HIQA of all incidents that had occurred and also provided a written report to the chief inspector at the end of each quarter of any restrictive practice or injury to residents.

Regulation 14: Persons in charge

The person in charge was full time in the centre and had the necessary qualifications and experience for the role, there was clearly identified roles and responsibilities. The person in charge had good oversight and monitoring of the centre and was effective in the role. The staff team were familiar with the reporting structures in the centre and who to escalate matters to.

Judgment: Compliant

Regulation 15: Staffing

There was an actual and planned rota in place and it indicated that there was continuity of care from a regular staff team. The staff numbers and skill mix were in line with the assessed needs of the residents and the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

On review of the staff training matrix it was noted that all staff were trained in the mandatory required trainings. The staff had completed online training in infection prevention and control. Staff informed the inspector that they had also received training in specialist areas such as skin integrity and feeding, eating and swallowing.

Judgment: Compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents in the centre which included the information specified in paragraph (3) of Schedule 3. It included the date the resident came to reside in the centre and where they resided previously.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place in the centre to ensure a safe service was provided and which met the individual needs of each resident. An annual review of the centre was completed in 2023 for the year 2022 and the centre also had two unannounced visits in 2022.

As part of the review, the manager sought the views of family members, there were no issues highlighted by family members and there were several compliments logged.

Areas for improvement on the action plan were to ensure staff were up to date in training and implement the new activities visual board and menu board and these were complete on the day of inspection.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had contracts of care in place for each resident, which were signed by the residents or a family advocate. The contracts included the terms on which the resident would reside in the centre and the support, care and welfare of the resident in the centre and details of the services to be provided for that resident and the fees to be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations. It was reviewed regularly and was available to the inspector when requested.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to make notifications of adverse events, including quarterly notifications, to the chief inspector, and these had been submitted in accordance with the guidance.

Judgment: Compliant

Quality and safety

Overall the quality of care and support provided in the centre was to a high standard. The care provided was very person centred and residents had an active social life with meaningful activities in their day. The resident were involved in the running of the centre and their rights were respected.

The apartments were clean and maintained to a good standard both internally and externally. Residents' apartments were warm and homely and personalised with

residents' belongings. There was some upgrade work due to the kitchen and utility area, this had been costed and a plan in place, the inspector saw the drawings and emails and the work was due to start within a week of the inspection. The building undergoing the renovations had no residents residing there and was due for completion in the summer. The inspector was shown evidence of the plan the provider wished to achieve and once completed the house would be very suitable to meet the needs of two new residents.

The residents had meaningful and active lives, all residents were out and about on the day of inspection or engaged in activities they enjoyed and chose themselves. There was an assessment of need completed for each resident coming into the centre and it was reviewed annually or as required thereafter. A personal plan was developed and this was reflective of the needs of the residents.

Residents had access to information regarding advocacy, complaints and how to escalate issues of concern to them.

One resident had recently transitioned to the centre on a part time basis and an effective transition support plan which indicated that the resident was respected and valued and their opinion sought as to where they would like to live and with whom. The resident successfully transitioned and were very happy in their new home and were very positive regarding the support they received.

The centre had a good infection prevention and control system in place. There were good infection, prevention and control systems in place including good laundry management and coloured mop system. All staff were trained in IPC and there was a policy in place also.

The centre had a very good fire management system in place. The staff team were trained in fire precautions and the residents all had personal egress plans in place. The centre had fire retardant materials and the fire equipment was serviced regularly. The person in charge had ensured staff completed fire drills regularly, these indicated that residents could be evacuated in a safe time period.

There was a good medication management system in place and good practices in relation to ordering, administration and recording of medicines. All staff were trained in safe administration of medication and were knowledgeable regarding the side effects of each medication. The person in charge completed monthly medication audits which indicated that they had good oversight of the medicines management system. There was a suitable locked storage cabinet for medicines and clear medication administration record kept.

The person in charge ensured that the residents were supported to enjoy good health and attend appointments as required with health professionals. There were health care support plans in place for residents and referrals were sought as necessary for residents if they had any healthcare issues. An example of a health care support plan was a cellulitis care plan which reviewed signs, symptoms, assessment, treatment and prevention. There was evidence of attendance at appointments and recommendations from clinicians were adhered to.

Residents in this centre were supported to manage their behaviour in the least restrictive manner and with their consent where possible. The person in charge had ensured that all staff had up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour. There was positive behaviour support plans in place for residents who required them and these were reviewed regularly by the behaviour specialist.

There were good safeguarding measures in place in this centre to ensure that residents were protected from neglect or abuse. Any adverse event or incident was reviewed and investigated through the appropriate process and acted on. All staff were trained in the safeguarding of vulnerable adults and were aware of safeguarding concerns in the centre and how to record and report them as necessary. A safeguarding policy was also in place and reviewed regularly.

The residents rights' were respected in this centre and the residents were consulted regarding the running of the centre. The provider had ensured that each resident's privacy and dignity was respected in relation to their personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Regulation 13: General welfare and development

The provider had ensured that the residents had access to facilities for recreation and opportunities to participate in activities. On the day of inspection residents were out and about. One resident had a doctors appointment and was going for lunch on the way home. Another resident was going out for a short walk and cup of tea. Overall the residents' welfare and development was supported in this centre and they were supported to enjoy a good quality of life.

Judgment: Compliant

Regulation 17: Premises

Certain elements of the premises required upgrade such as the kitchen and utility room however there was a plan in place for this upgrade and the inspector could see evidence of plans and costing around this. Overall the centre was maintained to a good standard and there was a plan for the completion of building works to the second building in the centre.

Judgment: Compliant

Regulation 20: Information for residents

There was accessible information available to the residents on the centre notice boards such as the complaints officer and confidential recipient details and advocacy information. There was a residents' guide available in visual format for the residents. These were also discussed at house meetings and at key working meetings with residents. Safeguarding was discussed regularly with residents and where required, education was provided to residents on how to protect themselves.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There was currently no one moving in or out of the designated centre. However once the building undergoing renovations is complete two residents will transition into it and the person in charge is committed to supporting the two residents with a transition support plan which would be developed in conjunction with the residents themselves and the multi disciplinary team.

Judgment: Compliant

Regulation 27: Protection against infection

Overall the centre was clean and each individual apartments bathroom and kitchen were clean. There were good practices in place in relation to coloured mops and laundry management. There was cleaning schedule in place which was adhered to and all staff signed it on completion of cleaning duties. There was full and clean hand sanitising units and all staff were trained in infection prevention and control.

Judgment: Compliant

Regulation 28: Fire precautions

The person in charge had ensured that there was a good fire management system in place and that all staff were trained in the fire precautions. One of the buildings in the designated centre is undergoing extensive renovations and there are no residents residing there currently however the inspector had a walk through of the building and there were fire doors being fitted throughout and smoke and fire alarm system installed. The other buildings had fire doors and regularly serviced fire

equipment in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines in the designated centre. The staff team were trained in the the safe administration of medication and there was a regularly reviewed medication policy in place. There medication was stored in a locked cabinet and there was regular medication audit completed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that there was a comprehensive assessment carried out by health care professionals, of the health, personal and social care needs of each resident. The provider had ensured that arrangements were in place to meet the needs of each resident and a personal plan had been developed which reflects the resident's needs, outlines the supports required to maximise the resident's personal development and was developed through a person centred approach with the maximum participation of each resident. The personal was subject to regular review and update to reflect changes in the residents needs.

Judgment: Compliant

Regulation 6: Health care

The residents were supported to maintain good health and had regular reviews with their general practitioner, mental health professional, occupational therapist and speech and language therapist. There was evidence of medication review and amendment and ongoing evaluation of same to determine th effectiveness of same.

Judgment: Compliant

Regulation 7: Positive behavioural support

A behaviour support plan was reviewed by the inspector and found to be comprehensive, it provided clear guidance to staff on what to do in the event of a behavioural incident occurring. The behaviour support specialist had developed the plan with input from the direct line staff and it outlined the background information, the behaviour presentation and an intervention plan which included proactive and reactive strategies. The staff team had completed training in the positive management of behaviour that challenges and there was guidance available to the team also from a positive behaviour support policy.

Judgment: Compliant

Regulation 8: Protection

There was a safeguarding plan in place which the inspector reviewed and all staff were aware of same and could outline the detail of the plan to the inspector. The inspector observed some of the safeguarding plan being implemented on the day of inspection and all protocols were followed accordingly. All staff had completed training in the safeguarding of vulnerable adults and there was an up to date policy in place which was regularly reviewed.

Judgment: Compliant

Regulation 9: Residents' rights

The residents rights were respected in this centre, they residents were offered choice and supported to make decisions. There was regular consultation with each of the residents to determine their choice through use of visuals or other communication methods. Residents choose meals, activities and residents had chosen where to go on holidays and there was a photo book of the residents enjoying their outings.

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 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant