



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

Issued by the Chief Inspector

Name of designated centre:	Hazel Grove
Name of provider:	St Christopher's Services Company Limited by Guarantee
Address of centre:	Longford
Type of inspection:	Unannounced
Date of inspection:	07 July 2022
Centre ID:	OSV-0003889
Fieldwork ID:	MON-0036079

About the designated centre

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

Hazel Grove comprised three bungalows and provided care and support to meet the needs of up to nine residents with disabilities on a full-time basis from the age of 18 years and over. Residents are supported by a team of Social Care Workers and/or Support Workers under the direction of a person in charge in delivering a social care model of service provision. Each residence is a 4 bedroom bungalow and comprises an entrance hall, a large and small sitting room, utility room and kitchen and dining room. Each resident has a double bedroom, with two bedrooms having their own ensuite facilities in each house. There are also communal bathroom facilities provided. There are also office facilities provided for in the centre. Each house has large well maintained garden area and adequate parking facilities. Systems are in place so as to ensure the health and social care needs of the residents are provided for with access to GP services and other allied healthcare professionals as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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
Thursday 7 July 2022	10:30hrs to 18:00hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements that the provider had put in place in the centre in relation to infection prevention and control (IPC). The inspection was carried out over one day, and during this time the inspector met and spoke with residents, staff members and the person in charge. In addition, the inspector observed interactions and practices, and reviewed documentation in order to gain further insight into the lived experiences of residents.

The centre comprised three bungalows adjacent to each other and were located in an established housing estate on the outskirts of a large town. On arrival to the centre the inspector met with a staff member and a resident who were leaving the centre to go on an outing. The resident greeted the inspector by elbow greeting and spoke about their plans for the day explaining that it was their 'rest day' that day, and they said that they were planning on going to the cinema in the afternoon also. The staff member was observed wearing a face mask in line with guidance while supporting the resident.

The centre could accommodate up to nine residents across the three houses, and at the time of inspection there were eight residents receiving residential care. Three residents each lived in two of the houses, and two residents lived together in one house. The inspector met with seven of the eight residents throughout the course of the day. Seven residents were receiving day supports external to the centre on the day of inspection. The inspector visited each house and met residents after their return from day services in the evening.

Residents greeted the inspector on their own terms and residents spent brief periods of time chatting to the inspector with varying support from staff. One resident chose to speak with the inspector on their own, and they told the inspector about what it was like living in the centre and about how they spent their time and what they enjoyed doing. They spoke about the COVID-19 pandemic and talked about what it was like when there was an outbreak in the centre. They said that they isolated in their bedroom, and understood the reasons for this, and said that it was tough and that they felt lonely at times. They also spoke about missing out on preferred activities during the times of national restrictions, including missing going to concerts, going to their day services and they said that some things had not returned such as going out with their volunteer, but that they were hoping for this to resume soon.

Some residents greeted the inspector through elbow greetings and spoke about COVID-19 and were observed to be using hand sanitisers which were readily available throughout the houses. Residents spoke about activities that they enjoyed and had planned such as; going for Seaweed baths, going to music concerts, dance classes, going to the cinema, going shopping and bowling. One resident spoke about how their goal was to go on an airplane and they spoke about the plans in progress

for this to occur. Some residents had recently enjoyed a few nights holiday in another county and one resident spoke about attending a country music festival lately and spoke about getting photos taken with a country music star. One resident talked about their love of writing poetry and explained about how they had spent time doing this during the COVID-19 pandemic. They agreed to recite a poem for the inspector when asked, and they read out a beautiful poem that they had written recently.

Throughout the inspection, residents were observed having meals, cleaning their bedroom, listening to music and relaxing in the house. One resident showed the inspector an injury that they had received lately, and when it was explained to them about why the inspector was visiting, they said that they were happy living in the house. One resident was reported to have an appointment with an allied healthcare professional that evening. Another resident was observed asking staff about particular foods and asking if these were 'safe' for them, and they mentioned to the inspector about how their lunch was blended which was in line with their safe swallowing guidelines. This demonstrated person-centred care and involvement by the resident in their care planning.

Staff were observed to be treating residents with dignity and respect and were responsive to various questions, requests and behaviours. One resident was observed requesting that a beauty treatment be organised for them for the weekend, and staff were responsive in assuring them that this was organised. Residents were observed being reminded about good IPC measures, such as how to use the pedal on the pedal bin for opening the bin, and about using hand sanitiser. One resident spoken with talked about the wearing of face masks in public and explained about when they used them in their day services and why they were required to do so.

There was evidence that residents were supported to go on regular visits to their family, as appropriate, and to receive visitors to their home. On the day of inspection, one resident was reported to have gone on an outing with a family member after attending day services that day, therefore the inspector did not get an opportunity to meet with them.

The inspector also met with a number of staff who were on duty supporting residents on the day. Staff were observed to be wearing personal protective equipment (PPE) as appropriate for the tasks that they were doing. Staff spoken with were knowledgeable about arrangements in place for IPC and about residents' specific care and support requirements. The inspector found that residents' wishes and preferences about activities and how they spend their day were respected.

The houses appeared spacious, bright and comfortable for the needs and numbers of residents. The homes were decorated in colourful soft furnishings, photographs and art work which helped to create a warm, relaxing and homely environment. Residents had ample communal space to relax and most residents had en-suite facilities for their own individual use. Where residents did not have an en-suite there was evidence of cleaning arrangements to minimise any risk of transmission of infection during any potential COVID-19 or infectious disease outbreaks. Residents'

bedrooms were personalised and decorated in line with their individual choices, and residents were observed to have televisions, music players, DVD players and games consoles in their bedrooms, in line with their preferences.

The gardens were well maintained, spacious and contained garden furniture for residents to sit out and enjoy. On the day of inspection, the gardens were having work done by maintenance personnel. Gardens were accessible through double doors from the main house and were enclosed from the front area by fencing. One house had developed a memorial garden for their housemates who had died in the last few years. This was beautifully decorated with garden ornaments, potted flowers, painted stones and shrubs and the garden contained beautiful garden furniture and a swing bench. Gardens had potted flowers, shrubs and fruit plants and some residents were reported to enjoy gardening.

From the walkaround of the centre, the inspector found that in general the centre was clean, bright and homely. It was observed that the provider had put measures in place for IPC arrangements, such as posters on display about IPC and PPE use, notices about cleaning and wall mounted hand gels and dispensers were readily available to promote good hand hygiene practices. There were colour-coded mops and cloths, and notices on display about cleaning practices throughout the premises. There were easy-to-read notices on display including residents' timetables and the staff roster. The kitchen areas and dining rooms, which contained tables and chairs, were noted to be clean and well maintained. The utility rooms that contained the laundry equipment was accessible through the communal areas, either through the kitchen or through a sitting-room. When asked, the person in charge said that soiled laundry was carried through the sitting-room rather than the kitchen area, however there was no specific guidance in place for staff about this and which would provide assurances that this was the case. The person in charge undertook to include additional controls in the laundry procedure to guide staff, to minimise possible infection risks with this task.

It was observed that there was ample stock of PPE available; however expiry dates had lapsed on some hand gels in one house. In addition, the cleaning regime in some houses required improvements to ensure that it was effective in ensuring all parts of the house were well maintained and clean. For example, some extractor fan vents in residents' en-suites had a build-up of dust which could affect the effectiveness of this ventilation system, and there was staining evident on carpets in some residents' bedrooms. While these were reported to be cleaned regularly, the staining remained visible and this required review. In addition, in one location there was some rubbish, including PPE (gloves), evident on the ground around the outdoor bins on the day.

Overall, the inspector found that there were good arrangements in place in Hazel Grove for IPC and that care was delivered to residents in a person-centred, safe manner. The next two sections of the report will provide more detail on the findings of the inspection.

Capacity and capability

The inspector found that there were good arrangements in place for the governance and management of Hazel Grove. The governance structure included clear lines of accountability for staff and the management team. The person in charge worked full-time in the centre, which ensured good oversight and monitoring of IPC measures and in ensuring safe and person-centred care. The person in charge reported to the residential and respite co-coordinator, who in turn reported to the respite and residential manager. The provider had appointed a health and safety committee for the organisation who was available to provide support and guidance to the staff and management team, if required.

There were policies and procedures in place for the management, control and prevention of infection. This included: an 'Infection Control Policy', which outlined roles and responsibilities for all staff. There was also a document called 'COVID-19 Work Safely Protocol' developed by the provider, which outlined details of who had responsibility for being the lead compliance officer in the centre and also included the arrangements and the responsibilities of the 'COVID-19 management team'. The person in charge was the nominated lead person for the centre. One staff spoken with said that they had been trained in swabbing for COVID-19 infections and that there were specific persons responsible for this. In addition, each location in the centre had its own specific protocol for managing COVID-19 outbreaks. Staff spoken with described about how they were involved in updating this following a review and learning from an outbreak that had occurred.

There was a risk management policy and procedure and a 'health and safety statement' document in place. There were health and safety related risk assessments completed including a risk register for chemical use, which included safety data sheets for products that were in use in the centre. Residents had risk management plans which included assessments for healthcare risks and outbreaks of infections. These were found to be kept under regular review. Contingency plans at a service level was in place for staffing arrangements and included arrangements for communications to families and external bodies, as appropriate, in the event of an outbreak of COVID-19 infection.

There were a range of regular audits carried out in the centre relating to health and safety and IPC, which demonstrated good oversight and monitoring on an ongoing basis. These included; infection prevention and control audits and health and safety audits. There were also daily checklists in place for cleaning which were signed off when completed. However, the system for checking expiry dates for PPE stock required improvements, as some hand gel stock was noted to be out-of-date in one location of the centre. In addition, some aspects of the cleaning arrangements required review to ensure that all areas of the centre were covered. For example, there was a film of dust evident in extractor fans in some en-suite bathrooms, some carpets in one location of the centre had visible stains in parts and in one location the area surrounding the external bins had some waste products on the ground

around the bins.

The provider ensured that an annual review of the quality and safety of care in the service and unannounced provider audits were completed, which included a review of IPC. In addition, the HIQA self-assessment tool for preparedness in the event of an outbreak, which was recently completed by the residential and respite manager, outlined areas for improvement. It was found that actions identified had been completed or were in progress for completion. For example; pedal bins and new mop buckets were identified as being required in some areas of the centre and this had been completed.

The centre operated a social care model of care and was staffed with social care workers and support workers. There was an out-of hours management on-call arrangement in place. The staffing arrangements included waking night staff in two locations and sleepover cover in one location each night. During day-time hours residents in each location were supported with either one or two staff members each evening. There appeared to be sufficient staff in the centre to meet the assessed needs of residents, and the IPC needs of the service.

Staff had undertaken various training programmes in IPC including donning and doffing personal protective equipment (PPE), hand hygiene and respiratory and cough etiquette, and a sample of records were reviewed to verify that the training was completed. Regular supervision occurred with staff and there were notices on display for Employee Assistance Programme (EAP) to provide further support to staff if required. There was also an induction folder in place which included a variety of protocols to support staff's knowledge around IPC arrangements and other relevant information.

There was a communication pathway to cascade relevant IPC information to staff working in the centre in a timely manner. Staff spoken with described the systems in place, which included a communication book, e-mails to the centre, hard copy documents being posted out and left in a designated area for staff to read and sign off, and the use of staff notice-boards. In addition, team meetings occurred in the centre, records of which were reviewed, and demonstrated discussions at a staff team level about IPC arrangements and a review of outbreaks to ensure learning from same. Staff spoken with said they felt supported in their role and could raise any concerns with the management team, if required.

Overall, the inspector found that there were good systems in place for IPC arrangements with regular auditing of the service. This promoted good oversight and monitoring to ensure IPC arrangements were safe and effective.

Quality and safety

The inspector found that the service provided person-centred care to residents and that the arrangements in place promoted effective, safe and individualised care and

support.

Residents who required supports with health-related needs had care and support plans in place to guide staff in how to provide safe and effective care. Residents were supported to understand, and be fully involved, in their healthcare needs and in their personal centred planning meetings. Residents' assessed needs were kept under regular review and residents were supported to access any healthcare appointments and allied healthcare professionals as required. For example, one resident was due to attend an allied healthcare appointment the evening of the inspection. In addition, residents had Hospital Passports which provided relevant health related information about them in the event that they needed to go to hospital. One resident had recently had a hospital stay, and there was evidence that they were supported with this and with any procedures and follow up appointments that were recommended. Residents also had access to vaccination programmes and testing for COVID-19 as required.

The personal and intimate care plans in place for residents were found to be comprehensive and person-centred. Residents spoken with appeared to understand their care and support needs and the inspector observed one resident asking about particular food items enquiring if it would be 'safe' for them, and they spoke to the inspector about arrangements for their food to be blended, which was noted to be in line with their documented care plan. In addition, residents' meetings were held regularly and there was easy-to-read guidance and social stories that were available to support residents with understanding health and IPC topics, including information about medication and vaccines. Residents spoken with talked about their experience of when there was COVID-19 outbreak in their home and indicated that they understood why particular arrangements were in place.

The overall standard of cleanliness and IPC practices in the centre were found to be good in ensuring measures were in place to promote the safety for all on an ongoing basis. There were bins readily available indoors and colour coded wheelie bins located in each garden area for disposal of waste. Residents had their own aids and appliances, including shower chairs and individual foot spas. There were a number of cleaning products available in the centre, and a notice for colour codes for mop heads and cloths. Overall, the centre appeared well maintained. However, some aspects of the cleaning regime required improvements to ensure that all areas were included in the schedule. This included cleaning of extractor fans, carpets and external areas surrounding the waste bins.

The laundry facilities were located in the utility area of each house, and could be accessed either through a sitting-room or kitchen. The utility area contained appropriate laundry facilities and also contained a sink for hand hygiene. In one location of the centre, the inspector was informed that there was a need to launder soiled laundry on an almost daily basis. While there was a protocol in place for managing laundry, this did not include the specific arrangements for transporting the laundry in the safest manner to include guidance about not to go through the kitchen area (where food was prepared), and in ensuring that the laundry was appropriately covered when being transported through communal living areas. The person in charge undertook to update the local guidance and had commenced this

prior to the inspection being completed.

There were arrangements in place for monitoring signs and symptoms for residents as a preventative measure to minimise the risk of COVID-19. Staff were provided with public health and other COVID-19 related information, as required. Staff were observed adhering to standard precautions. There were outbreak management plans developed for COVID-19 outbreaks specific to each location of the centre. A recent outbreak of COVID-19 was found to be reviewed at a staff meeting, and staff described some learning from this and explained how the outbreak plan had been amended based on learning from the outbreak. This included arrangements for isolation of residents if required.

In summary, residents appeared happy and comfortable in their home environment and with staff supporting them, and they were provided with person-centred care. Improvements to the cleaning schedule to include all areas of the centre, specific guidelines for laundering soiled laundry in one house and the monitoring of PPE stock would enhance the good practices already in place in the centre to promote effective and safe IPC measures.

Regulation 27: Protection against infection

Improvements were required in the systems for checking expiry dates on PPE stock and in the cleaning regime to ensure that it was effective in ensuring that all parts of the centre were kept clean and well maintained at all times.

In addition, improvements in the specific guidelines and arrangements for managing soiled laundry in one location would help minimise any potential IPC risks.

Judgment: Substantially 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	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Hazel Grove OSV-0003889

Inspection ID: MON-0036079

Date of inspection: 07/07/2022

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>All PPE stock have been checked and replaced with in date stock. PPE stock check is added to the monthly checklist to ensure expiry dates are regularly reviewed. In addition, a local procedure has been developed for the management of contaminated laundry to minimize the risk of infection. The cleaning checklists have been reviewed and updated to ensure that all parts of the center are included to ensure all areas are kept clean and well maintained inclusive of vents and rubbish bins. Plans are in place to replace floor covering in resident’s bedrooms.</p>	

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/09/2022