



# 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:	Sligo
Type of inspection:	Unannounced
Date of inspection:	10 March 2022
Centre ID:	OSV-0008013
Fieldwork ID:	MON-0033908

## About the designated centre

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

Hazelwood can provide a full-time residential service for four male and female adults with intellectual disability. Residents can be accommodated from 18 years to end of life. The aim of the service is to provide a person centred approach to care which positively encourages each resident to make their own individual choices working in partnership with their families, carers and the wider community. The centre is a detached dwelling in a residential area close to a village and busy city. All bedrooms in the centre are for sole occupancy and each has a spacious en suite bathroom. The centre is fitted with assistive equipment and is fully wheelchair accessible throughout. Residents are supported by a staff team which includes nurses, and health care assistants.

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

Number of residents on the date of inspection:	4
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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 10 March 2022	10:30hrs to 16:45hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

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

The inspector met with all the residents who lived in the centre, most of whom spoke briefly to the inspector about their lives there. As this was a new centre all residents had transitioned there from other services and they told the inspector that they had settled in well and loved living in their new home. They also said that they all got along well together. Residents who spoke with the inspector expressed a high level of satisfaction with all aspects of living in the centre. These residents were complimentary of staff, stating that they provided a high level of care and support.

Residents said that if they had any complaints or concerns, they would tell staff and it would be addressed. It was clear that residents trusted the staff and knew who was in charge. They also said that they enjoyed meals in the centre and that food was bought and prepared in line with their preferences. A resident spoke about their favourite food which was a roast chicken dinner and confirmed that this was prepared frequently and was enjoyed.

Throughout the inspection residents were seen to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. During this time, staff were observed spending time and interacting warmly with residents and supporting their wishes. Observations and related documentation showed that residents' preferences were being met. Some of the activities that residents enjoyed included outings to local places of interest, sensory activities, sports and visits with their families. During the inspection, a resident was having her hair set and curled and was enjoying this treatment which took place every morning. Another resident chose to spend time on knitting projects and another dressed up warmly for a walk with a staff member.

Residents had recently taken a holiday together which was something that they had wanted to do as part of their personal outcomes. They stayed in an activity based holiday village and talked about enjoying bowling, meals out and one resident talked about joining a pottery workshop where she made a mug. Residents talked about going for a day out to the St. Patrick's Day parade in the coming weeks which they were looking forward to, and one residents talked about a planned visit to stay with family in the summer.

The centre was situated in a residential area of a rural village and close to a busy city. There were a range of amenities and facilities available in the nearby areas. The centre had a suitable transport vehicle, which could be used for outings or any activities that residents chose. Residents in this centre had the flexibility to spend their days in the ways that they preferred. As this was a home-based service,

residents were involved in activities that they enjoyed in the centre. Residents also had the option of attending activities in a local day service if they wished to.

The centre was modern, clean, spacious, and suitably furnished and decorated. The centre had been established for a specific age group of residents and was laid out and equipped to meet their specific needs. Suitable facilities, furniture and equipment was provided to meet the needs of residents. Some features of the building enhanced the levels of safety and comfort for residents. For example, all bedrooms had adjoining fully-accessible spacious en suite bathrooms, and specialised beds were provided in all bedrooms. There was Internet access, television, a wide selection of games and puzzles, and music choices available for residents. There was adequate communal and private space for residents, a well-equipped kitchen and sufficient bathrooms. All residents had their own bedrooms. Residents were happy for the inspector to see their bedrooms, which were comfortably decorated, suitably furnished and equipped, and personalised. Colour schemes and decor were varied and had been chosen in line with residents' preferences. The centre had an enclosed garden for residents' use.

The provider had been mindful of residents' changing needs and had made several future-proofing adaptations to the building to ensure that residents could continue to be supported if their needs changed. For example there were contrast coloured grip rails in all bathrooms to support any residents whose sight may become impaired, and overhead hoists were fitted in all bedrooms and bathrooms. Corridors and doors were wide enough to allow residents to move around more freely if using assistive equipment such as wheelchairs or walking frames. The vehicle in the centre could also be instantly adapted to accommodate wheelchair users, which ensured that transport was, and would continue to be, accessible to all residents who may require this in the future.

It was evident 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, in the centre, at day service and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents.

The next two sections of the report outline 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 residents' lives.

## Capacity and capability

There were strong measures in place in this centre to ensure that residents' care and support was delivered to a high standard. The provider's management

arrangements ensured that a good quality and safe service was provided to residents.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge who knew the residents and their support needs. It was clear that residents knew the person in charge. The person in charge worked closely with staff and with the wider management team. There were clear arrangements to support staff when the person in charge was not on duty.

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. Planned staffing rosters had been developed by the person in charge, these had been updated as required to reflect actual arrangements, and were accurate at the time of inspection. Staff had received training relevant to their roles, such as training in food safety, medication management and epilepsy care in addition to up-to-date mandatory training in fire safety, behaviour management and safeguarding. Staff had also attended training in various aspects of infection control in response to the COVID-19 pandemic.

There was ongoing review and monitoring of the service to ensure that a high standard of care and support was being provided and maintained. An annual audit schedule had been developed and the person in charge and staff were carrying out a range of audits in line with this plan. These included audits of medication management, infection control, money management, complaints, personal plans, and accidents, incidents and near misses. The provider was aware of the requirement to carry out six-monthly audits of the service in addition to an annual review. As this was a new centre, an annual review was not yet due, but the first unannounced audits had been completed as required. Records showed a high level of compliance in all audits and that any identified issues had been addressed.

The person in charge compiled a monthly quality improvement plan for the service. This was informed by a range of information such as audit findings, risk assessments, inspection outcomes and self assessments. It was clear that issues identified in the quality improvement plan were being taken seriously and promptly addressed. For example, the need for additional document storage and repairs to a heating system had been identified in a recent quality improvement plan and had been addressed.

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 equipment and furnishing, suitable transport for residents to use, and adequate staffing levels to support residents' preferences and assessed needs.

## 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. The person in charge was based in the centre and was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

### Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff who worked in the centre had received training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles.

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

### Quality and safety

The provider ensured that residents living at this centre received person-centred support and a good level of health care. There were measures in place to ensure that the wellbeing of residents was promoted and that residents' general welfare, and social and leisure interests were well supported. Residents received person-centred care that enabled them to be involved in activities that they enjoyed. However, to ensure the ongoing effectiveness of the fire safety management

process, improvements to fire drill records was required.

The centre was a large house which suited the needs of the residents. The centre was warm, clean, comfortable and was being well maintained. Communal rooms were decorated with pictures and photos, and the kitchen was well equipped and bright. All residents had their own bedrooms, all of which were comfortable and personalised. There were adequate bathrooms in the centre to meet the needs of residents. Residents had use of an accessible garden at the rear of the house. The centre was located in a residential area close to both a rural village and busy city. There were a variety of amenities and facilities in the surrounding areas, and transport and staff support was available to ensure that these could be accessed by residents.

Comprehensive assessments of the health, personal and social care needs of each resident had been carried out. Individualised personal plans had been developed for all residents based on their assessed needs. Annual personal planning meetings, which included the resident, family members, staff, day service staff, and multidisciplinary supports, were being held. Residents' personal goals were agreed at these meetings and these were made available to residents in a user-friendly format. Both long term and short term monthly goals had been identified. It was clear that these there being progressed and short term goals to date in 2022 had been achieved or were in progress.

There were arrangements to ensure that residents' healthcare was being delivered appropriately. Residents' healthcare needs had been assessed and suitable plans of care had been developed to guide the management of any assessed care needs. All residents had access to a general practitioner of their choice, as well as to a range of healthcare professionals as required. Residents were also supported to take part in national screening programme checks as they wished. Some residents had attended these services while some had been declined. Staff supported residents to achieve good health through ongoing monitoring of healthcare issues, and encouragement to lead healthy lifestyles. Nursing staff were employed in the centre to oversee and monitor the clinical needs of residents.

Residents' nutritional needs were well met and suitable foods were made available to meet residents' needs and preferences. Nutritional assessments had been carried out and plans of care had been developed accordingly. Residents' weights were being monitored and support from dieticians and speech and language therapists was available as required. Residents told the inspector that they were involved in food shopping and meal planning.

The provider also had good systems in place to ensure that residents were safe from the risk of fire. These included up-to-date fire training for staff, fire doors throughout the building, and a range of fire safety checks were being carried out by staff in addition to servicing by external specialists. Records indicated that fire evacuation practices were being carried out routinely to reflect both day and night staffing levels and these were being completed in a timely manner. However, improvement to the recording of fire evacuation drills was required as these drills

were not recorded in sufficient detail for learning or improvement in practice.

### Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services 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 and suitably decorated, furnished and equipped.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose, and took part in shopping for, their own food. Suitable foods were provided to suit any special dietary needs of residents.

Judgment: Compliant

### Regulation 28: Fire precautions

Overall there were good procedures in place to protect residents and staff from the risk of fire. However, fire drill practices in the centre were not fully effective. While fire drills were taking place both during the day and at night time, the recording of these fire drills was not sufficient to identify how the drills were carried out or to identify areas that required improvement and for learning

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Comprehensive assessment of each resident's health, personal and social care needs had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

## Regulation 6: Health care

Residents had good access to a range of healthcare services, such as general practitioners, healthcare professionals, consultants and national health screening programmes.

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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant

# Compliance Plan for Hazelwood OSV-0008013

Inspection ID: MON-0033908

Date of inspection: 10/03/2022

## 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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"><li>• The Register Provider has ensured that all fire procedures are now in compliance with Regulation 28, in relation to Fire Drills in the Designated Centre.</li><li>• The Person in Charge has ensured that all fire drills documented, are now effective and reflective of how fire drills are carried out in the Designated Centre. Areas for improvement will also be included where this is identified.</li></ul>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	14/03/2022