

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Hazelbrook
<b>Centre ID:</b>	OSV-0005689
<b>Centre county:</b>	Kilkenny
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Waterford Intellectual Disability Association Company Limited By Guarantee
<b>Provider Nominee:</b>	Waterford Intellectual Disability Association
<b>Lead inspector:</b>	Raymond Lynch
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	2

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 01 November 2017 08:30 To: 01 November 2017 13:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to Inspection:

This was an announced inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by Waterford Intellectual Disability Association (the provider). The centre was a new build and this was its first inspection.

There were presently no residents living in this centre as it was not operational as yet. All proposals outlined and plans agreed and/or described by the person in charge and person participating in management will be checked and verified at the next inspection.

This was a centre to support two residents and very good arrangements for compliance were demonstrated across all outcomes assessed.

The inspector found that the person in charge was a highly experienced, skilled and qualified professional, working as an Assistant Director of Nursing with the Organisation. She was also to be directly involved in the governance and management of the centre.

She was to be supported by a qualified person participating in management and a

team of qualified health care professionals. Overall the inspector found that there were systems in place to ensure that the residents would receive a safe and good quality service. Of the nine outcomes assessed, all were found to be compliant.

How we gathered our evidence:

The inspector spoke with one staff member about the service to be provided. He was found to be qualified and trained professional, had been working with the service for some time and knew the assessed needs of the residents very well.

The inspector also spoke directly with one of the residents due to move into the centre. They informed the inspector that they were looking forward to moving into their new home and they loved it.

They also showed the inspector around the house and it was observed that the resident had already commenced decorating their room to their own individual style and preference.

The inspector reviewed a sample of documentation such as health and social care plans, policies and procedures and staff files. The person in charge was spoken with at length on the day of inspection as was the person participating in management. Both were found to be knowledgeable of their remit to the Health Act (2007) and Regulations.

Description of the Service:

The centre comprised of two, very well maintained apartments which had the capacity to support two residents in total

It was located close to large urban centre which provided access to a range of amenities such as shops, shopping centres, restaurants, churches, library, barbers, hairdressers, swimming pools, fitness centres, cinemas, pubs and hotels.

The town provided a regular public bus and train service and the person in charge informed the inspector that adequate transport would also be provided by the centre for residents to avail of.

Overall judgment of our findings:

This inspection found that the centre was compliant across all outcomes assessed. There was also an experienced and qualified person in charge to manage the centre who was to be supported by a team of qualified health care professionals.

Plans were in place to ensure that the health needs of residents would be provided for and residents would have access to a general practitioner (GP) and to a range of other allied health care professionals as and when required.

The person in charge discussed the arrangements in place to meet the social care needs of the residents and to ensure that residents had opportunities to participate in activities appropriate to their interests and preferences. Proposed medication management practices were also found to be in order.

**Section 41(1)(c) of the Health Act 2007. Compliance 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.**

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was satisfied that, when implemented, the care and support as described by the person in charge and documentation viewed would be consistent and sufficiently provide for the residents' assessed needs and wishes.

The inspector reviewed one sample of a personal plan and found that it was comprehensive in identifying how to meet the individual needs of the resident.

For example, the plan took into account the residents overall health and well being, daily occupation, how community inclusion would be supported, independent living skills, goals to be achieved and advocacy requirements.

The inspector had a cup of tea with one resident who was due to transition into the centre. They informed the inspector that their big goal for next year was to go on a foreign holiday.

The person in charge informed the inspector that plans had already commenced to support the achievement of this goal. Other goals involved the celebrating of an important birthday and moving into the new home, both of which were being supported by the centre.

The person in charge informed the inspector that supports and interventions would be facilitated in order to provide for a safe transition for each resident moving into their

new home.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that the centre was suitable for its stated purpose. It was also found to be spacious, homely and very well maintained throughout.

Each of the two residents were to have their own apartment in the centre. Each apartment had a bright spacious living/dining room area, a small but very well equipped kitchen, a large very well decorated double bedroom, both of which were ensuite.

There was also one large communal bathroom available and a room provided for a staff office/sleep over room.

One resident had already started to decorate their bedroom with their own individual items such as pictures of family and friends.

There were private garden areas to the front and back of the centre for residents to avail of as they so wished. The gardens were private and very well maintained. There was also shed in the back garden

Laundry facilities were available in both apartments that comprised the centre, there was adequate parking available to the front of the centre and the inspector was informed that suitable arrangements were to be put in place for the safe disposal of general waste.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was satisfied that the health and safety of residents, visitors and staff would be promoted in the centre and there were adequate policies and procedures in place to support the overall health and safety of residents.

There was a Health and Safety Statement in place which was specific to the centre and there was also a policy on risk management. The risk management policy was comprehensive and met the requirements of the Regulations.

The person in charge had already put together a risk register containing environmental risks and reported that this would be further developed to take into account individual risks once the residents transitioned into the centre.

There was an emergency plan in place that had recently been developed and was specific to the centre. Critical areas covered in this plan were how to respond to an emergency such as a fire, loss of power, flooding, loss of heating, loss of water and emergency evacuations.

The inspector saw that a fire alarm system had been installed. Documentation viewed by the inspector informed that there would be plans in place to carry out regular fire drills and systems to ensure that the fire equipment including the fire alarm system would be serviced regularly.

A sample of a fire log was viewed and the inspector was assured that fire drills would be carried out as required by regulations. Daily checks of escape routes would also be carried out and from a small sample of files viewed, staff had attended fire training as required.

The person in charge informed the inspector that personal emergency evacuation plans had already been developed for the two residents moving into the centre. Emergency lighting was also in operation and a range of fire fighting equipment, including fire extinguishers and a fire blanket were in place.

There were policies and procedures in place for the management of infection control and from a small sample of files viewed, it was also observed that staff had attended training in manual handling.

**Judgment:**

Compliant

## **Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

### **Theme:**

Safe Services

### **Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

### **Findings:**

The inspector was satisfied that adequate measures would be put in place to protect residents being harmed in the centre.

There were policies and procedures in place on supporting vulnerable adults. This was to ensure all residents who use the service were protected from abuse of any kind and outlined the responsibility of staff in protecting vulnerable adults, how to respond to such issues and the appropriate reporting procedures.

The inspector spoke with one staff member who were to work in the centre once it opened. It was observed that he had training in safeguarding of vulnerable adults, knew who the designated person for the centre was and knew the reporting procedures to report a safeguarding issue.

The inspector was satisfied that residents would be provided with emotional, behavioural and therapeutic support that would promote a positive, non aversive approach to behaviour that challenges. There were multiple policies in place guiding the management of positive behavioural support. Where required, residents would also have access to a range of multi-disciplinary supports.

The inspector reviewed a small sample of training records which informed that staff had received specific training in this area.

There was a policy in place for the use of restrictive practices. The person in charge informed the inspector that some minor restrictions would be in place however, they were to promote the safety of the residents and would be reviewed regularly.

### **Judgment:**

Compliant



**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was satisfied that residents' health needs would be regularly reviewed with appropriate input from multidisciplinary practitioners as and when required.

The inspector saw that residents had regular and as required access to a GP, their medication requirements were regularly reviewed, visits to the dentist were organised, as were visits to a range of other allied health care professionals.

Special conditions would also be provided for. For example, where a resident had epilepsy, a care plan was in place, hospital appointments were facilitated as required and medication reviewed regularly.

The inspector was satisfied that once the proposed practices were implemented, residents' nutritional needs would be met to an acceptable standard.

The person in charge also discussed how healthy eating options would be encouraged and residents would be actively involved in planning their menus.

Overall the inspector was satisfied that residents would have access to a general practitioner (GP) and to a range of allied health professionals as identified above. It was also observed that residents had an annual medical/physical check up with their GP.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that the proposed medication management policies and procedures were satisfactory and safe.

The inspector reviewed the policy which was comprehensive and gave clear guidance to staff on areas such as medication administration, medications requiring strict controls, ordering, dispensing, storage, administration and disposal of medications. The policy was also informative on how to manage medication errors.

The person in charge explained to the inspector that medication would be kept under lock and key in a secured unit in the centre.

From a sample of files viewed the inspector saw that staff had undertaken training in the safe administration of medication.

Regular medication audits were also to take place within the centre by the person in charge.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was satisfied that the quality of care and experience of the residents would be monitored and developed on an ongoing basis. Effective management systems would also be in place to support and promote the delivery of safe, quality care services.

The person in charge informed the inspector that arrangements would be in place for an annual review of the quality and safety of care in the centre. Arrangements would also be in place for audits to be carried out in the centre by the person in charge.

The inspector was also satisfied that there was a clearly defined management structure in place that identified the lines of authority and accountability.

The centre was managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service.

She was knowledgeable about the requirements of the Regulations and Standards. She was also committed to her own professional development and was working in the organisation as an Assistant Director of Nursing.

She was supported in her role by the Provider and a qualified person participating in management, who was in the centre throughout the inspection process. There was also a management on call out of hours service provided as backup to staff working overnight in the centre.

The inspector spoke with one staff member and it was found that he was familiar with the procedures for contacting management on call out of hours if required.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

From the information available at inspection, the inspector was satisfied that there would be appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Evidence was also available that all staff would be supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The inspector reviewed a small sample of staff files and saw that they met the requirements of the Schedule 2 of the Regulations.

The person in charge told the inspector that the staffing levels were based on the assessed needs of the residents.

The inspector saw that there were arrangements in place for the provision of

supervisory meetings with each staff member. These would be facilitated by the person in charge on a regular basis.

From a small sample of files viewed, staff had attended a range of training in areas such as positive behavioural support, safe administration of medication, manual handling and fire safety training. Some staff also held third level qualifications in health and/or social care.

The inspector spoke with one staff member. He was found to be enthusiastic and looking forward to working in the new centre and spoke about the residents in a positive and dignified manner.

**Judgment:**

Compliant

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

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