



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

Name of designated centre:	Hazelbrook
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	22 November 2018
Centre ID:	OSV-0005689
Fieldwork ID:	MON-0023418

About the designated centre

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

Hazel brook is a residential home in Co. Waterford, catering for two adults with an intellectual disability over the age of 18 years. The centre operates on a 24 hour 7 day a week basis ensuring residents are supported by care workers. Supports afforded to residents are reflected in each individualised personal plan to ensure the service facilitates residents in all aspects of their daily life. The service is a detached house which is designed to provide two comfortable apartments.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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How we inspect

To prepare for this inspection the inspector or 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
22 November 2018	10:00hrs to 18:00hrs	Laura O'Sullivan	Lead

Views of people who use the service

The inspector had the opportunity to meet and spend time with both residents on their return to the centre after attendance in their day service. One resident spoke of their enjoyment of activities in the centre which promoted their independence such as bringing their dog for a walk. They spoke highly of the staff and management team allocated to the centre and explained how they kept them safe. The resident explained that they knew who to speak to if they had a complaint and would always feel comfortable to do so. The inspector and the resident spoke at length about the range of activities they enjoyed including a recent trip away and their interest in different cultures and languages.

Another resident spent time with staff and the inspector partaking in activities they enjoyed to do in their home such as colouring and playing their games console. The resident appeared to be very comfortable in the presence of staff and interacted with them in a very positive and friendly manner.

One family member requested to speak with the inspector on the day of inspection. They spoke highly of the service provided in the centre. They stated that staff were always approachable and forthcoming with relevant information and they felt they could openly discuss any issue or concern with staff and management if this arose. They articulated that the service was very beneficial to their family member and they were very happy with the service afforded.

All interactions observed were positive in nature. Supports witnessed were facilitated in a dignified manner, promoting the independence of residents in a respectful manner.

Capacity and capability

Hazelbrook presented as a service where the registered provider demonstrated high levels of compliance. Through an effective governance structure, a high level of service provision was afforded to residents, based on inspection findings. The capacity and capability of the registered provider ensured the quality of life of residents were enhanced in line with their individual interests and hobbies. Some improvements were required to ensure staff received appropriate and timely access to training and development programmes. In addition, the notification of incidents in line with regulatory requirements required some improvement.

The registered provider had ensured the allocation of a clear governance structure within the centre. A suitably qualified individual had been appointed to the role of

person in charge to the centre. This person possessed the necessary skills, knowledge and experience to fulfil their governance role. This person reported directly to the person participating in management whom was found to have an active role in the operational management of the centre. On-going communication was evident between the governance team and the board of directors. Board meetings were held 6-8 weekly with sub committees reporting to the board to ensure a high level of oversight of service provision was in place.

Within the centre the registered provider had ensured clear lines of accountability and responsibility were in place ensuring an open ethos promoting a high level of service delivery. This was further enhanced through the establishment and implementation of effective operational management systems. Since the centre was operational a six monthly unannounced visit had been implemented. This report was in the process of being finalised to incorporate consultation with both residents. From review of the draft report, this was found to be comprehensive in nature and identified any requiring improvements which would improve the service provided.

At centre level the person in charge had effective systems in place to ensure the ongoing review of service provision within the centre. Regular auditing of supports was implemented including financial and medication audits. Any areas identified were addressed and acted upon in a timely manner. These systems were utilised to ensure that the service provided to residents was safe and appropriate to the needs of each resident.

The registered provider had ensured the allocation of adequate staff to meet the assessed needs of the residents. The staff rota was flexible and ensured that the the service was operated in a manner reflective of the holistic needs of the residents. Staff spoken with voiced a high level of awareness of the individual needs of residents and recognised their role as advocates for the people they supported.

The person in charge had effective systems in place for the supervision of staff. Formal staff supervision was implemented in line with local policy. Through review of a sample of supervisory meeting records it was evident that these meetings were utilised and developed to support the staff team to provide a person centred service to residents.

Improvements were required to ensure the person in charge had effective systems in place for staff to receive training essential to ensure the service provided was relevant to the specific needs of the resident and the service. Following the inspection the person in charge did give assurances that pending completion of training, measures were in place with respect to the safe administration of medications. Where refresher training was required to ensure staff were aware and adhered to best practice this was actively being addressed by the registered provider.

The registered provider had ensured that an open environment was promoted where residents, staff and family members could raise any complaint or concern in a supportive environment. An effective complaints procedure was in place with clear

guidance for staff available within the developed complaints policy. This policy was also available in accessible format to promote understanding for residents. This understanding was further evidenced during conversations with residents, staff and family members. No complaint had been received since the centre became operational.

Regulation 14: Persons in charge

The registered provider had appointed a person in charge to the centre. This person possessed the necessary skills, knowledge and experience to fulfill their governance role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured adequate staffing levels and skill mix were present at all times to support the assessed needs of the residents. an actual and planned rota was in place which ensured the holistic needs of the residents were paramount.

Judgment: Compliant

Regulation 16: Training and staff development

Improvements were required to ensure that all staff had access to appropriate training including refresher training. The person in charge had ensured effective measures were implemented for the appropriate supervision of staff members.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had ensured a clear governance structure was in place. Effective organisational and centre level operational management systems were in place to ensure the on-going monitoring of service provision.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The person in charge had ensured admissions to the centre were in line with the statement of purpose. A written signed contract was in place for each residents for the provision of services agreed including fees to be incurred.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose containing information as set out in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

Improvements were required to ensure that all notifiable events were notified to the Chief Inspector in accordance with regulatory requirements.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

An organisational policy was in place which gives clear guidance for staff and residents should a concern arise. Staff clearly articulated an awareness of these procedures.

Judgment: Compliant

Quality and safety

The inspector review the quality and safety of the service afforded within the centre and found a high level of compliance. The centre was operated in a manner respectful of the rights of each individual with an emphasis on the promotion of independence and enhancement of individual and cultural beliefs. Since transition to the centre residents have enjoyed a good quality of life where the participation in meaningful activities was encouraged and supported. Residents were consulted in the day to day operations of the centre through weekly service user meetings. Some minor improvements were required to ensure this high level of compliance was maintained to ensure residents achieved a high quality of life.

The person in charge had ensured the development and review of individualised plans for each resident following the implementation of an annual daily living and needs assessment. Personal plans incorporated clear guidance on range of holistic supports needs to ensure these supports were afforded in a respectful and dignified manner with an emphasis on promotion of independence. Following the completion of a person centred planning meeting, meaningful personal goals were planned with consultation with the resident and the required supports set out. There was clear evidence of progression of goals including the enjoyment and positive impact of these goals on the life of the individuals. As required, there was clear evidence of multi-disciplinary team involvement to enhance the quality of life of residents. For occupational therapist was currently undertaking sensory assessments and skills training with respect to independent use of public transport

The registered had ensured that supports afforded were appropriate to residents individual needs and wishes. Each resident was supported to attend a local day service Monday to Friday in conjunction with opportunities to participate in a range of meaningful activities. One resident spoken with had recently returned from a trip abroad and spoke excitedly about the planning of their next holiday. Staff maintained a record of recreational activities which were participated in. This was found to be varied and enjoyed by the resident's, enhancing their quality of life. Residents were supported to participate in training, employment and education if they chose such as a local paper round.

The registered provider and person in charge promoted a positive, person centred approach to supporting residents through behaviours of concern. A stress support plan had been developed through consultation with the resident, staff team and the psychology department to ensure all aspects of the individual was reflected within the plan including social and communication needs. Guidelines ensured staff had the required knowledge and information to positively support the individual. a record was maintained of all incidents to ensure when a review was completed this was comprehensive and accurate in nature.

The registered provider promoted a restrictive free environment. Where a restriction was utilised for example increased supervision, this was done so for the shortest duration necessary and to promote the safety and well being in the individual affected. Any restriction was regularly reviewed and with measures in place to remove the restriction and to promote independence. To reduce the use of restrictive practice the person in charge promoted an environment of skills and

safety training.

The registered provider had effective systems in place to safeguard residents from abuse. Any concern raised was vigorously addressed in a timely manner with effective safeguarding plans put in place. There was clear evidence of follow through by the person in charge and the designated safeguarding officer should a concern arise. Staff spoken with clearly articulated procedures to be adhered to in line with organisational policy. One resident informed the inspector that they always felt safe within the centre and they felt they could always speak to staff if they had a concern.

Overall, risk was managed well within the centre. The registered provider and person in charge promoted a culture of safe, appropriate care in a supportive environment. A robust risk management policy was in place which provided guidance to staff on procedures with respect to the assessment, identification and ongoing review of risk. Measures were in place for the identification and assessment of risk with individual and environmental risk assessments in place which set out current control measures in place to decrease the risk rating. However, on review of risk the rating was not consistently reviewed accurately reflect of the current impact and likelihood of the identified risk to ensure current control measures were effective.

Largely, within the centre the registered provider had ensured that safe and effective systems were in place for the prevention and detection of fire. Suitable fire equipment was provided and serviced as required by a competent person. Monitoring systems were in place and completed to ensure a safe environment was promoted. Following the inspection the person in charge ensured that systems were reviewed to promote the safe evacuation of residents from the centre in a variety of scenarios with guidance for staff updated to reflect supports required. Fire containment measures were in place within the centre such as certified fire doors, however these required review to ensure they were utilised in accordance with best practice to promote a safe environment at all times.

Regulation 13: General welfare and development

The registered had ensured that supports afforded were appropriate to residents individual needs and wishes.

Each resident was supported to attend a local day service Monday to Friday in conjunction with opportunities to participate in a range of meaningful activities. Residents were supported to participate in training, employment and education if they chose.

Judgment: Compliant

Regulation 17: Premises

The centre presented as a warm friendly environment which was designed and laid out to meet the aims and objectives of the centre. Each apartment decorated to the individual tastes of the resident.

Judgment: Compliant

Regulation 26: Risk management procedures

Overall, risk was managed well within the centre. Measures were in place for the identification and assessment of risk. However, risk was not consistently reviewed accurately to reflect the current impact and likelihood of some identified risk in the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Largely, within the centre the registered provider had ensured that safe and effective systems were in place for the prevention and detection of fire. Fire containment measures were in place within the centre, however these required review to ensure they were utilised in accordance with best practice to promote a safe environment at all times.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured the development and review of individualised plans for each resident following the implementation of an annual daily living and needs assessment. Recommendations and input from relevant members of the multi-disciplinary team was evident with clear guidance for staff to afford support and care in an appropriate manner.

Goals in place were individual in nature and reflective of the needs, wishes and

aspirations of residents. There was clear evidence of progression of goals to enhance the quality of life of residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where utilised a restrictive practice was in place for the shortest duration necessary, with measures in place to remove the practice when safe to do so.

The registered provider and person in charge promoted a positive, person centred approach to supporting residents through behaviours of concern. The person in charge had ensured that staff had up to date knowledge and skills to afford these supports. A stress support plan had been developed as required for each individual.

Judgment: Compliant

Regulation 8: Protection

The registered provider had effective systems in place to safeguard residents from abuse. Any concern raised was vigorously addressed in a timely manner with effective safeguarding plans put in place. An organisational policy had been developed which ensured staff had sufficient knowledge to adhere to procedures should a concern arise.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that the designated centre was operated in a manner that was respectful to the resident's individual needs, wishes, beliefs and aspirations. This was evident throughout discussions with residents, staff and family members and reflected within documentation reviewed.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially 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	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hazelbrook OSV-0005689

Inspection ID: MON-0023418

Date of inspection: 21/11/2018

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> 1. An internal medication management trainer has been recruited and all staff in this service have received refresher training in this area. 2. An external company has been identified to train staff if the internal trainer is unavailable. 3. The HR manager responsible for training will review the training matrix monthly to ensure that all training required for the service is delivered on time including refresher training. <p>All of the above are in place prior to 31st December 2018.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All notifiable incidents, including those which occur in day services but are reported to staff in residential services, will be notified to HIQA.</p>	
Regulation 26: Risk management	Substantially Compliant

procedures	
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Staff have reassessed all risk ratings and will be reminded again at the February team meeting to review the risk rating when all risks are being reviewed. The PIC will review the risks and the ratings allocated when completing the first quarter documentation audits and quarterly thereafter.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All door wedges have been removed. Deep sleep fire evacuation drills have since been completed when there is only one staff in the house. These will be completed every three months going forward. This will be documented in the service diary and the PIC will check same has been completed.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/12/2018
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/12/2018
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting,	Substantially Compliant	Yellow	31/12/2018

	containing and extinguishing fires.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Substantially Compliant	Yellow	31/12/2018