



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:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	05 August 2020
Centre ID:	OSV-0003321
Fieldwork ID:	MON-0029816

About the designated centre

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

Hazelwood is a designated centre which provides residential services on a campus based setting in County Mayo. The centre supports residents who have an intellectual disability and who may also have complex medical needs and reduced mobility. There are currently five residents living in this centre and the service is closed to any further admissions apart from residents who may be currently residing on the campus. There is 24 hour nursing care offered in this centre and residents are also supported by health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 - 2015 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
Wednesday 5 August 2020	10:00hrs to 15:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The centre was based on a campus in County Mayo and it comprised of two separate houses which were within walking distance of a local town.

The inspector met with one resident and attended one of the houses in the centre. The resident appeared relaxed and comfortable in their surroundings. The resident did not communicate verbally with the inspector, but they smiled and responded in an engaging manner when the person in charge and staff team spoke with them. This centre supported people with reduced mobility and the house which supported this resident was large and spacious and had been adapted with wide walkways and equipment so that residents could easily navigate throughout their home. This aspect of the centre was found to be homely in nature and it was comfortably furnished. The centre was also found to be clean and the person in charge detailed how specific staff were employed to maintain a good level of cleanliness.

The person in charge was found to have a detailed knowledge of the centre and of the residents' individual care needs. They could clearly account for procedures to maintain standards of care and of the systems which were in place for promoting a good quality of life for residents. The inspector met with two staff members who spoke confidently about the infection control procedures which were in place to maintain the safety of both residents and their co-workers. Both staff indicated that they felt supported in their roles by the management systems which were in place and also indicated that they received regular updates in regards to COVID-19.

Prior to COVID-19, residents were living full lives and were supported to be active in their local communities. Residents enjoyed meals out and shopping and a goal setting process was successfully implemented with visits to the Dail and various day trips achieved. Staff members and the person in charge spoke about the importance of residents having visits from their family members and they detailed how infection prevention and control procedures were implemented to support residents to see their family members.

Overall, the inspector found that residents were receiving a good quality service and their safety was promoted.

Capacity and capability

The inspector found that the oversight and management arrangements which were in place on the day of inspection promoted the welfare of residents and also ensured that they received a good quality service.

The person in charge had a good knowledge of the centre and the services which were provided met each resident's individual needs. They were completing a range of local audits which assisted in ensuring that the quality of the service was maintained to a good level at all times. The provider also had additional oversight of the centre, having completed all audits and reviews as required by the regulations. Overall, the inspector found that extensive auditing measures and management systems ensured that the service was safe and effectively monitored at all times.

The inspector found that the centre was well prepared for an outbreak of COVID-19 and there was ongoing monitoring of residents and staff members for signs and symptoms of the illness. Oversight arrangements were kept under regular review and the easing of restrictions on visitors had been risk assessed with additional guidance for staff members, residents and family members introduced to further promote the safety of all parties.

The provider had a training and refresher programme in place which assisted in ensuring that residents were supported by staff members who could meet their needs. A review of a sample of training records indicated that staff were up-to-date with training needs and additional training in the use of personal protective equipment (PPE), infection control and hand hygiene had been completed.

Regulation 15: Staffing

The person in charge maintained an accurate rota which indicated that residents were supported by staff members who were familiar to them.

Judgment: Compliant

Regulation 16: Training and staff development

Staff members were up-to-date with their training needs and training which was specific to the needs of the residents was facilitated by the provider. Staff members also received regular updates in regards to COVID-19 and additional training in regards to infection prevention and control had been completed.

Judgment: Compliant

Regulation 23: Governance and management

There were robust governance and oversight arrangements in place which ensured that the quality and safety of care which was provided to residents was maintained

to a good standard at all times.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider failed to ensure that all restrictive practices had been submitted as required by the regulations.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that the quality and safety of care which residents received was maintained to a good standard.

It was clear that staff members were trying to promote interests and activities which residents would enjoy whilst promoting residents' safety during the COVID-19 emergency. Resident's annual reviews had occurred prior to the national emergency with both residents and their family members attending and choosing personal goals for the coming year. As mentioned earlier, good progress had been made in supporting residents in achieving their personal goals; however, many of these goals were put on hold due to COVID-19. In response, the staff team implemented goals such as using digital devices to maintain contact with loved ones received hand massage and went on walks in the local area. The person in charge spoke of how the easing of restrictions had been welcomed by residents who were previously cocooning, engaging once again in their local communities.

Residents' health was promoted and access to health care professions was occurring on a planned and as required basis. This was a nurse-lead service and detailed health care planning was in place to ensure that a consistent and planned approach to care was implemented. Some residents using this service also had chronic illnesses which meant that they had to attend for regular care procedures outside of the centre. A review of the rota indicated that familiar staff members attended these procedures with the resident and altered start and finish times had been implemented to ensure that the resident was facilitated to attend these procedures as required. The provider had a system for monitoring incidents and this identified a recent increase in falls and incidents within the centre. The inspector noted that this system ensured that senior management had been made aware of these incidents. Robust reviews and amended healthcare assessments had also been implemented to ensure that both the safety and positive health of residents was promoted at all times.

The were some restrictive practices in place which the person in charge had risk assessed and reviewed on a regular basis. The provider was also in the process of implementing additional oversight in the form of separate rights and restrictive practice committees. The inspector found that these arrangements would ensure that all identified restrictive practices would be subject to ongoing review and also assist in ensuring that the least restrictive measures are implemented. The inspector did identify that some minor improvements were required as some measures which were implemented in response to an identified healthcare need had not been identified as restrictive and further review of these arrangements was required.

Regulation 11: Visits

The provider had revised visiting arrangements in place which aimed to promote the safety of residents. Staff members were also found to have had a good understanding of these arrangements.

Judgment: Compliant

Regulation 18: Food and nutrition

Some residents required modified diets and detailed diet plans were in place for these residents. Staff members had also undertaken additional training in this area of care.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge maintained risk assessments which were reviewed on a regular basis. The provider also had a system in place for monitoring incidents which also included a weekly review by senior management of the centre.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had revised infection control procedures in place in response to COVID-19. Staff were completing regular checks of signs and symptoms of the

disease and they were also kept up-to-date in regards to changes in national guidance.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety systems in place and staff were conducting simulated fire drills which promoted residents' safety and also indicated that residents could be evacuated in a prompt manner.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider maintained accurate prescription and administration records and a review of a sample of these records indicated that medications were administered as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place which were reviewed on at least an annual basis. Residents and their representatives were also supported to attend individual planning meetings.

Judgment: Compliant

Regulation 6: Health care

Residents had regular access to healthcare professionals and detailed care plans were in place to support the delivery of care.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some restrictive practices had not been identified in the centre and required further review.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant

Compliance Plan for Hazelwood OSV-0003321

Inspection ID: MON-0029816

Date of inspection: 05/08/2020

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 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 restrictive practices will be referred to the restrictive practice committee by 20/08/2020 and discussed collaboratively therein.</p> <p>Outcome and the minutes of the meeting will be available to the resident in an accessible format.</p> <p>Once consensus around the restrictive practice is discussed and agreed collaboratively they will be submitted as required by the regulator.</p> <p>Human rights training is scheduled for staff on the 25th and the 26th August 2020.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>Referrals to the restrictive practice committee to determine if the practice is safety or restrictive by 17/08/2020.</p> <p>Consultation with resident and or their representative by 13/08/2020.</p> <p>Referral to psychology to ascertain if the service user understands why the practice is in place.</p> <p>Commitment to report all restrictive practices in the Centre to the regulator</p> <p>Policy in place.</p> <p>Human rights training is scheduled for staff on the 25th and the 26th August 2020.</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 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	30/09/2020
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in	Substantially Compliant	Yellow	30/09/2020

	accordance with national policy and evidence based practice.			
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