



Office of the Chief Inspector

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

Name of designated centre:	Hazel Grove
Name of provider:	St Christopher's Services Company Limited by Guarantee
Address of centre:	Longford
Type of inspection:	Unannounced
Date of inspection:	14 August 2019
Centre ID:	OSV-0003889
Fieldwork ID:	MON-0023371

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
14 August 2019	09:30hrs to 16:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The inspector met with five of the six residents who reside in the centre. The inspector interacted with three of the residents throughout the inspection. They informed the inspector of their upcoming holiday and of a planned party for the weekend that they were looking forward to. One of the residents also spoke about a recent concert that they had attended and that they had enjoyed the trip. The residents appeared comfortable in their home and were observed to be listening to music in their rooms and also chatting with staff members over the course of the day.

The inspector met with two more residents towards the end of the inspection as they had been out on activities with a staff member. The residents spoke of their hobbies and interests and appeared happy in their environment and interacted positively with the staff member supporting them.

Capacity and capability

Residents were being provided with a good quality and safe service. There was a management structure in place that identified the lines of authority and accountability in the centre. The management systems in place were leading to a service being provided to residents that was safe and met their needs. However, some written policies and procedures required review.

The necessary reviews as outlined in the regulations including the annual review and unannounced visit by the provider had been completed. The inspector reviewed the reports generated from same and found that the management and staff team in the centre had addressed many of the actions outlined from the reports and were working towards completing any outstanding actions.

The centre's statement of purpose was subject to regular review, reflected the services and facilities provided and contained all information required under the regulations. The person in charge was submitting notifications regarding any adverse incidents occurring in the centre within three working days as set out in the regulations. There was also evidence that adverse incidents were investigated and reviewed appropriately and that learning from incidents was prioritised.

The provider had prepared in writing policies and procedures on the matters set out in schedule 5 of the regulations. However, some policies and procedures required review and the provider had failed to address this within the 3 year review period as set out in the regulations.

The qualifications and skill mix of the staff team was appropriate to the number and

assessed needs of the residents. There was also evidence that the person in charge had flexibility in increasing staffing numbers if required. A review of the centres roster showed that staff members were completing shift patterns that supported residents with activities and attending appointments when necessary. There was a staffing deficit in the centre but the review of the actual roster showed that the provider was ensuring that the residents were receiving continuity of care and support as consistent locum staff were in place to support the residents. The centre's staff team had access to appropriate training, including refresher training as part of the staff team's professional development. Staff members were receiving regular supervision and there was evidence that learning was being promoted as part of the supervision process.

The inspector reviewed a sample of residents' contracts of provisions of services and found them to meet the requirements set out in the regulations and that they had been signed by the residents. The provider had developed transition plans for recent admissions that were clear and independent to the resident's needs. The residents and their representatives were also offered the opportunity to visit the centre prior to their admission.

The registered provider had a complaints procedure in place that was easily accessible to residents. There was an easy read document on how to make a complaint and a visual aid on how the complaints were managed. There was a complaint log in place, however, there had been no recent complaints. Rather there were a number of compliments regarding the service being provided that had been made by residents' representatives.

Regulation 15: Staffing

The qualifications and skill mix of the staff team was appropriate to the number and assessed needs of the residents. There was also evidence that the person in charge had flexibility in increasing staffing numbers if required. A review of the centres roster showed that staff members were completing shift patterns that supported residents with activities and attending appointments when necessary. There was a staffing deficit in the centre but the review of the roster showed that the provider was ensuring that the residents were receiving continuity of care and support as consistent locum staff were supporting the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The centre's staff team had access to appropriate training, including refresher training as part of the staff team's professional development. Staff members were

receiving regular supervision and there was evidence that learning was being promoted as part of the supervision process.

Judgment: Compliant

Regulation 23: Governance and management

There was a management structure in place that identified the lines of authority and accountability in the centre. There were auditing systems that led to regular review of the residents and centres information. The management systems in place were leading to a service being provided to residents that was safe and met the residents' needs.

The necessary reviews outlined in the regulations including the annual review and unannounced visit by the provider had been completed. The inspector reviewed the reports generated from same and found that the management and staff team in the centre had addressed many of the actions outlined from the reports and were working towards completing the outstanding actions.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed a sample of residents' contracts of provisions of services and found them to meet the requirements set out in the regulations and that they had been signed by the residents.

The provider had developed transition plans for recent admissions that were clear and independent to the resident's needs. The residents and their representatives were also offered the opportunity to visit the centre prior to their admission.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre's statement of purpose was subject to regular review, reflected the services and facilities provided and contained all information required under the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was submitting notifications regarding adverse incidents within the three working days as set out in the regulations. The person in charge had also ensured that quarterly and six-monthly notifications were being submitted as set out in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a complaints procedure in place that was easily accessible to residents. There was an easy read document on how to make a complaint and a visual aid on how the complaints were managed. There was a complaints log in place, however, there had been no recent complaints. Rather there were a number of compliments regarding the service being provided that had been made by residents' representatives.

Judgment: Compliant

Regulation 4: Written policies and procedures

There was evidence that the provider had prepared in writing policies and procedures on the matters set out in schedule 5 of the regulations. However, certain policies and procedures required review and the provider had failed to address this within the 3 year review period as set out in the regulations.

Judgment: Substantially compliant

Quality and safety

The inspector visited both of the centres houses and found that they were laid out to meet the aims and objectives of the service and the number and needs of the residents. However, the process of individual planning and goal setting for residents required review.

A sample of the residents' personal plans were reviewed, it was found that the

residents availing of the service had received comprehensive assessments of their health and social care needs. These assessments and support plans were reviewed regularly as part of auditing systems in the centre and were updated where necessary. One area, however, required attention. Residents' personal goals had been set, yet, there was a lack of relevant evidence in relation to effective auditing and reviewing of the goals.

It was found that personal possessions checklists had been completed for residents. Financial management assessments had been completed and individualised support plans were in place based on the residents' capabilities. Residents had their own bank accounts and where necessary were supported to manage same. Residents' finances were reviewed by staff members on a daily basis and there was also evidence that the provider's finance department also reviewed the residents' finances and the centres finances on a regular basis. The inspector reviewed a recent audit of the same.

A sample of residents' files showed that they were receiving appropriate health care. Residents had access to allied healthcare professionals and were being supported to attend appointments when necessary.

Residents were being assisted to communicate in accordance with their needs and wishes. There were communication support plans in place for verbal and non-verbal residents and residents were being facilitated to access assistive technology and aids where necessary.

Weekly resident meetings were supporting residents to develop knowledge around self-awareness, understanding, and skills needed for self-care and protection. The provider and person in charge were proactive in relation to safeguarding residents. A review of safeguarding plans showed that the provider was following national guidelines and was reporting incidents as per the regulations.

The centre was operated in a manner that respected the rights of the residents. There was evidence that residents were being supported to lead the type of care being provided to them through their person-centered planning meetings. The inspector observed positive interactions between the residents and those supporting them. Residents were chatting with staff members and were making decisions on their plans and future activities.

There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. The centre had arrangements in place to identify, record, investigate and learn from adverse incidents. There was a risk register specific to the centre that was reviewed regularly and addressed social and environmental risks. Incidents were recorded as per the provider's policies and procedures and adverse incidents were reviewed as part of the centres team meetings and learning from incidents was being promoted during these meetings.

Staff members had received appropriate training in the management of behaviour that is challenging including de-escalation and intervention techniques. There were plans in place to support residents with their behaviours and the inspector observed

that these were under regular review.

There were systems in place to ensure the prevention of fire, and the safe management of any emergency. There was appropriate fire safety equipment available, and fire doors throughout the centre. Each resident had a personal evacuation plan which outlined the support needs in case of an evacuation. The appropriate servicing and maintenance of equipment had taken place, and regular fire safety checks were undertaken and documented. The staff team had received the appropriate training in fire safety and there was evidence that regular fire drills were taking place in both of the centres houses.

The person in charge had ensured that the centre had appropriate and suitable practices in relation to the ordering, receipt, prescribing, storing, disposal and administration of medicines. There was also evidence that staff members working in the centre had received adequate training to administer medication safely.

Regulation 10: Communication

Residents were being assisted to communicate in accordance with their needs and wishes. There were communication support plans in place for verbal and non-verbal residents and residents were being facilitated to access assistive technology and aids where necessary.

Judgment: Compliant

Regulation 12: Personal possessions

A review of a sample of residents' personal plans found that personal possessions checklists had been completed for residents. Financial management assessments had been completed and individualised support plans were in place based on the residents' capabilities. Residents had their own bank accounts and where necessary were supported to manage same.

Residents finances were reviewed by staff members on a daily basis and there was also evidence that the providers finance department also reviewed the residents' finances and the centres finances on a regular basis. The inspector reviewed a recent audit of same.

Judgment: Compliant

Regulation 17: Premises

The inspector visited both of the centres houses and found that they were laid out to meet the aims and objectives of the service and the number and needs of the residents. One of the houses had received some upgrades and the other was scheduled to receive similar work.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. The centre had arrangements in place to identify, record, investigate and learn from adverse incidents. There was a risk register specific to the centre that was reviewed regularly and addressed social and environmental risks. Incidents were recorded as per the providers policies and procedures and adverse incidents were reviewed as part of the centres team meetings and learning from incidents was being promoted during these meetings.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to ensure the prevention of fire, and the safe management of any emergency. There was appropriate fire safety equipment available, and fire doors throughout the centre. Each resident had a personal evacuation plan which outlined the support needs in case of an evacuation. The appropriate servicing and maintenance of equipment had taken place, and regular fire safety checks were undertaken and documented.

The staff team had received appropriate training in fire safety and there was evidence that regular fire drills were taking place in both of the centres houses.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The centre had appropriate and suitable practices in relation to the ordering, receipt, prescribing, storing, disposal and administration of medicines. There was also evidence that staff members working in the centre had received adequate training to administer medication safely.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of the residents' personal plans and found that the residents availing of the service had received comprehensive assessments of their health and social care needs. These assessments and support plans were reviewed regularly as part of auditing systems in the centre and were updated where necessary. One area, however, required attention. Residents' personal goals had been set, yet, there was a lack of relevant evidence in relation to effective auditing and reviewing of the goals.

Judgment: Substantially compliant

Regulation 6: Health care

A sample of residents' files showed that they were receiving appropriate health care. Residents had access to allied healthcare professionals and were being supported to attend appointments when necessary.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff members had received appropriate training in the management of behaviour that is challenging including de-escalation and intervention techniques. There were systems in place to support residents with their behaviours and the inspector observed that these plans were under regular review.

Judgment: Compliant

Regulation 8: Protection

Weekly resident meetings were supporting residents to develop knowledge around self-awareness, understanding and skills needed for self-care and protection. The provider and person in charge were proactive in relation to safe guarding residents. A review of safeguarding plans showed that the provider was following national

guidelines and was reporting incidents as per the regulations.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was operated in a manner that respected the rights of the residents. There was evidence that residents were being supported to lead the type of care being provided to them through their person centred planning meetings. The inspector observed positive interactions between the residents and those supporting them. Residents were chatting with staff members and were making decisions on their plans and future activities.

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 - 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 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hazel Grove OSV-0003889

Inspection ID: MON-0023371

Date of inspection: 14/08/2019

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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The two written policies and associated procedures will be reviewed in line with the Policy and Planning Committee and process and circulated to the designated centre</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Person centred plan refresher for all staff will be completed at next team meeting scheduled 13/09/2019 and 17/09/2019.</p> <p>Supervision to be completed with all staff in relation to person centred plans by 15/11/2019 to ensure the observation and recording of any change/progress of each person's goal is documented.</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 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/11/2019
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/11/2019