



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

Issued by the Chief Inspector

Name of designated centre:	Hazel Grove
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	29 January 2024
Centre ID:	OSV-0004638
Fieldwork ID:	MON-0033871

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 properties located within a relatively short drive of each other. Both properties are located in populated areas in walking distance of services such as shops, restaurants and public transport links. The centre provides a residential service for a maximum of six residents assessed as requiring a broad range of staff support. The support provided ranges from supervision to full support with all activities of daily living. One property is a single-storey detached house where an individualised service for one resident is currently provided. The other property comprises of four apartments that accommodate residents on a single occupancy or shared basis; the maximum possible occupancy of each apartment is two residents. The apartments offer semi-independent living arrangements for residents. In each location there are two staff available to offer care and support during day-time hours and one staff during night-time hours. The model of care is social and the staff team is comprised of social care and support workers with day-to-day management delegated to the person in charge supported by a lead social care worker.

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 (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
Monday 29 January 2024	10:00hrs to 19:00hrs	Mary Moore	Lead

What residents told us and what inspectors observed

The provider had applied to the Chief Inspector seeking renewal of the registration of this centre. This inspection was undertaken to inform that decision. The findings of the last HIQA (Health Information and Quality) inspection in March 2023 were not satisfactory with six regulations judged to be not-compliant with the requirements of those regulations. While not fully resolved much improvement was noted on this inspection. For example, the provider had put additional staffing resources in place, had completed a review of compatibility and, of risks and how they were controlled. Overall, while there were still some gaps the provider demonstrated better evidence as to how it assured the quality and safety of the service residents received.

This centre is comprised of two separate units, a detached house and four separate apartments within a larger apartment complex. Based on the age profile, needs and abilities of each resident the service provided differed greatly between the house and the apartments and between the different apartments. It was a busy service that required ongoing planning and consistent oversight. Traditionally, residents had enjoyed a good level of autonomy and independence and while this was still facilitated there were changing and increasing needs and risks, that needed to be responded to. This was a challenge for the provider and for residents. In general, where areas for improvement were still noted these were relevant to the apartments.

The inspector met with the person in charge, the community manager, front line staff members and all six residents in their respective homes. Five residents living in the apartments were effective verbal communicators, welcomed the inspector into their homes and were open and relaxed as they gave a good account of their life in general and what life was like for them in the centre. One of these residents while greeting and welcoming the inspector had an obvious preference to continue to watch a favourite television show rather than chat with the inspector and the inspector understood and respected this.

The house and each apartment provided residents with comfortable homes that residents had a clear sense of ownership of. Residents had decorated the apartments to their liking and they were comfortable and inviting spaces. Apartment living did have its limitations such as the amount of personal space available in one apartment and, restrictions that were generally applied to the external spaces shared with other apartments. One resident spoke with the inspector about the size of their bedroom and how challenging it was for them to manage their preferred quantity of personal possessions.

From the inspectors discussions with residents it was evident that residents were leading full and active lives closely connected to community and family as appropriate to their needs. For example, residents discussed their continued access to community based day services and said that they enjoyed these. One resident was busy knitting their contribution to a larger craft project and, was visited by a

previous staff member to discuss arrangements in relation to another community based organisation. There was still an evident bond between the resident and this staff member as they discussed the different community based houses the resident had lived in prior to coming to live in the apartment. The resident was looking forward to the upcoming public holiday and an upcoming family celebration. The resident loved music and generously demonstrated to the inspector their proficiency in playing the traditional "spoons".

Another resident was delighted to share with the inspector the video recording of the parachute jump they had completed in 2023. The resident said that this was something that they had always wanted to do and they had been supported to progress it through their personal plan. The resident said that the experience had lived up to their expectations and they would love to do it again. However, the resident was planning and hoping to enjoy, with staff support, a trip to the Harry Potter experience in London as part of their 2024 personal plan.

Staff and families had worked together to support three residents to visit family for Christmas. For one of these trips a resident had travelled independently to America. The person in charge and the community manager described the planning and assessment of risk that was completed for such events. These were wonderful examples of how residents were supported to enjoy independence and safely enjoy new experiences. However, there were also risks that presented on a daily basis and, additional controls put in place since the last inspection with input from the MDT (multi-disciplinary team) were not all to the liking of the residents. For example, a connecting door from a hallway to one apartment was now locked to promote privacy for one resident. Another resident had found this new arrangement challenging.

A resident told the inspector that they did not like the alarm that had been put on their fridge in response to an evidence based risk for choking. Their apartment was unstaffed at night. However, on discussion with the resident it transpired that this alarm could not be heard in the apartment and it was the staff intercom that they did not like. How this risk was controlled and responded to by staff required further review by the provider. Overall, while improvement was noted there was scope to further improve how risks were identified, managed and monitored.

From these conversations it was evident that residents would and did raise matters that they were not happy about. Residents told the inspector that they would speak with their staff team. Residents were looking forward to the internal advocacy conference scheduled for later this year. A resident said that they had invited Uachtarán na hÉireann to the conference and while they were disappointed that he could not attend, they had received a lovely letter in reply.

In general, there was a strong theme of resident consultation and input in to the care and support that they received and needed such as the controls put in place to ensure their safety. Residents were provided with education and training to support them to understand these risks. For example, four residents on the day of inspection attended a fire safety information session facilitated by the local fire safety authority. When the inspector asked one resident what they had learned, the

resident said to leave my apartment when the fire alarm goes off.

Given resident ability, their semi-independent model of care and, their communication skills it was perfectly reasonable that, at times, residents would and did raise matters that they were not so happy about or felt could be improved. This was evident in the feedback residents provided as part of the providers annual service review and, in the feedback residents provided in the HIQA questionnaires. These were completed with support from staff. Overall, residents said that they loved living in their apartments, said they had privacy, good choice and control and liked their staff. However, communication was an area residents felt could be improved. For example, one resident said that they did not always know when staff were gone off-site while another resident noted that how they were included in decisions could be better. One resident said that they did not like living in the service. When this was explored by the inspector with the resident a reason personal to them rather than something relevant to the service was provided.

A very different service was provided in the house. The resident in the house was fully dependent on staff for all of their activities of daily living. The aim of the care and support provided was to support the resident to be comfortable and well and, to remain in their home. The staff team on duty could clearly describe the care and support that they provided as advised by the MDT including the local palliative care team. The resident was alert and aware of the presence of the inspector and turned and looked each time the inspector spoke. The resident's family were frequent visitors to the house.

In summary, this was a good individualised service. The provider could demonstrate better, how it assured the appropriateness, quality and safety of service. Supporting residents to enjoy independence while still ensuring residents were safe continued to be a challenge. While staffing levels were improved, the provider confirmed that it still had an active staffing business case with its funding body in relation to residents changing needs. Despite reasonable efforts made by the provider, this business case was not approved.

The next two sections of this report will discuss the governance and management arrangements in place and how these ensured and assured the quality and safety of the service provided to residents.

Capacity and capability

The governance and management structure was clear. Roles, responsibilities and reporting relationships were understood. There was evidence of the actions taken by the provider in response to the previous HIQA inspection findings such as seeking external review and advice and, additional MDT input. The provider was monitoring the quality and safety of the service and used the data it collected to inform the quality improvement plans needed.

The day-to-day management and oversight of the service was delegated to the person in charge who was supported by a lead social care worker in each location. The amount of administration time allocated to the lead social care workers had been increased and the person in charge told the inspector there was additional flexibility as needed. The person in charge had access and support as needed from their line manager and a formal system of staff supervision was in place for all grades of staff. The person in charge described how they supported and mentored the social care workers as they were relatively new to this role.

Quality assurance systems included the annual review and the quality and safety reviews required by the regulations to be completed at least on a six-monthly basis. The person in charge was in the process of finalising the annual service review. This included incorporating the feedback invited from residents and families. The six-monthly reviews were on schedule. The lines of enquiry were detailed and specific to the needs of the service. Quality improvement plans did issue and reflected the diverse needs of the residents and the arrangements needed in response. However, internal auditors were also satisfied that previous quality improvement plans were satisfactorily progressed. Where they were not they were reissued such as the outstanding staffing business case.

Since the last HIQA inspection the provider had increased the staffing levels in the apartments and there were three staff members on duty up to 16:00hrs five days each week. This meant that residents did have additional support from staff and, spent less time unsupervised where there were identified risks. However, the provider itself had assessed that a further 35 staffing hours per week were needed and this was outstanding.

There was a well maintained staff duty rota in each location showing each staff member and the hours that they worked. There was a low turnover of staff meaning that continuity of care for residents was provided for. Where nursing advice and care was needed this was accessed and readily available from community based services.

The inspector requested a purposeful sample of staff files to review. The four files reviewed contained all of the required information and documents such as references and evidence of Garda Vetting including the re-vetting of staff as provided for in the providers own policy.

The inspector reviewed the staff training records for all staff working in the centre. Refresher training was planned and the training deficits identified at the time of the last inspection had been rectified.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted, within the required timeframe, a complete application seeking renewal of the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time and had the qualifications, skills and experience necessary to manage the designated centre. Though recently returned from a period of planned leave the person in charge was familiar with the needs of each resident, the overall management and oversight of the service, and the quality improvement plans for the service.

Judgment: Compliant

Regulation 15: Staffing

The provider had taken some action to address the staffing deficits in the centre. These deficits were particular to the apartment complex. The provider had made changes to the staff duty rota in consultation with the staff team. A community employment scheme had been extended and continued to be available to one resident. Additional staffing hours had been allocated and a third staff member was now on duty five days each week up to 16:00hrs. This meant that each resident did have, for most of the week, increased access to support from staff and, where there were competing needs such as support for personal care, there were staffing resources to meet these needs most mornings. However, the provider itself had assessed that an additional 35 staffing hours per week were needed. The provider had an active business case that it continued to pursue (including on the day of this inspection) with its funding body. The provider still had an escalated high risk for staffing in the context of the assessed and changing needs of the residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector reviewed the records of completed and planned staff training for both locations. This review indicated that the training gaps evident at the time of the last inspection had been addressed. Where refresher training was due this was highlighted so that it would be requested and scheduled. In addition, since the last inspection a range of in-house site-specific training had been provided for staff such as in fire safety, fire evacuation and, supporting residents who had eating and drinking needs and risks. The person in charge confirmed that regular staff meetings were convened in each location and there was a formal system of supervision

operated for all grades of staff.

Judgment: Compliant

Regulation 21: Records

Any of the records requested by the inspector to inform and validate these inspection findings were available. For example, a copy of all inspection reports, a record of the meals provided, the staff duty rota and training records, a record of referrals and follow-up appointments and, on-going medical assessment, treatment and care provided for residents.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted, with its application seeking renewal of the registration of this centre, evidence that it had insurance in place such as against the risk of injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

While not fully resolved, the responsive actions taken by the provider in response to the last HIQA inspection findings were evident from discussion, observation and records reviewed. It was evident that each person participating in the management of the service in the interim had exercised their role and responsibilities in improving and assuring the quality and safety of the service provided to residents. For example, accidents and incidents were reviewed so as to monitor the need for additional controls (which were put in place) and, to monitor the ongoing safety of arrangements such as the night-time sleepover staff arrangement. An external review had been commissioned and completed and the action plan was in progress. The providers own internal quality assurance systems used robust lines of enquiry and effectively monitored and sought continuous improvement in areas such as personal planning, risk management and the use of restrictive practices. In completing any training required of them including additional training, staff had exercised their personal and professional responsibility for the quality and safety of the services they were delivering. The report of the annual review of the quality and safety of the service was in draft format and was shared with the inspector.

Resident and representative feedback was referenced. A clear pathway demonstrating how the provider explored and considered all resident feedback, both positive and what was described as "negative" should be included in the final draft of the annual review.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the required information such the number of residents that could be accommodated, the range of needs that could be met, the governance and management arrangements, the visiting arrangements and, how to make a complaint.

Judgment: Compliant

Quality and safety

As discussed in the opening section of this report the residents living in this centre presented with a diverse range of needs and abilities. The support provided ranged from full-support from staff for all activities of daily living to, support perhaps with transport and particular activities or, providing emotional and psychological support.

Residents were happy with the service that they received and loved living in their apartments. Residents also however had a strong sense of self, of their abilities and rights and, there were at times struggles and challenges when their views were divergent from the provider's responsibilities including managing risks to resident safety and, to the quality and safety of the service.

For example, there was a long established absence of compatibility between two residents and, though they no longer shared an apartment, there had been an increased level of negative interactions prior to the last HIQA inspection. The provider had completed a full review of how residents were supported to live well in close proximity to one another. This review had considered compatibility, safeguarding and residents overall health and well-being. A positive behaviour support plan had been reviewed and updated by the MDT. However, recommendations relevant to positive behaviour support had also been made by an external consultant. For example, calming and positive reinforcement strategies. A format was needed that integrated the guidance of the positive behaviour support plan and these recommendations so that staff adopted a consistent approach.

While residents valued their independence there were risks that the provider had to manage. This resulted in restrictions that residents did not like. For example, two

residents who lived together in an apartment that was not staffed at night both had an assessed risk for possible choking on unsafe foods. Since the last HIQA inspection the provider in consultation with both residents had trialled and monitored the effectiveness of different restrictions. The current restriction was an alarm on the fridge. Both residents reported that they did not like this restriction. Further review and discussion was needed to ensure it was the least possible restriction and that controls were correctly implemented by staff.

Overall, since the last inspection the provider had improved how risks were managed in the service. These risks arose due to the needs and changing needs of residents, the design and layout of the building and, staffing levels and arrangements. For example, there was one staff member on sleepover duty at night in the apartment complex. At the time of the last inspection the provider could not demonstrate that one staff member would safely and effectively evacuate all residents if necessary. This was addressed. However, based on these inspection findings identifying hazards and responding to the risk in a timely manner needed to be better embedded into day-to-day practice.

There were good arrangements in place for assessing and supporting residents' healthcare needs. Staff spoken with were confident in their practice, had received additional training and, had good access and support from services such as the palliative care team. The care observed was evidence based, empathetic and dignified. Staff were mindful of the resident's holistic needs as they discussed with the inspector how they had for example supported the resident to enjoy the festivities of Christmas with staff and family.

Staff were aware of medicines in use that had additional safety precautions and requirements such as their storage and record-keeping requirements. All of the required elements of recording were there such as their receipt, verified administration and counts carried out at staff changeover shifts. However, the record keeping was somewhat disjointed and not as set out in the providers own medicines management policy. Different records were created rather than one properly maintained medicines record.

Regulation 10: Communication

The majority of the residents were good and effective verbal communicators. The inspector saw that residents had access to their own mobile phones and personal devices and, residents confirmed that they had access to the internet. Where needed, assistive technology was provided. For example, as part of a residents personal emergency evacuation plan. Where there were needs that could impact on positive engagement and communication guidance for staff as to the correct approaches was available in the positive behaviour support plan.

Judgment: Compliant

Regulation 11: Visits

As appropriate to each resident's needs residents had access to family, attended family events and spent time with family members in their homes. There was only one shared apartment and receiving visitors in private could be facilitated if requested.

Judgment: Compliant

Regulation 13: General welfare and development

While residents wanted and enjoyed autonomy and independence all six-residents needed support from staff be that practical assistance with personal care and meal preparation, support to attend community based activities and events, or emotional and psychological support. The enhanced staffing levels had improved the appropriateness of the level of support available to residents. The improved MDT input supported the evidence base of the support and care provided and arrangements put in place such as restrictive practices. Residents presented as happy and content with their lives and had good opportunity to be meaningfully connected with the local community, to engage in activities that they enjoyed such as volunteering and, to pursue further education if they choose to do so.

Judgment: Compliant

Regulation 17: Premises

Both locations were well maintained and suited to the needs of the residents. For example, two upstairs apartments were occupied by residents with the ability to use the stairs and to evacuate independently. Residents had personalised their apartments to suit their individual tastes and preferences and they were warm, welcoming and comfortable spaces. Where there were higher needs a resident was provided with the equipment that they needed for their care and comfort such as a height adjustable bed and pressure relieving equipment. One apartment was shared by two residents. One resident felt that their bedroom was "small" and the resident discussed with the inspector the struggle that they had to manage and store their preferred quantity of personal possessions. Additional wardrobe space had recently been provided but this did reduce further the available floor space. The bedroom was not spacious. While acknowledging the need for discussion and negotiation, in the context of apartment living and the space available in the bedroom, the residents view of their bedroom was not unreasonable. The inspector discussed with the provider the possibility of exploring and providing some additional storage such

as in the main living room. The provider was open to this.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector discussed nutritional needs and care with staff, observed practice and reviewed records in one location. The care provided was evidenced based, thoughtful and dignified. Staff had received training and support, were risk aware and were confident in their practice. The consistency of the food and fluid provided was as recommended and, notwithstanding the high support needs of the resident, the meal was presented in an appealing manner. Staff were aware of the food and fluids that the resident had always liked and provided these to encourage to resident to eat and drink. Nutritional supplements were available and were offered and used appropriately.

Judgment: Compliant

Regulation 20: Information for residents

The residents guide contained all of the required information such as the facilities provided, how residents were consulted with and, how to make a complaint.

Judgment: Compliant

Regulation 26: Risk management procedures

Identifying hazards and responding to risk in a timely manner needed to be better embedded into day-to-day practice. For example, on the day of inspection the inspector noted that following some alterations made to their bedroom a resident did not have a side light in their bedroom to use, or example, when getting into and out of bed at night. The main light switch was not convenient to their bed. This created a risk for a trip or fall at night. In addition, while talking the inspector through their night-time safety routine the resident pointed to an electrical isolation switch and said that they turned it off at night. There were written on and off indicators on the switch. The possibility that the resident was doing this required review. The use of an audio monitor at night to monitor a resident would have been a reasonable alternative (while still providing assurance for sleepover staff) to leaving doors designed to contain fire open at night.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider demonstrated that it had procedures in place for the evacuation of residents and staff from both locations. Since the last HIQA inspection external fire safety advice and training had been sought by the provider. On-site evacuation training was provided for staff and residents attended fire safety training facilitated by the local fire safety authority. Residents spoken with enjoyed attending this training and discussed their learning with the inspector. Simulated drills also reflected the learning as all residents had responded to the alarm and left their apartments when it sounded. Where corrective actions were needed, the evacuation procedure was amended and the resident's personal emergency evacuation plan was also updated to guide staff on the changes made.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was policy and procedures in place for the prescribing, ordering, receipt, storage, administration and disposal of medicines. Staff members had completed medicines management training. Medicines were supplied on an individual resident basis by a local pharmacist. The effectiveness of prescribed medicines was monitored. Medicines management actions such as their receipt and their administration were recorded. However, as discussed above the records were somewhat disjointed and strictly not in keeping with standard practice and the providers own policy. This was highlighted to the person in charge.

Judgment: Compliant

Regulation 6: Health care

The inspector reviewed in particular, the arrangements in place in response to the healthcare needs of one resident. However, the inspector was satisfied from other records seen and discussions with the person in charge and residents themselves, that the arrangements needed by all residents were in place. For example, one resident discussed an upcoming healthcare appointment and knew exactly what treatment they needed. Another resident discussed and acknowledged the regular access that they had to the principal clinical psychologist. There was evidence of good input from the wider MDT such as general practitioners (GP's), speech and language therapy, positive behaviour support and community based services such as

the local palliative care team. There were clear indicators such as skin integrity that the care provided was of a good standard.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were controls in place in response to risks to resident safety. The restrictions were minimal and based on clearly established risks. These controls restricted some choices and decisions that residents may have preferred to make. Residents were spoken with and provided with information to better understand the risk and to hopefully, make different and better decisions. For example, two residents who shared an apartment could safely get up at night and safely access specified safe foods but not unsafe foods without staff supervision. However, when residents opened the door of their fridge the fridge contained a range of food products and not just safe foods. An alarm alerted staff regardless of the food chosen by the residents. This was not the least restrictive option. In addition, the risk assessment stated that staff on hearing the alarm would go to the apartment and ensure residents had the supervision that they needed to eat safely. However, a resident told the inspector that staff members used the staff intercom to tell residents to leave the fridge alone and they did not like this.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had safeguarding policies and procedures. All staff had completed safeguarding training. The designated safeguarding officer was available to staff and residents and had visited the service to discuss with residents their awareness of staying safe and, the skills they needed for self-care and protection. Where challenges had arisen between peers the provider had commissioned a review by an external consultant and the recommendations from the review were in progress. Where appropriate there were safeguarding risk assessments and controls to ensure the safety of residents. Residents met with said that if they were not happy or did not feel safe they would tell a staff member.

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre was operated in a way that recognised each resident's needs, abilities, wishes and choices. Residents did enjoy good independence and autonomy. Residents were spoken with and had input into decisions about the care and support that they received. The MDT met with residents and residents were given the information that they needed to support their understanding of and the impact of their choices and decisions. Residents told the inspector that they would speak up if they were unhappy about anything. A resident spoke of their involvement in the internal advocacy forum and a video was shared with the inspector in relation to the planning of the upcoming advocacy conference. In the video residents described how advocacy was an opportunity to speak up, to stand up for themselves and to ask for what they wanted. Residents discussed their interest in politics and exercising their right to vote. There were challenges at times between what residents would have preferred and, the providers responsibilities and duty of care to them. This did not equate to a disregard for their human rights. For example, in response to high risk behaviour. In addition, as discussed in the opening section of this report, resident feedback provided to HIQA highlighted effective and equitable communication, consultation and compromise as areas residents felt could be better. Therefore, while there was much evidence of good practice there was always scope for reflection and improvement in giving consistent validity to how others including residents viewed the service they received.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hazel Grove OSV-0004638

Inspection ID: MON-0033871

Date of inspection: 29/01/2024

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre, by:</p> <ul style="list-style-type: none"> • The Service provider will ensure the highlighted need for additional staffing will continue to be raised at quarterly meetings with the funding provider, until such time the outstanding business case is approved. • Close monitoring of the staffing need and associated risk assessment will continue by the Person In Charge and the Community Manager. • At the time additional funding is approved, a review of service provision and the staff roster will take place to ensure staffing needs are appropriate to the number and assessed needs of the residents. <p>Anticipated completion date: 30/03/2025</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: 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; by:</p> <ul style="list-style-type: none"> • The Service Provider addressed the requirement of a side-light beside the bed of one resident on the day of the Inspection. <p>Completed: 29/01/2024</p> <ul style="list-style-type: none"> • A review took place with the staff team and the resident regarding the isolation switch in one apartment. This was a safety practice that the resident completed each night and take pride in the responsibility of it. They turn off the isolation switch nightly, which shuts off power to the washer/dryer/cooker. The staff at the start of every shift turn it back on. This has clarified that the practice does not increase the risk to residents at night-time. 	

Completed: 27/02/2024

- The use of an audio monitor at night to monitor a resident would have been a reasonable alternative (while still providing assurance for sleepover staff) to leaving doors designed to contain fire open at night.

With the passing of the resident in this service the action is no longer required.

- A practical review of the risk register for the DC will be carried out by the PIC, taking into consideration feedback from this inspection, internal audits (including H&S audit carried out by the H&S Officer), and respective to each resident's needs and living environment.

Completion date: 31/05/2024

- All staff will be booked on Risk Management training, to promote identification of hazards and responding to risks in day to day practice.

Completion date: 30/06/2024

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used. This will be ensured by:

- Risk assessments associated with restrictive interventions in use will continue to be reviewed with the appropriate multi-disciplinary professionals to ensure appropriate measures are in place for the individuals and that their safety is paramount. Residents will be consulted in reviews of restrictive interventions quarterly, to ensure their choice and preference is respected in the process.
- Protocol regarding alarms in place to notify staff of residents in one apartment accessing restricted foods; will be updated to ensure on site presence/ response by the staff on duty at the identified apartment when alarm is alerted.
- A process to introduce the least restrictive measure is underway, with the introduction of a locked box within the fridge to hold unsafe foods for the residents. This will allow the residents to access their fridge and unsafe items will be locked inside the fridge, thus eliminating the fridge alarm, but also keeping residents safe from choking hazards. This is under review with the Speech and Language Therapist. A follow up meeting with SALT to review this has been planned for March 2024.

Completion date: 30/03/2024

- Recommendations made by an Independent Social Worker in compatibility assessment report, which relate to residents' positive behaviour support will be discussed with the PBS Specialist for integration into the resident's PBSP. They will also be discussed with the staff team at the next staff meeting to ensure a consistent approach is provided to best support the resident.

Completion date: 30/03/2024

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/03/2025
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	30/06/2024
Regulation 07(5)(c)	The person in charge shall ensure that, where	Substantially Compliant	Yellow	30/03/2024

	a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.			
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