



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

Issued by the Chief Inspector

Name of designated centre:	Hazelwood Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	06 September 2022
Centre ID:	OSV-0004938
Fieldwork ID:	MON-0037853

About the designated centre

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

Hazelwood services provides full-time residential care and support to adults with a disability. Hazelwood services provides services to adults with a primary diagnosis of a moderate to severe intellectual disability as well as additional needs such as a physical and sensory disability, mental health needs, communication difficulties and behaviours that challenge. The service is located in a rural setting close to a local town. Due to the rural location of the centre, a vehicle is provided to enable residents to access local amenities such as shops, cafes and leisure facilities in the surrounding area. Hazelwood services comprises of two premises which are next door to each other. The premises comprises of a single bedded self-contained apartment which is adjacent to a two-storey three bedded house. Both premises have access to a communal front and rear garden. The resident at Hazelwood services is supported by a staff team which includes both nursing and care staff. Two staff support the resident during the day, evenings and at weekends. While at night, the resident is supported by one staff member across the two premises.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Tuesday 6 September 2022	08:30hrs to 14:00hrs	Aonghus Hourihane	Lead

What residents told us and what inspectors observed

This inspection was carried out to assess the provider's compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services (HIQA, 2018). The inspection was unannounced.

Hazelwood is located in the countryside and is surrounded by mature gardens and trees. There were two permanent residents present on the day of the inspection. A third resident was availing of a part-time service presently with plans for this resident to stay on a short term basis before a more permanent arrangement is put in place.

Hazelwood is a large two storey property with ample space both inside and out to comfortably meet the needs of residents. There is also a large side building separate to the main house and one resident resides here. The provider reported that the service is currently in a state of reconfiguration as they would like to have all residents living in individual apartments within the buildings. At present two residents have individual apartments. The residents residing in the centre presently have complex needs and so this arrangement better meets their assessed needs. The proposed changes require significant work, funding and potentially planning permission. The upgrades to the facilities within the centre that would accompany these changes would address some of the significant deficits with infection prevention and control as observed during this inspection.

The inspector met the two residents residing in the designated centre and took the opportunity to speak alone with one resident. This resident was retired and they chose not to rise early in the morning. The resident was sitting watching TV which was a particular passion of theirs. The resident informed the inspector that they liked living in the centre, they had their own space and the staff team were nice to them. The resident informed the inspector that they would be going out for lunch with staff and from reviewing their personal plan this was something that they did on a regular basis. The resident also got a daily newspaper and reported that they liked to read this and follow the stories. The resident had a particular interest in country music and they informed the inspector that they were at a concert by Foster and Allen earlier this year. The resident spoke about their family and said that they did not get to go home as much as previously but that they did speak with their family when required. The resident allowed the inspector to review a picture book of them visiting well known sites in Dublin. The resident also gave permission for the inspector to see their bedroom and bathroom facilities. Overall from what the inspector observed and discussed with the resident it would appear that they had a good quality of life in the centre.

The inspector observed that staff interacted in a kind and respectful manner with residents. Some of the staff in the centre had worked with the residents for a sustained period and so they were very conscious of their needs and had a clear understanding how to meet them on a daily basis. Staff spoken with were conscious

about resident rights and explained how they took time to explain different aspects of their care to the residents and they recognised the importance of consistency for the residents.

There were no restrictions on visiting within the centre. It was noted that one resident had visits with family members multiple times a week and the staff team ensured that these visits took place and saw that they were a valuable part of this residents care plan.

While the residents appeared to enjoy a decent quality of life and there was good evidence that the staff team were committed to the residents. there were significant and multiple non-compliance's in many aspects of the providers infection prevention and control practices within the centre. There were multiple parts of the centre that required enhanced cleaning, the daily governance and oversight arrangements were weak within the centre and there was a general lack of adherence to the providers policies and procedures.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

The provider did not meet the requirements of Regulation 27 and procedures that were consistent with the National Standards for infection prevention and control in community services (2018).

The responsibility for cleaning and ensuring the centre was in compliance with all IPC policies and procedures on a day to day basis rested with the staff team. The staffing arrangements were not in line with the assessed needs of the residents with only two staff on duty most days and on three occasions in the past eight weeks there was only one staff on duty. These arrangements placed significant pressure on the staff team to complete all IPC tasks on a daily basis. The centre had a competent, able and committed person in charge who was keenly aware of the deficits within the service and they also clearly outlined their efforts to hire a permanent team leader for the service. The person in charge saw this role as crucial to ensure daily oversight within the centre. The person in charge also outlined new plans to strengthen the governance and oversight of the service with more extensive changes proposed by the provider in relation to the workload of the person in charge.

The inspector reviewed the staff training matrix and records. Most of the staff team working in the centre had completed the training prescribed by the provider. This included training in hand hygiene, the correct use of personal protective equipment and how to break the chain of infection. The records indicated that two staff needed

to complete IPC training and the person in charge confirmed this.

The provider had a comprehensive IPC guidance document for all centres it operated. This document was very detailed and offered clear guidance to staff in all aspects of infection prevention and control. However upon further review it was apparent that this centre was not following the guidance in the policy. The centre operated a colour coded system for mops but this contradicted the colour coding system that was described in the policy and further to this there was a another different colour coded system displayed on a wall in the area that clean mops were stored. The practice was thus confusing for staff and a clear infection risk due to the differing instructions.

The provider had also developed a suite of policies pertaining to the management of COVID-19. The majority of these had not been reviewed since 2020 and some were at this stage outdated as advice and practice had changed.

The provider had ensured that there was an Annual Review of the service and six monthly visits were taking place. The last six monthly visit took place on May 30 2022. The report did contain a significant section on IPC matters in the centre and some of the issues identified during this inspection were identified such as two staff needing training in IPC and it outlined the efforts of the provider to source a permanent team leader for the service.

The provider was carrying out a lead worker checklist pertaining primarily to COVID-19. This had moved from weekly to monthly in line with the developing situation with COVID-19. The most recent document reviewed was for August 11 2022. There were parts of this checklist that were no longer relevant or operational as the response to COVID-19 has evolved. The checklist also did not contribute to the overall governance of IPC practices within the centre.

The provider had a COVID-19 Outbreak Management Plan. This was not reviewed since January 2021 and no formal review took place after an outbreak within the centre. This was identified in a six monthly visit from the provider.

Quality and safety

The residents living in the service enjoyed a good quality of life and one resident clearly told the inspector that they liked living there. It was obvious that the staff team were committed and caring towards the residents. Staff spoken with were confident describing the needs and daily lives of the residents.

It was clear that the residents had access to good health and social care. The residents had been offered and accepted all COVID-19 and Flu vaccinations. There was ample evidence that the residents had access and were regularly reviewed by a

variety of allied health care professionals. There was documentary evidence that the health of the residents was reviewed on a regular basis with referrals made in a timely fashion.

The providers plans to upgrade and reconfigure the current service were at an early stage. There were a number of concerns observed on the day of the inspection. The fridge and freezer had been re-located to a storage area and were now located beside a sluice sink and mop area, there was a significant risk of cross contamination. The kitchen cabinets were dated and needed to be updated or replaced. The oven hood had a significant layer of grease on it. There was a heavily rusted radiator located in one bathroom, the air vent in this bathroom had a thick layer of dust over it and in the shower area there was an open pipe covered with a plastic bag. The designated storage area for personal protective equipment needed particular attention as it was unclean and compromised the stock in this area.

There was a room over one apartment that formed part of the designated centre and also contained a bathroom that staff sometimes used. The stairs to this room were a particular hazard as there was timber missing, the room was very untidy and dirty. The bathroom in this area didn't appear on any cleaning rota and needed particular attention. The inspector sought and got assurances that the residents did not use this part of the centre and the person in charge recognised that it needed attention.

The quality of and processes in relation to cleaning needed to be significantly improved. Cleaning products used in the centre were stored in a messy manner. The provider operated a cleaning checklist and a cleaning rota. It was unclear from reviewing the documents what the difference was between the two. A staff member spoken with about the documents acknowledged that they were confusing and the processes were not in line with the providers own guidance. There were gaps on both lists, not all areas of the centre were included and certain parts of the centre that were designated as cleaned regularly did not present as clean during this inspection. There was also a very heavily soiled pot scrub in use and a bottle of cleaning agent unlabelled that some staff did not know what it was. The inspector was later informed that it was actichlor plus and it was not used in line with the providers' policy. The providers' policy gave clear instructions on the use of a colour coded cleaning system within the designated. The inspector observed cleaning in the kitchen area with a cloth that was designated for a different part of the centre.

The residents living in the separate apartments had access to their own washing and drying facilities. There was no policy or direction in place as yet for how the third residents' laundry would be managed as there was no laundry facility in that part of the house. There was no evidence that the resident's were consulted about plans for the new residents laundry or no risk assessments in place. A staff member confirmed that used mop heads for all the centre were laundered using the machine inside a residents apartment, this practice carried with it significant IPC risks as there was the potential for spreading infection inside an apartment when the provider had other options.

The inspector noted that one resident had a hospital passport updated in July 2022,

this document contained important information in relation to vaccination and infection status. The hospital passport for another resident was not updated since 2020 in spite of changes in relation to vaccination status.

There was no shared equipment used in the centre and thus this practice greatly reduced the risk of transmission of infection.

There was a waste management policy in place and the bins in use appeared to be changed on a frequent basis. The bin in use in one bathroom did need to be cleaned.

Regulation 27: Protection against infection

The provider was not in compliance with Regulation 27 and the procedures that are consistent with the National Standards for infection prevention and control in community services (2018).

There were significant areas of the centre that required either in dept cleaning and or upgrades. For example It was observed that one particular bathroom used by a resident and staff had significant grime in the shower area. The bathroom contained personal items belonging to a resident with no precautions to protect any of them from cross contamination. The toilet area needed particular attention as there was clear evidence it had not been cleaned in sometime. The toilet brush was heavily soiled and needed to be discarded. The cleaning roster indicated that the bathroom was cleaned regularly but the bathroom did not present as clean.

The day to day management and oversight was particularly impacted by the inability of the provider to fill on a permanent basis the position of team leader. The staff rosters indicated that two staff worked in the centre during the day . This was not in line with the assessed needs of the residents and there was also three days in the past 8 weeks when there was only one staff member on duty. The staffing arrangements directly impacted the providers ability to adhere to their own infection prevention and control policies and procedures.

There were two staff that did not have the required training as stipulated by the provider and there was poor evidence that IPC arrangements were discussed at staff meetings.

The provider's suite of health and safety documents were primarily out of date and a significant number of risk assessments pertaining to the risk of COVID-19 were dated 2020, they were not reviewed in the period since and parts of them were now irrelevant.

Judgment: Not 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	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for Hazelwood Services OSV-0004938

Inspection ID: MON-0037853

Date of inspection: 06/09/2022

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 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>In Order to come into Compliance:</p> <p>The Two Staff requiring Infection Prevention and Control training have it now completed.</p> <p>In line with the providers Infection Prevention Control Cleaning Guidance Manual the Person in Charge has purchased mops and cloths in order to set up the colour coded system for mops and cleaning cloths that is outlined in the Providers Manual.</p> <p>A deep clean has also taken place across the three units in the Designated Centre.</p> <p>The Person In Charge has updated all risk assessments relating to Covid 19 in line with Public Health Advice and advice from Our Organizational Covid 19 committee. In addition the Covid Outbreak Management Plan was updated.</p> <p>To strengthen oversight, The Person In Charge has introduced a handover check where at the end of working shift pattern day and night that a walkout inspection takes place across the units. This will improve our auditing procedures around Infection Prevention Control and Health and Safety and provides an opportunity daily where staff can report any issues or deficits found around Cleanliness, maintenance or Health and Safety to the Person in Charge.</p> <p>The Designated Centre is in the process of been reconfigured into three separate units, and as part of this process the kitchen presses in the main house or largest unit will be replaced before year end. Since the inspection the fridge freezer has been removed from the utility. A washing machine has now been installed in each of the three units for the Residents living in each unit so all items can be laundered separately in each unit.</p>	

The oven and hood have been professionally cleaned and rusted radiator identified in one apartment has been replaced and the air vent has been cleaned. Additional bins are also in place in the Residents bathrooms together with a storage cabinet to store Resident's personal belongings

Personal Protective Equipment is now been stored in a Designated Press and items are ordered regularly as required.

The room over the apartment is not in use for Residents has now been cleaned and items needing storage has been stored in proper storage box. Plans are in place to repair the stairs. In addition cleaning of this bathroom has been added to the cleaning roster. All cleaning products are stored neatly in a Designated press. Whilst for the three separate units a separate cleaning schedule is in place, oversight to ensure compliance with the Schedule which will monitored by the most senior person on shift daily going forward.

A hospital passport that required updating has now been updated.

A permanent support worker has been recruited which will increase the number of staff across the team to that outlined in Statement of Purpose. In addition the recruitment process for a Team Manager is ongoing.

The Person in Charge will Review and update all the Health and Safety Documentation.

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	12/12/2022