Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Hazelville Home
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	19 June 2025
Centre ID:	OSV-0001820
Fieldwork ID:	MON-0046733

About the designated centre

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

This service is provided in a purpose built single storey property located in a large rural village. A maximum of ten residents can be accommodated; each resident has their own bedroom and share communal, dining and sanitary facilities. The facility comprises of 10 single bedrooms, one of which has an en-suite. There is a bathroom and a shower room, a laundry room, a staff toilet and two staff offices. There is a large kitchen / dining room, a prayer room, a sitting room, a utility room and two storerooms. There are front and rear gardens that are well maintained and wheelchair accessible. The provider describes the service as suited to residents who require a retirement or pre-retirement service; residents who require full-time support and care and who are unable to attend additional / external day services due to health needs. Full-time residential services are provided and the staff team is comprised of nursing staff and care assistants led by the person in charge; 24 hour nursing care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10

How we inspect

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
Thursday 19 June 2025	09:10hrs to 17:15hrs	Robert Hennessy	Lead
Thursday 19 June 2025	09:10hrs to 17:15hrs	Lisa Redmond	Support

What residents told us and what inspectors observed

This was an unannounced inspection by two inspectors which was part of an overall focused programme of inspections for the registered provider. The last inspection of the centre focused on infection prevention and control in June 2023 and the inspection prior to this in January 2022 found that the centre was complaint with majority of the regulations. All residents were met during the inspection and appeared comfortable with living in the centre. Some residents interacted minimally with the inspectors. The residents spoken with said there were happy living in the centre and felt safe there.

Hazelville Home is registered for 10 residents and the centre was at capacity on the day of the inspection. The house is located on the outskirts of a town. The premises was well laid out and had adequate communal and private space. The residents had hoists in their rooms and bathrooms and a portable hoist to assist with their mobility. Some residents had adapted comfort chairs to relieve pressure areas and help with skin integrity. Areas of the centre had been recently painted and the residents were involved in the decisions in how the centre was decorated. Residents bedrooms were decorated in a way that reflected their interests including sports teams and musical interests. Pictures that were important to the residents were seen on display throughout the designated centre. The outdoor area of the centre was well maintained.

The inspectors met with the person in charge at the start of the inspection for a discussion and then had a walk around of the centre with them. One resident came into the room a number of times to say hello to the inspectors.

A number of residents were sitting in the sitting room on the morning of the inspection. Residents were watching television on a very low volume with one member of staff in the room with them. Other staff members came into the room and inquired if residents were comfortable in their chairs and if they would turn up the television. Residents were watching television until a staff member who had finished with morning care with the residents planned an activity there. Four residents play a basketball game in the sitting room during this time. A staff member went on walk with two of the residents. One resident was preparing to attend an appointment in the afternoon and was planning to have an enjoyable activity following this with the support of staff. The resident was aware where they were going and what the appointment was for. One resident spoke with the inspector in their bedroom and had a humorous conversation about the local area and their interest in sport. A resident was seen using the kitchen independently and other residents were offered drinks by staff. Another resident spoke with the inspectors and described how they went shopping the previous day, what they had bought and they had got ice cream on the way home. They told the inspectors that they were "safe out" living in the designated centre.

Staff interaction with residents was kind, respectful and positive. A staff member spoken with discussed how key worker team meetings were taking place and goals discussed with resident. The staff member gave examples of activities that were undertaken with residents that were not always clearly documented and this is discussed later in the report. A staff member that was sourced from a staffing agency spoke with the inspector and explained that they had been given a introduction to the designated centre and was allowed time to get to know the residents before working independently with them.

During the lunchtime meal, that was sourced from an outside organisation in the local town, residents were seen using plastic plates and cups and were eating the dessert from the container that the outside organisation had provided them in. During this time it was not evident that residents had been offered choice to use non plastic crockery which was seen stored and available in the kitchen. This was discussed with management in the designated centre who explained there was no rationale for residents to be using plastic items at mealtimes. One resident that was eating in the kitchen later in the day was offered earthenware crockery but declined to use this and chose to use plastic items.

The next two sections of the report present 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 service being delivered.

Capacity and capability

This centre is run by St Joseph's Foundation. Due to concerns in relation to overall compliance levels from inspections of St Joseph's Foundation's designated centres and other regulatory engagement throughout 2024, the Chief Inspector of Social Services is undertaking a targeted inspection programme in the provider's designated centres. All inspections conducted for the duration of this programme will be unannounced and will have a focus on specific regulations. These regulations are Regulation 5 Individualised assessment and personal plan, Regulation 7 Positive behavioural support, Regulation 8 Protection, Regulation 9 Residents' rights, Regulation 10 Communication, Regulation 16 Training and staff development, Regulation 23 Governance and management, Regulation 31 Notification of incidents, and Regulation 34 Complaints procedure. These regulations were reviewed on this inspection and this inspection report will outline the findings under each regulation.

There was a suitable governance structure in the centre. The person in charge informed the inspectors that this would their last day working in this centre and they were being replaced by a person who had worked in another centre, as a person in charge, for the registered provider. Good oversight of training was maintained in the centre by the person in charge with all staff training in date and assurances provided regarding training of agency staff being used in the centre.

Staffing in the centre had been identified as a risk and this had been escalated to senior management in the organisation. The designated centre had been relying on agency staff to cover shifts in the centre. The staff team on the day of the inspection was one person short as an agency staff had not reported for duty on that day.

Complaints and incidents were managed appropriately in the centre and in line with the registered provider's policies. Incidents had been submitted to the chief inspector's office as required. There were no open complaints in the centre at the time of the inspection. Information on making complaints was available to residents in the designated centre.

Regulation 16: Training and staff development

From a review of the training matrix in the centre it was evident the person in charge had ensured that staff had access to appropriate training and this was being monitor to ensure that staff attended the refresher training in the areas required. The designated centre was using agency staff regularly to staff the centre, assurances in relation to the training of these workers had been received from these agencies and was available to review on the day of the inspection. Dates for further training were scheduled to ensure that staff up to date with their training.

The person in charge was maintaining oversight of staff and was completing supervision sessions for the staff. Staff supervisions were taking place for the year and other sessions for staff had been scheduled for the year.

Judgment: Compliant

Regulation 23: Governance and management

There was a management structure place with the person in charge being supported by a person participating in management. Both members of the management team were present during the inspection. Staff reported that they were well supported by the person in charge on a day to day basis. Staff meetings were taking place regularly and items such as safeguarding were discussed at these meetings.

The registered provider's six monthly unannounced visits were occurring as appropriate and there was an auditing system in place. These unannounced visits are specifically required by the regulations and are intended to review the quality and safety of care and support provided to residents. The audit schedule in the centre was being completed as planned. The areas that were being audited included safeguarding, health and safety and person centred plans. The annual review had

been completed for 2024 and this was completed using residents' surveys to gauge the residents' opinions of the service being provided.

There were staff vacancies in the designated centre and this was escalated to senior management of the registered provider. This was impacting on residents as there was one staff short on the day of inspection, this was due to an agency staff member not attending for work.

On the day of the inspection, it was not evident if residents' choices in the designated centre were being facilitated. This was evident at meal times for the residents, when residents were using plastic cups and plates without being offered choice on how their meals were served. Non plastic plates and cups were seen to be available in the dining area but were not initially offered to the residents. This is discussed further under Regulation 9 Residents' rights.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The incident log was reviewed during the inspection. Notifications had been submitted in line with regulations to the Chief Inspector's office and in line the registered provider's policy. These notifications include instances of when there was loss of loss of power and the submission required at the end of each quarter such as any restraint used in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The designated centre had a complaints policy and procedure in place for the residents. There were no open complaints on the day of the inspection. Previous complaints had been dealt with in line with the registered providers policy. There were 14 compliments on record from family members on how the centre was run.

Judgment: Compliant

Quality and safety

There was evidence that residents were being consulted on the running of the service. Residents were meeting as a group and they also had meetings with their

key workers on a monthly basis to voice their concerns and choices they might make.

The personal plans were in place for all residents. These contained guidance on how to work with the residents. Some assessments and plans viewed by the inspectors were seen to contain conflicting information and lack detail in the recording of activities for residents. This is discussed under both Regulation 10 and Regulation 5.

Residents' safety was promoted in the designated centre. Staff training had been completed in relation to safeguarding and staff were aware of how to raise concerns if they arose. Information was available to residents on advocacy and how residents may use this.

Activities undertaken by residents were recorded but these records did not correspond with the activities undertaken according to the staff team. Choice at mealtimes was viewed by the inspectors to be restricted by the inspectors this is further discussed under Regulation 9. The residents had a right restriction in place, in relation to residents' finances, that the registered provider was seeking to remedy by December 2025.

Regulation 10: Communication

Communication assessments had been completed for residents and contained information on how the residents may communicate and how they wished to be communicated with. These communication plans had been reviewed by staff working in the centre. Easy-to-read documentation was available to residents for explaining relevant information to them and also to explain to them about appointments they may be attending. One of the communication assessments of a residents contained information which was not consistent for staff working with the resident. This involved how the resident understood information relayed to them.

The residents in the designated centre had access to telephone, television, radio and the Internet.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed four of the residents' personal plans. There were appropriate assessments completed with actions identified from these assessments for residents. These assessment had been reviewed in the last 12 months.The multidisciplinary team had been involved in the personal plan review for each of the residents that were viewed by the inspectors. One assessment for a resident had been reviewed in relation to skin integrity the assessment uses a number of

numerical scales for the result. The end result had changed after assessment but the numerical scales had not been changed to reflect how the final result of the assessment had been reached.

There were goals created for the residents and these were being progressed throughout the year. Some records in relation to residents activities were poorly maintained. Residents were often recorded as going for drives, but with further discussion with staff it was discovered that these drives would end in a resident undertaking an activity such as going to visit their family in their home town.

An item that was required in relation to a resident's feeding system that was needed in case of the accidental removal of the system was not available to staff if this was required.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents that required positive behaviour support plans had them in place and had guidance on how to assist residents with their mental health needs and when they became anxious. Residents had support from psychology and psychiatry professionals to assist in this area. Staff spoken with were aware of how support the residents in this area and had received suitable training.

A right restrictions log was in place in the centre. It was evident from the rights restriction log that the rights restrictions in the centre were reviewed and removed if possible.

Judgment: Compliant

Regulation 8: Protection

Training records reviewed showed that the person in charge had ensured that all staff had received appropriate training in relation to the safeguarding of residents and the prevention, detection and response to abuse. Staff working on the day of the inspection were seen to know the residents well and were respectful when supporting them. Easy-to-read documentation was available in relation to safeguarding for residents.

The inspectors reviewed the safeguarding documentation in place for the centre in detail, including the documentation in place in respect of any safeguarding incidents reported to the Chief Inspector since the previous inspection. The documentation showed that reported incidents, allegations or suspicion of abuse since the previous inspection was being responded to by the person in charge. From a review of the

documentation there was a delay at times of notifying the statutory body being informed of safeguarding concerns outside the three days as required by the registered provider's policy.

Residents had intimate care plans in place, which provided staff with information on how to manage and undertake the residents' personal care.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were attending monthly key worker team meetings which were enabling the residents to have a voice in the running of the centre. Residents' information was stored in a secure and safe manner. Residents had areas to use in the centre to undertake activities in private if they so wished.

It was not clear from a resident's personal plan on how consent was obtained. One section of the personal plan had recorded that the resident consented to their support being received while, another section of the personal plan consent was recorded as being obtained from the resident's family.

A rights restriction logged identified a restriction regarding residents finances. Residents did not have direct access to their finances. Such arrangements were not consistent with the registered provider's policy on residents' finances. This policy stated that the registered provider would "respect a resident's right to control their finances" and was "committed to supporting residents who use our services to use and manage their money". However, given that the restrictions in place relating to residents' finances, improvements were required by the provider to come into compliance in relation to residents being able to exercise their legal rights around their finances. This had been a repeat finding and the registered provider had committed in other compliance plans to address this concern by December 2024.

On the day of inspection it was observed by the inspectors that residents' rights were not being respected at mealtimes when most residents were being served their meal it was seen that:

- residents' drinks were served in plastic cups with no rationale available as to why they were being served in plastic cups
- food was served on plastic plates with no rationale available again available for this
- desserts were served in the plastic container that the outside supplier delivered them into the designated centre and residents were not offered a choice to use a plate or bowl for this
- there were non plastic plates and cups available in the kitchen but it was not evident that they were offered to the residents at this time.

One resident, who had their meal later than the other residents, was offered to use non plastics plates and cups by a member of the management team following a discussion highlighting the concern of the inspectors and the resident chose to the plastic items.
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	
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Hazelville Home OSV-0001820

Inspection ID: MON-0046733

Date of inspection: 19/06/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: To come into compliance with Regulation 23: Governance and Management, the Registered Provider wishes to confirm there has been a reduction in the number of staff vacancies in the designated centre to one full time health care assistant working 9am-4pm seven days per fortnight and one staff nurse vacancy working one shift per week. These vacancies are filled by regular relief or agency staff members. The Providers HR Department are aware of these vacancies and are actively recruiting for staff. The HR Department aims to have these vacancies filled by 30/09/2025 as there are a number of new staff currently onboarding with the organisation. The Person in Charge wishes to confirm the use of plastic cups and plates at mealtimes has been discontinued and such items have been removed from the kitchen.	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: To come into compliance with Regulation 10: Communication: The Person in Charge wishes to assure the Chief Inspector the conflicting information present in one residents care plan has since been reviewed and a new assessment form was completed. This has ensured there is no conflicting information present in the residents file relating to how they communicate. All staff have been informed of this and the resident's assessment and communication plan has been added as an agenda item at the upcoming team meeting due to take place in the centre on 18/08/2025.	

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
To come into compliance with Regulation 5: Individual assessment and personal plan: The Person in Charge is newly appointed to the centre and is in the process of completing a detailed review of each resident's plan which will be completed by 31/08/2025. This will involve reviewing the accuracy of information documented, the quality of assessments and consequent support plans, and the overall maintenance of files including the frequency of reviews and archiving of documentation. This piece of work will ensure the most up to date recommendations from MDT members are present and implemented, outdated information is archived, and periodic reviews of skin integrity are completed by completing a new assessment at each review. This will be discussed with senior staff during supervision's and at the upcoming team meeting which is scheduled for 18/08/2025.
Further to this, the Person in Charge will devise an activity program appropriate to the needs and wishes of each resident in the designated center, this will incorporate a comprehensive recording system for the staff team to ensure clear and accurate reporting. This will also be addressed during staff supervisions and at the upcoming team meeting on 18/08/2025. The required emergency medical equipment in the event of an unplanned percutaneous endoscopic gastrostomy removal were replenished on 20/06/2025. The Person in Charge wishes to confirm the monthly check list of medical supplies has been updated to include this equipment which will ensure adequate stock is available at all times.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
To come into compliance with Regulation 8: Protection;
The Registered Provider wishes to acknowledge the delay in notifying the Statutory Body of notification of a safeguarding incident. The PPIM spoke with the Designated Officer on the day of inspection, the Designated Officer acknowledged this submission was submitted past the required timeframe. They had identified this error prior to the inspection and had submitted late to the Statutory Body. The Providers Designated Officer confirmed on the day they have measures in place to reduce the risk of reoccurrence.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
To come into compliance with Regulation 9: Resident's rights;
The Person in Charge wishes to acknowledge not all residents were offered the choice to use a plastic or non-plastic plate, bowl or cup which is not respectful of resident's rights. As noted above under Regulation 23; the use of plastic cups and plates at mealtimes has been discontinued and such items have been removed from the kitchen. The Person in Charge has reviewed the care plan in question relating to inconsistencies noted and this plan now clearly identifies how consent is obtained in respect of the resident.
The Provider wishes to confirm St. Joseph's Foundation is actively reviewing its practices in terms of supporting residents to manage and access their finances. This involves reviewing and updating the policies impacting our residents, particularly our Finance and Restrictive Practice Policies, mindful of our responsibilities of implementing the Assisted Decision-Making Act 2015 and the Health Act 2007.The Foundation is also engaging with another service provider, who have conducted a review of their practices and are willing to share their learning with us. The Foundation has scheduled a meeting with our resident's bank on 05/08/2025, to discuss more accessible accounts which will uphold our residents' rights to access their funds, while also being mindful of safeguarding our residents. Any new practice will be in line with legislation and best practice. It is envisaged that the full implementation of changes to our current practice will take place before the 31st of December 2025.

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	18/08/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2025
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each	Substantially Compliant	Yellow	20/06/2025

	resident, as assessed in accordance with paragraph (1).			
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	31/08/2025
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	19/06/2025
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	31/07/2025
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in	Not Compliant	Orange	31/12/2025

	accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			