



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:	Short Notice Announced
Date of inspection:	21 June 2023
Centre ID:	OSV-0001820
Fieldwork ID:	MON-0040172

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:	7
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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
Wednesday 21 June 2023	09:30hrs to 16:00hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

This inspection was carried out to assess if infection prevention and control (IPC) practices and procedures within the designated centre were consistent with relevant national standards.

The centre comprised of a large detached bungalow located in a rural area. The house was laid out in a suitable manner to accommodate residents with specific mobility needs, if required, including accessible shower and bath facilities. This designated centre could cater for up to ten residents at a time. There were six residents in the centre on the day of this inspection, another resident was on a home visit and one resident was in hospital. There were two vacancies in the centre. The provider had recently submitted an application to renew the registration of the centre and this inspection was also used in part to inform this decision.

On arrival to the centre, the person in charge met the inspector at the door and directed them to a sign in area and hand sanitisation facilities inside the front door. Appropriate hand sanitisation facilities were seen to be available on arrival to the centre also so that visitors, staff and residents could attend to hand hygiene on entering the centre. There were no active infections or IPC related concerns in this centre reported at the time of this inspection and no centre specific IPC protocols in place.

Residents were present in this centre on the day of this inspection and the inspector had an opportunity to meet with them. Some residents in this centre did not use speech to communicate and staff were observed to be aware of alternative communication methods that they used. Some residents were finishing their breakfast in the kitchen of the centre when the inspector arrived. One resident was observed to spend a large portion of the day at this table in the kitchen, as was his preference. Staff were observed to interact regularly with him and he was observed to be content throughout the day. The inspector spoke at length with another resident in the sitting room of their home. They told the inspector about the things they enjoyed doing and provided their views on the service provided in the centre. This resident told the inspector about their plans for the coming week and a social event that was happening in the local village.

The centre was seen to be homely and decorated in a manner that suited the age range of the residents that lived there. There were spacious communal areas available to residents and each residents had their own bedrooms that were personalised to their preferences and some residents had en-suite facilities. Overall, the centre was bright and airy and residents also had access to garden facilities.

Overall the centre was seen to be well maintained and the inspector noted that the centre presented as clean. Some areas did require attention but for the most part these issues had been identified by the provider and there was a plan in place to address them. For example, following some plumbing works in two bedrooms,

further work was required to repair or replace flooring and skirting. Also in one bathroom near these bedrooms, tiling behind the toilet required replacing. These issues would prevent effective cleaning of these areas. However, on the day of the inspection, these bedrooms were not in use and the person in charge told the inspector that there were no plans to fill these vacancies prior to the works being completed.

Capacity and capability

There was a clear management structure present in this centre. Local management systems and a core staff team provided residents with a safe and consistent service that was appropriate to residents' needs. IPC practices in place in this centre were overall very good. However, some improvements were required ensure that residents were fully protected at all times by the infection prevention and control measures in place.

The person in charge was present on the day of the inspection and a person participating in the management of the centre was also present for a period on the day of the inspection. There was a supernumerary clinical nurse manager 1 (CNM1) employed also in the centre at the time of the inspection to provide support to the person in charge. The quality and risk manager was also present for the feedback session at the end of the inspection.

The management team spoke about the arrangements in place to maintain oversight in this centre and there was evidence that there was good local oversight. The person in charge was seen to maintain a strong presence in the centre and provide good day-to-day support to staff and residents. This individual was knowledgeable and very familiar with the care and support needs of all the residents that availed of services in the centre. The provider had recently submitted an application to renew the registration of this centre and this was discussed during the inspection also. An updated statement of purpose was requested which was subsequently submitted.

IPC and health and safety audits were taking place regularly and team meeting minutes indicated that IPC is discussed regularly with the staff team in the centre, although this appeared to be a rolling item on the agenda that did not change from month to month. IPC was discussed during nurse meetings and management meetings and the statement of purpose for the centre set out the arrangements in place to protect residents from COVID-19, including appropriate policies. An environmental health officer had visited the centre in January 2023 and the Health and Safety Authority had also completed an inspection of the centre in the months prior to this inspection.

The provider was responding to issues identified. Audits in place had identified many of the issues that were found on this inspection, and action had been taken to have specific work completed, such as repairing and replacing some fitted units and

flooring. An action plan was viewed that addressed issues identified during an environmental health service (EHS) inspection of the centre and a repeat EHS inspection had highlighted a much improved standard of cleanliness in the centre.

Staffing levels in the centre were good and were appropriate for the number and assessed needs of residents. There were some staff vacancies in the centre and these were covered by regular relief and agency staff. Residents had access to nursing supports within the staff team in the centre. Usually up to five staff supported residents in the centre, including a staff nurse and care assistants and a CNM1 was rostered on weekdays also. Two staff were present in the centre by night to support residents. Separately, a catering assistant was usually rostered for five hours per day.

Residents and staff were provided with information about vaccinations that would protect them from specific infectious diseases and residents were supported to access vaccinations if desired. For example, IPC was seen to have been discussed during resident meetings held in the centre.

Staff working in this centre had received comprehensive training in relevant areas such as hand hygiene, putting on and off PPE and standard based precautions. Staff had access to Hazard Analysis Critical Control Point (HACCP) food safety training also. A clear record of training completed was maintained in the centre and practical hand hygiene assessments were completed regularly in the centre. Recent hand hygiene audits had highlighted and addressed any issues, such as staff wearing nail varnish. Training records for relief and agency staff were available in the centre.

There was guidance for staff about what to do in the event that a resident was suspected or confirmed to have an infectious disease, such as COVID-19. This meant that all staff working in the centre were provided with the appropriate knowledge to protect residents from infectious agents. An outbreak review had been completed following a COVID-19 outbreak in the centre. The person in charge had in place a supervision schedule and this showed that all staff were receiving supervision on a regular basis, including the person in charge.

Regular audits of IPC in the centre were completed and were identifying issues such as those found during this inspection. Audits such as mattress audits were being completed on a regular basis. An annual review and six monthly unannounced visit report had been completed. These did not contain a specific review of the IPC arrangements in place within the centre but did outline premises issues for instance that would impact on IPC and actions identified were being addressed. The identification and management of any issues that arose meant that residents were overall being afforded a responsive and safe service on an ongoing basis. It was noted that at times there could be a delay in addressing some maintenance issues and the inspector was told that this was due to factors such as the availability of maintenance staff and the procurement procedures in place.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service provided in this designated centre in respect of IPC.

Quality and safety

The welfare and wellbeing of residents was maintained by a high standard of evidence-based care and support. Evidence viewed on this inspection showed that safe and good quality supports were being provided to the residents that availed of respite services in this centre. Good infection control procedures were in place in this centre to protect residents, staff and visitors. Some improvements were required to ensure that these were at all times consistent with relevant national standards.

Overall the centre was seen to be well maintained and the inspector noted that the centre presented as clean. Some areas did require attention but for the most part these issues had been identified by the provider and there was a plan in place to address them. For example, following some plumbing works to replace radiators in two bedrooms, further work was required to repair or replace flooring and skirting. Also in one bathroom near these bedrooms, tiling behind the toilet required replacing. These issues would prevent effective cleaning of these areas. However, on the day of the inspection, these bedrooms were not in use and the person in charge told the inspector that there were no plans to fill these vacancies prior to the works being completed.

IPC was discussed with residents, such as during resident meetings. Staff spoken to told the inspector that staffing was sufficient in the centre to ensure that cleaning schedules in place could be completed without impact on the service being provided to residents.

Daily checklists were in place to prompt staff to clean high contact areas regularly. A folder was viewed that had ample information for staff about a range of topics such as the COVID-19 virus, PPE and current IPC public health guidance.

Information about cleaning products in use in the centre, colour coding, general cleaning and disinfection information was available to staff. There was guidance for staff that identified the type of cleaning product to be used for specific tasks. The checklists and schedules in place for staff indicated what tasks should be completed daily, nightly and weekly.

PPE such as face masks, aprons and hand sanitiser were in plentiful supply and suitably stored, as were appropriate cleaning products and there was a checklist in place to ensure that cleaning products did not exceed their expiry date once made up. A weekly PPE stock check was taking place. During the inspection some PPE was found by the inspector in an area of the centre that was not in regular use that was seen to be out-of-date and this was removed by the person in charge during the inspection.

Residents had care plans in place that promoted strong IPC practices. A PEG (percutaneous endoscopic gastrostomy) feeding protocol was viewed for one

resident and this included important detail such as cleaning and daily care of the stoma site.

Food safety was taken seriously in this centre and the inspector saw that comprehensive records were kept in relation to food temperatures and the storage and reheating of food was carefully considered with risks mitigated against by the procedures in place. A new fridge and freezer had been ordered for the kitchen and new kitchen and utility units were due to be installed to allow for effective cleaning. Identified, appropriately trained staff usually carried out the food preparation in the centre. On the day of this inspection, one of two of these staff had recently departed the post and due to this vacancy on some days residents were being provided with meals from an external company that were delivered on site. These meals were prepared according to residents assessed dietary needs and documentation viewed showed that food safety practices around the receipt, storage and reheating of these meals was robust. While residents had choices in relation to these meals, one resident expressed dissatisfaction with this arrangement and told the inspector that they did not like these pre-prepared meals. The inspector was told that a resident did not like what was provided, staff would prepare something else for the resident in the centre and the resident spoken with confirmed this.

In general, good practice was identified in relation to infection prevention and control measures in place in the centre. Some areas for improvement were identified and many of these issues had already been identified by the provider with plans in place to rectify these issues.

Regulation 27: Protection against infection

Overall, residents in this centre were afforded good protection against infectious agents in line with standards consistent with relevant national standards. Some areas of improvement were required to ensure that infection prevention and control practices and procedures within the designated centre were at all times consistent with relevant national standards. Many of these issues had already been identified by the provider with plans in place to rectify these issues.

- Storage presses and units in the kitchen, utility and sluice room were in poor repair, with chipping and worn surfaces evident.
- The sluice room door had some damage evident and a laundry trolley stored in a hallway required a deep clean.
- The use of a wicker storage unit in a bathroom required review.
- Damaged tiling in one shower room required replacing and this room also required a deep clean.
- Flooring in two unused bedrooms (5&6) required attention following plumbing works.
- A metal bedframe was observed to be chipped which could prevent effective cleaning.
- Sticky residue was observed on bedroom wardrobe doors that could prevent

effective cleaning.

- A build-up of limescale was present on a number of taps and bathroom fittings throughout the centre.
- Some bedrooms had damaged areas of flooring that could prevent effective cleaning.
- The storage of some catheter care equipment required review.
- A bedroom locker had peeling laminate that would prevent effective cleaning and a hall unit was also visibly worn and chipped.
- Hygiene wipes were not labelled with date opened and stock checks of PPE required review to ensure that all expiration dates were identified.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Hazelville Home OSV-0001820

Inspection ID: MON-0040172

Date of inspection: 21/06/2023

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>To come into compliance with Regulation 27, the Provider wishes to assure the Chief Inspector as follows:</p> <p>Regarding the inspection finding of “Storage presses and units in the kitchen, utility and sluice room were in poor repair, with chipping and worn surfaces evident.” The Provider wishes to assure the Chief Inspector that a new kitchen and utility will be put in place. Furthermore the PIC has issued a maintenance request for sluice room for sanding and painting in cleanable gloss finish on the doors and drawers of presses. Both of these works are expected to be completed by October 1st 2023.</p> <p>Regarding the inspection finding of “The sluice room door had some damage evident and a laundry trolley stored in a hallway required a deep clean.” The PIC will ensure that our Maintenance dept will fix the sluice room door. This will be completed by October 1st 2023. The Provider can confirm that the laundry trolley has been cleaned. To ensure compliance going forward this will be monitored as part of the PIC’s monthly IPC residence walkthrough.</p> <p>Regarding the inspection finding of “The use of a wicker storage unit in a bathroom required review.” The Provider wishes to assure the Chief Inspector that the wicker storage unit has been removed and taken out of use.</p> <p>Regarding the inspection finding of “Damaged tiling in one shower room required</p>	

replacing and this room also required a deep clean."

The Provider can confirm that a deep clean of all bathrooms was carried out on July 3rd 2023. The PIC has issued a maintenance request to replace the damaged tile in shower room. This will be completed by September 18th 2023.

Regarding the inspection finding of "Flooring in two unused bedrooms (5&6) required attention following plumbing works."

The Provider can confirm that the works required to address this issue were completed on July 25th 2023.

Regarding the inspection finding of "A metal bedframe was observed to be chipped which could prevent effective cleaning."

The Provider wishes to assure the Chief Inspector that the PIC will liaise with Occupational Therapy to source a replacement bed. This will be completed by September 28th 2023.

Regarding the inspection finding of "Sticky residue was observed on bedroom wardrobe doors that could prevent effective cleaning."

The Provider can confirm that a deep clean was carried out by St Joseph's cleaning dept of all bedrooms on July 18th 2023.

Regarding the inspection finding of "A build-up of limescale was present on a number of taps and bathroom fittings throughout the centre."

The Provider wishes to assure the Chief Inspector that to address this issue a deep clean was carried out by an external company on July 3rd 2023.

Regarding the inspection finding of "Some bedrooms had damaged areas of flooring that could prevent effective cleaning."

The Provider wishes to assure the Chief Inspector that repair works to floor in rooms 5 & 6 were completed on July 25th 2023. The PIC issued a maintenance request to carry out floor repair work in rooms 3 & 8.

Furthermore both the PIC and Maintenance Manager met and reviewed the level of work to be carried out. It was concluded that the works will need to be carried out by an external company. This is expected to be completed by December 1st 2023.

Regarding the inspection finding of "The storage of some catheter care equipment required review."

The Provider can confirm that this was addressed on the day of inspection. To ensure compliance going forward the PIC has commenced an IPC walkthrough of the residence since July 10th 2023.

Regarding the inspection finding of "A bedroom locker had peeling laminate that would prevent effective cleaning and a hall unit was also visibly worn and chipped."

The Provider can confirm that the bedroom locker was removed and taken out of use. The PIC will ensure that the hall unit is replaced. This will be complete by September 21st 2023.

Regarding the inspection finding of "Hygiene wipes were not labelled with date opened

and stock checks of PPE required review to ensure that all expiration dates were identified.”

The Provider can confirm that hygiene wipes are now labelled when opened. In addition to ensure compliance the expiration dates of PPE stocks will be monitored by the PIC as part of the monthly IPC residence walkthrough. This walkthrough commenced on July 10th 2023.

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.	Substantially Compliant	Yellow	01/12/2023