



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

Issued by the Chief Inspector

Name of designated centre:	Hazelwood
Name of provider:	St Michael's House
Address of centre:	Dublin 11
Type of inspection:	Short Notice Announced
Date of inspection:	31 May 2021
Centre ID:	OSV-0002336
Fieldwork ID:	MON-0027858

About the designated centre

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

Hazelwood is a residential service for five people, male and female, over 18 years of age with an intellectual disability. The centre is located in Dublin and is a five bedroom house with wheelchair accessible bedrooms and a bathroom. Each resident has their own room and there is a shared kitchen and dining room, two living rooms, a utility room and a large back garden. The house is led by a clinical nurse manager and is staffed by social care workers who are supported by a multidisciplinary team. The house has its own transport and is located in close proximity to public transport and a wide variety of social, recreational, educational and training facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 31 May 2021	09:30hrs to 16:00hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

In line with public health guidance, the inspector did not spend extended periods of time with residents. However, the inspector did meet with each of the four residents who lived in the centre and observed residents in their home throughout the course of the inspection. The inspector carried out a review of records and documentation, and spoke with key staff members to inform judgments regarding the residents' quality of life. Overall the inspector found that residents enjoyed a good quality of life and the centre was resourced to meet residents' assessed needs.

The inspector met with one resident who was relaxing in the living area. This resident greeted the inspector and the person in charge in a friendly manner and chose not to speak with the inspector. The resident appeared to be comfortable in their home; they were seen to be neatly groomed and dressed and were using the facilities in their home (such as televisions and kitchen appliances) independently.

Two residents were observed in the kitchen/dining area. The inspector observed that these residents communicated with each other and staff in an amiable manner. Residents were seen enjoying hot drinks and snacks, going out for walks with staff and relaxing in their home.

The premises had undergone some improvement works since the previous inspection, such as painting and new flooring. At the time of inspection the kitchen was undergoing a refit which was almost complete. The house had sufficient space to accommodate the four residents who lived there. There were two living areas downstairs for residents to use and one resident had their own personal living area upstairs, in addition to their own bedroom.

While generally the premises was in a good state of repair, improvement was required with regard to decoration and general upkeep. Some furniture and fittings were very well worn, some walls had large chips or scrapes in them and in some areas the decor (such as soft furnishings) were sparse. Residents had access to a modest sized, well kept garden. There was space for residents to dine in the garden, including a table and chairs, however there were only two chairs available, which wasn't sufficient for all four residents and staff to dine outside when the weather permitted.

The inspector found that there were sufficient staff available to meet the needs of residents. Staff were observed in some of their interactions with residents which were seen to be positive and caring in nature. Residents and staff appeared comfortable and affable in their engagement with each other. Staff attended to residents needs as they arose throughout the inspection, and were observed giving clear information and seeking consent or agreement when supporting residents' needs.

Residents were actively supported and encouraged to maintain connections with

their friends and families through a variety of communication resources, including video and voice calls. Staff supported residents to visit to their families, and receive visitors to their home in line with national guidance for COVID-19.

At the time of inspection there were four residents living in the centre. One resident had recently been admitted to the centre, and there had been two discharges in the months preceding the inspection. Consequently, residents in the centre had each experienced substantial change in their living arrangements, and were adjusting to these changes at the time of inspection.

In summary, the inspector found that each resident's wellbeing and welfare was maintained to a good standard. Although admissions to the centre were not carried out in an optimal manner, the staff and person in charge endeavoured to create a strong person-centred culture within the designated centre.

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 to each resident living in the centre.

Capacity and capability

The inspector found, that for the most part, the governance and management arrangements within the centre were ensuring a safe and quality service was delivered to residents. The inspector had some concerns regarding the management of admissions to the centre, and was not satisfied that admissions were carried out in a planned manner, that fully considered the needs of all residents.

There were sufficient staff available, with the necessary skills and experience to meet the assessed needs of residents. Nursing care was made available to residents as required. There was a planned and actual roster that accurately reflected the staffing arrangements in the centre. Staffing arrangements were seen to be flexible with regard to meeting residents' changing needs and the person in charge endeavoured to provide continuity of care to residents.

There were mechanisms in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in areas determined by the provider to be mandatory, such as fire safety and safeguarding. Refresher training was available as required and staff had received training in additional areas specific to residents' assessed needs.

Improvement was required with regard to staff supervision. Records indicated that staff had not received supervision as outlined in the provider's policy, with some staff meeting for supervision just once in 2020. The person in charge had recently recommenced regular supervision meetings with staff and there was a schedule in

place for 2021.

The inspector reviewed the governance and management arrangements and found that there was a clearly defined management structure with established quality and safety reporting mechanisms. The provider had carried out a review of the quality and safety of the service and produced a report outlining the findings of this review, as required by the regulations on an annual basis. The provider had consulted with residents, their representatives, and staff in compiling the review.

There were a range of audits conducted by the staff team and the person in charge to oversee the delivery of safe care, including health and safety checklists, fire safety checks and medication management audits. The provider had a nominated person carry out an unannounced visit to the centre on a six-monthly basis to monitor the quality of care and the safety of the service.

While the inspector was satisfied that the governance arrangements were promoting safe and good quality care and support, improvement was required with regard to the admissions process. The centre had undergone significant change in the months prior to the inspection, with substantial action taken by the provider in order to implement the compliance plan from the previous inspection. The inspector found that further commitment was required with regard to ensuring admissions to the centre were thoroughly evaluated and planned in a manner that considered the needs of the residents living in the centre.

Regulation 15: Staffing

There was a sufficient number of suitably qualified and experienced staff members to meet the assessed needs of residents. Staffing arrangements took into consideration any changing or emerging needs of residents and facilitated continuity of care.

Judgment: Compliant

Regulation 16: Training and staff development

Improvement was required with regard to staff supervision arrangements. Records reviewed showed that some staff had not received supervision as frequently as the provider's policy directed. The person in charge had recently recommenced supervision meetings with staff and there was schedule in place for 2021.

Judgment: Substantially compliant

Regulation 23: Governance and management

The governance and managements arrangements were found to be facilitating good quality care to residents. The provider had carried out an annual review of the quality and safety of the service, and there were quality improvement plans in place where necessary.

The centre had a clearly defined management structure, which identified lines of authority and accountability and established reporting systems.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The centre had recently admitted a resident to the centre. The inspector was not fully satisfied that the admission was carried out in a planned and safe manner. The inspector had concerns regarding the expedited nature of the admission to the centre and the impact to other residents, who had not been sufficiently consulted with during a time when they were adjusting to significant change in the centre.

The inspector was not satisfied that the provider had made adequate improvements to the admissions process, which was an action from a previous inspection.

Judgment: Not compliant

Quality and safety

The inspector found that the governance and management arrangements were promoting good quality and safe care. Residents received care and support in a person centre manner that considered their strengths, abilities and preferences. With regard to quality and safety, good practice was observed across most regulations, with some improvement required in relation to medicines and premises.

The premises of the centre was found to have sufficient space and facilities to meet the needs of residents. While the house was generally in a good state of repair, some action was required in relation to decoration and upkeep. The provider had undertaken some improvement works with regard to the kitchen (a new kitchen had recently been fit) and flooring. A number of rooms required painting and some walls required minor repairs. Some of the furniture and fittings in the centre were very well worn and needed repair or replacement. There was insufficient seating available

in the garden for all residents to use the dining table.

There were suitable safeguarding arrangements in place that ensured residents were protected from the risk of abuse. Staff had received training in safeguarding adults and were knowledgeable of their role in relation to protection. Any potential safeguarding incident was screened appropriately and where necessary, a safeguarding plan was developed. Overall, the inspector was satisfied that residents were receiving a safe service.

The inspector reviewed medicines management in the centre and found that there were suitable arrangements for the ordering, receipt and storage of medicines. Residents had access to a pharmacist of their choice. The inspector found that the person in charge had not ensured that a risk assessment and assessment of capacity had been undertaken with residents with regard to supports required to manage their own medicines.

The provider had conducted a comprehensive assessment of risk in relation to infection prevention and control. There were a range of measures in place to protect residents from the risk of acquiring a healthcare associated infection. There were specific control measures in place in relation to COVID-19, and practices were observed to be in line with national guidance. The person in charge was knowledgeable with regard to infection control practices, and there were a range of support mechanisms in place at provider level to monitor the implementation of infection control practices and provide information and support. There was adequate and suitable personal protective equipment (PPE) and staff had received additional training in this area.

A review of documentation found that discharges from the centre were comprehensively planned and ensured continuity of care for residents. Transition and discharge arrangements ensured that the residents' preferences were considered and upheld in any potential move from the centre. Since the previous inspection, two residents had been discharged from the centre. Although residents' experience of being discharged or transferred from the centre appeared to be managed in a person centred manner, the provider had not outlined in their policies or statement of purpose explicit criteria for discharge from the centre.

There was a wide range of fire safety arrangements and risk control measures in place. Staff had received training in fire safety and evacuation. There was a fire safety system in place which include detection and alarm devices, containment measures, emergency lighting and fire fighting equipment. All equipment and devices were serviced regularly by a competent person. Residents took part in fire drills and there were comprehensive evacuation plans in place for each resident.

Regulation 17: Premises

There were ongoing improvements to the premises taking place at the time of inspection. Further improvement was required in relation to the general upkeep and

finish of the premises, including condition of walls and carpets, and addition of more homely soft furnishings. Additional seating was required in the garden area to ensure all residents could use the outdoor dining space.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

Although the inspector found that discharges from the centre had taken place in a planned and safe manner, it could not be determined if transfers or discharges were determined on the basis of transparent criteria. The criteria for discharge were not clearly outlined in the provider's policies or within the centre's statement of purpose.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were suitable and adequate measures in place to protect residents from the risk of acquiring a healthcare related infection. There were comprehensive risk assessments and control measures in place in response to risks associated with COVID-19. The provider had developed a wide range of protocols that were updated regularly in accordance with national guidance. Residents and staff had access to a vaccination programme.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety precautions in place, including a fire alarm system and appropriate fire fighting equipment. Residents took part in planned fire drills and there were personal evacuation plans in place that reflected residents' abilities and supports with regard to emergency evacuations. Staff had received training in fire safety and evacuation.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had not carried out an assessment of capacity for residents with regards to administering their own medications.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had implemented the actions required following the previous inspection; the actions taken were found to have a significant positive impact with regards to the management of safeguarding risks. The inspector found that the arrangements in the centre were protecting residents from the risk of abuse. Any potential safeguarding risk was addressed promptly, and was investigated in accordance with the provider's safeguarding policy. Staff had received training in safeguarding adults.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Hazelwood OSV-0002336

Inspection ID: MON-0027858

Date of inspection: 31/05/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>In response to non compliance under Regulation 16 (1) (b) :</p> <ul style="list-style-type: none"> • Staff supervision has recommenced quarterly as per Provider's Policy • The PIC had drawn up a schedule for staff supervision for the remainder of 2021 	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>In response to non compliance under Regulation 24 (1) (a):</p> <ul style="list-style-type: none"> • The Provider made a decision to move a Resident from another location to the designated centre in Hazelwood. The reasons for the move were clear and acute at the time • Whilst the move was swift the Resident and their Family were fully involved in the process • The Resident welcomed the move and said they were very happy with the new location • For future reference existing Residents will be consulted more clearly in the admissions process <p>In response to non compliance under Regulation 24 (1) (b):</p> <ul style="list-style-type: none"> • The Provider will review the Admission Policies and Practices to take account of the need to protect Residents from abuse by their peers 	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: In response to non compliance to Regulation 17 (1) (b):</p> <ul style="list-style-type: none"> • The Provider has approved Hazelwood for comprehensive works to improve the BER rating in the house • These works, organized by the Housing Association, are scheduled to begin 9th Aug 21 for a period of 2 weeks <p>In response to non compliance to Regulation 17 (1) ©:</p> <ul style="list-style-type: none"> • The Provider will arrange for the remaining areas to be painted and general upkeep of existing walls and floors to be completed • On behalf of the Provider the PIC and staff team will purchase soft furnishings for common areas as per Residents needs and wishes to make the house more homely <p>In response to non compliance to Regulation 17 (4):</p> <ul style="list-style-type: none"> • On behalf of the Provider the PIC has purchased 4 chairs and a garden table for outdoor dining if Residents wish • Access and use of the garden has been assessed by Occupational Therapy • The PIC has requested the Maintenance Dept to make the paving slabs level to allow for safe access to the garden 	
Regulation 25: Temporary absence, transition and discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents: In response to non compliance under Regulation 25 (4) (a):</p> <ul style="list-style-type: none"> • The Provider will review the organisation’s Admissions, Transfers and Discharge Policy to include reference to transparent criteria when determining transfers or discharges • The PIC will revise the Statement of Purpose to clearly outline the criteria for discharge of any Resident from the Designated Centre 	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>In response to non compliance under Regulation 29 (5):</p> <ul style="list-style-type: none">• The PIC has carried out an Assessment of Capacity with each Resident with regards to administering their own medication• The outcome has been documented for each Resident• A Risk Assessment has been completed with each assessment and this has been filed with the Assessment of Capacity• These assessments will be reviewed annually or as needed by the Key-workers and PIC.	

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/06/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/09/2021
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in	Substantially Compliant	Yellow	31/12/2021

	good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Not Compliant	Orange	31/12/2021
Regulation 24(1)(b)	The registered provider shall ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.	Substantially Compliant	Yellow	31/12/2021
Regulation 25(4)(a)	The person in charge shall ensure that the discharge of a resident from the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/12/2021
Regulation 29(5)	The person in	Not Compliant	Orange	30/06/2021

	<p>charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.</p>			
--	---	--	--	--