



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

## Issued by the Chief Inspector

Name of designated centre:	Hazelwood
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	07 February 2022
Centre ID:	OSV-0003321
Fieldwork ID:	MON-0035459

## About the designated centre

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

Hazelwood is a designated centre which provides residential services on a campus based setting in County Mayo. The centre supports residents who have an intellectual disability and who may also have complex medical needs and reduced mobility. This centre can accommodate eight male and female adults and the service is closed to any further admissions apart from residents who may be currently residing on the campus. There is 24 hour nursing care offered in this centre and residents are also supported by health care assistants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	8
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Monday 7 February 2022	10:30hrs to 17:10hrs	Jackie Warren	Lead
Monday 7 February 2022	10:30hrs to 17:30hrs	Alanna Ní Mhíocháin	Support

## What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's arrangements for infection prevention and control in the centre. As part of this inspection, inspectors met the person in charge, staff on duty, and residents who lived in the centre. Inspectors also observed the care and support interactions between residents and staff at intervals throughout the day

Hazelwood was located on a campus setting on the edge of a rural town and had good access to a wide range of facilities and amenities. The centre consisted of two neighbouring self-contained bungalows and provided a full-time residential service for up to eight people. Each bungalow had a spacious sitting room, a well-equipped kitchen and dining area, an office and laundry facilities. All residents had their own bedrooms and an adequate number of bathroom facilities were provided. Overall, the inspector found the centre to be clean and well-maintained, and provided residents with a comfortable living environment. However, some areas required repair and maintenance to ensure that all surfaces could be effectively cleaned.

Inspectors met with all residents who were present in the centre during the inspection and one resident talked briefly about living there. This resident enjoyed living in the centre and liked the staff. The resident talked about an outing which they had enjoyed earlier that day. Although most residents did not communicate verbally with inspectors, they were observed to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. Although the time inspectors spent with the residents was limited, staff were observed spending time and interacting warmly with residents and supporting their wishes. Some of the activities that residents enjoyed included outings to local places of interest, sensory activities, sports and visits with their families, which had been arranged in line with public health guidance throughout the COVID-19 pandemic. During the inspection, residents in the centre were watching television, completing art projects and looking at newspapers, while some residents were out in the local community.

From speaking with the person in charge and staff, it was clear that many measures were in place to protect residents from the risk of infection, while also ensuring that these measures did not impact on residents' quality of life. It was also evident that the person in charge and staff had helped residents to understand the implications of the COVID-19 pandemic. A range of information relating to infection control and COVID-19 had been developed and made available to residents in a format that suited their needs. This included residents rights, including rights to be healthy, hand hygiene, guide to COVID-19 for people with disabilities, personal protective equipment (PPE) & the vaccination process.

Overall, it was evident from observation in the centre, conversations with staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community.

Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents.

## Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for people who lived in this centre, that residents' quality of life was well supported and that residents were safeguarded from infectious diseases, including COVID-19.

There was a clear organisational structure to manage the centre. There was a suitably qualified and experienced person in charge. The person in charge was based in an office on the campus and was frequently present in the centre. It was clear that the person in charge knew the residents and their support needs. The person in charge also worked closely with the wider management team. The person in charge was very involved in the oversight of infection control management in the centre.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable equipment and furnishing, suitable transport for residents to use, and adequate staffing levels to support residents. The centre was also resourced with many physical facilities to reduce the risk of spread of infection. These included hand sanitising dispensers throughout the buildings, supplies of disposable gloves and aprons, cleaning materials, thermometers for checking temperatures and a ready supply of antigen test kits. There was a plentiful supply of face masks, including FFP2 masks which staff were seen to wear at all times in the presence of residents. Arrangements were in place for frequent stock take checks of masks to ensure that the supply would not run out.

There were systems in place for reviewing and monitoring the service to ensure that a high standard of care, support and safety was being provided and maintained. Detailed unannounced audits were being carried out twice each year on behalf of the provider. Records of these audits showed a good level of compliance and that any identified issues had been or were being addressed within realistic time frames. The auditing systems included infection control auditing. The person in charge also used learning from other services to introduce improvements to this service. The person in charge had completed a comprehensive infection control audit of the centre on the day prior to this inspection. Overall, the audit findings showed a good level of infection control compliance. However, the person in charge had identified some areas where improvements were required and had already commenced work to address any deficits identified in the audit. These improvements included the issues that had been identified by inspectors during this inspection. For example, defective areas that required upgrade had been identified and had been referred to the organisation's maintenance department, the cleaning schedule, including the

cleaning of assistive equipment, had been reviewed and amended to provide clearer guidance, and both staff and time frame had been agreed for the cleaning and tidying of storage rooms within the coming days.

Inspectors reviewed the management of complaints in the centre. Although there had been no recent complaints, there were suitable measures in place for the management of complaints should this be required. These included a complaints policy to guide practice and a clear system for recording and investigating complaints. Information about how to make a complaint was displayed in the centre and was also made available to residents and or their representatives. There had been no complaints or concerns raised about infection control or any aspect of COVID-19 management.

Infection control and COVID-19 documentation viewed during the inspection was informative and up to date. The provider had developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre and for the management of the infection should it occur.

Staff who worked in the centre had received training in various aspects of infection control, such as infection prevention and control, and practical hand hygiene. Training in donning and doffing PPE and food safety management had also been made available to staff. A range of policy and guidance documents, including an up-to-date infection control policy and infection prevention and control guidelines for disability services, were available to inform staff.

## Quality and safety

The provider had measures in place to ensure that the wellbeing of residents was promoted and that residents were kept safe from infection. Overall, there was evidence that a good quality and safe service was provided to residents. However, improvements to some surfaces, maintenance and processes in the centre were required, to ensure that effective cleaning could consistently be carried out.

The centre was made up of two self-contained bungalows. Both bungalows were clean and comfortable, and were decorated and furnished in a manner that suited the needs and preferences of the people who lived there. Most wall and floor surfaces throughout the bungalows were of good quality and were suitable. Overall the wall and floor surfaces in bathrooms were of impervious material, and joints between walls and floors were coved and suitably sealed to allow for effective cleaning. During a walk around the centre, inspectors noted that the centre was generally kept in a clean and hygienic condition throughout and was well maintained, although some areas required upgrade. It was noted that the wall surfaces in one bathroom were not readily cleanable. In this bathroom, the joints in wall surface sheeting were not sealed and were therefore not readily cleanable. In another bathroom, there was a space between the wash hand basin and the wall. As this gap had not been sealed, it created an area which could not be effectively

cleaned. Some external doors in corridors had glass panels to which translucent plastic-type sheeting had been fixed for privacy. Some of the privacy screening sheets were ill-fitting and peeling and were not easily cleanable. In addition a glass panel in an external door was cracked. Storage in a sluice room and a clinical store was disorganised and therefore some surfaces were not accessible for cleaning. Although surfaces in the centre were generally in good condition, there was some minor damage to paintwork and surfaces throughout the buildings, which presented a risk that these areas could not be effectively cleaned as required.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. The centre was situated on the outskirts of a rural town and close to a range of amenities and facilities in the nearby areas. The centre had dedicated transport, which could be used for outings or any activities that residents chose.

The provider had ensured that there were strong measures in place for the prevention and control of infection. There was extensive guidance and practice in place in the centre to control the spread of infection and to reduce the risk of COVID-19. This included adherence to national public health guidance, availability of PPE, staff training and daily monitoring of staff and residents' temperatures. The risk register had also been updated to include risks associated with COVID-19. A cleaning plan for the centre had been developed by the provider.

The provider had cleaning schedules in place which outlined the centre's hygiene requirements and staff members carried out the required daily cleaning tasks. Records indicated that staff were completing daily cleaning of the centre with increased cleaning and sanitising of touch points such as door handles and light switches. Staff who spoke with inspectors were clear about cleaning and sanitising routines and explained how these were carried out. These staff explained the colour coded cleaning system which was in use, the nightly process for washing mop heads, and the use of alginate bags for management of potentially infectious laundry. However, the process for verifying the cleaning and sanitising of assistive equipment also required review as there were two different recording systems in place, neither of which were being used consistently. Tags were being attached to some pieces of equipment to verify that they had been cleaned although some of these tags were out of date, while some equipment cleaning was being recorded in cleaning records. This presented a difficulty in the effective oversight of cleaning by the management team.

Residents' health, personal and social care needs were regularly assessed and care plans were developed based on residents' assessed needs. The plans of care viewed during the inspection were up to date, informative and relevant. Residents were supported to achieve the best possible health by being supported to attend medical and healthcare appointments as required. Throughout the COVID-19 pandemic, residents continued to have good access to general practitioners (GPs) and a range of healthcare professionals. Residents were supported to access vaccination programmes if they chose to, and to make informed decisions when offered COVID-19 vaccines.

## Regulation 27: Protection against infection

Overall, there were good measure in effect to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. However, some areas required improvement. Repair, maintenance and re-organisation was required to some areas of the centre to ensure surfaces could be effectively cleaned and to enhance the overall quality of infection control. These areas included:

a bathroom wall surface sheeting was poorly joined and was not readily cleanable

- a glass panel in an external door was cracked
- some privacy screening sheets on some glass doors were peeling and were not easily cleanable
- storage in a sluice room and a clinical store was disorganised and therefore some surfaces were not accessible for cleaning
- there was some damage to paintwork throughout the buildings
- the seal around a wash hand basin in a bathroom was poor and created an area which could not be cleaned
- a cloth towel was provided for hand drying in a bathroom for staff and visitors, which increased the risk of cross-contamination.

The process for verifying the cleaning and sanitising of assistive equipment also required review as there were two different recording systems in place neither of which were being used consistently.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Hazelwood OSV-0003321

Inspection ID: MON-0035459

Date of inspection: 07/02/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

**Section 1**

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:            Following the 7th February the following actions have been identified and actioned:</p> <p>A detailed Maintenance schedule has been developed to address areas outlined in the report. All actions will be completed by May 28 2022.</p> <p>Both homes in the designated centre are being repainted so that all surfaces are in good repair and easily cleaned with work to be completed by May 15 2022.</p> <p>Area of flooring identified as IPC hazards will be replaced by May 15 2022</p> <p>The bathroom wall surfaces specifically identified in the report is being replaced. This work will be completed by May 28 2022.</p> <p>The bathroom sink identified is being replaced to eliminate the IPC risk.</p> <p>The glass panel for the external door is being replaced and will be completed by May 28 2022.</p> <p>The privacy screen covering on the external doors has been replaced.</p> <p>Store rooms/Sluice rooms have been cleaned and organized and are included in the weekly cleaning schedule.</p> <p>The cleaning schedule for assistive equipment has been updated to include one specific cleaning schedule and record for all equipment in the designated centre. Tags are no being used.</p>	

PIC met with management of the cleaning company onsite and identified cleaning schedule and areas for improvement

Following consultation with the HSE IPC team the PIC has introduced colour coded washable flat mops for cleaning floor surfaces and washable microfiber dusters across the designated centre.

Single use paper towels are in use for hand hygiene throughout the designated centre.

## 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	28/05/2022