



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

Issued by the Chief Inspector

Name of designated centre:	Hazelbrook
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	06 July 2020
Centre ID:	OSV-0005689
Fieldwork ID:	MON-0029596

About the designated centre

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

Hazelbrook is a residential home in Co. Waterford, catering for two adults with an intellectual disability over the age of 18 years. The centre operates on a 24 hour 7 day a week basis ensuring residents are supported by care workers. Supports afforded to residents are reflected in each individualised personal plan to ensure the service facilitates residents in all aspects of their daily life. The service is a detached house which is designed to provide two comfortable apartments.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 - 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 6 July 2020	10:20hrs to 14:45hrs	Margaret O'Regan	Lead

What residents told us and what inspectors observed

This inspection took place in the midst of the COVID-19 pandemic. Communication between inspectors, residents, staff and management took place from a two metre distance and was time limited in adherence with national guidance. The inspector met with both residents who lived in two separate apartments within this centre. Each resident had different needs. One resident accessed regular community activities, albeit these had been curtailed recently due to the COVID-19 pandemic. The second resident was supported to experience new activities within their home and in a more limited way within their community. Both residents were keen to engage with the inspector. One spoke about family matters, their travel experiences and their hopes for the future. Future plans included obtaining paid employment. Again due to the pandemic situation, progress with this had been stymied. However, in the interim the resident had responsibility for a newspaper delivery, something they clearly enjoyed doing. This resident was seen to care for their pet dog and was familiar with the care of animals. From observation it was clear this pet was very important and brought the resident much joy. While the inspection was ongoing, the resident with their dog and in the company of a staff member, went for a walk on a local beach. When the resident returned, they made plans to make a craft from the sea shells they had collected. These type of physical and creative activities supported the residents innate skills and aptitudes. Other creative work the resident had created was evident in the wall hangings in their bedroom.

The inspector enjoyed a short sing song with the second resident. The inspector noted how staff sensitively supported the resident in their signing and guitar playing, an activity the resident was happy to partake in. At another time the inspector engaged with the resident in a colouring activity they had chosen. This resident also enjoyed making jigsaws and a number of completed puzzles were displayed. The staff who worked with both residents and in particular the staff who worked with the second resident, had an in depth understanding of the triggers that might cause an upset to the resident. From observation, it was clear that great trust was displayed by residents when they were in the company of staff. Staff displayed respect for the resident in the manner they spoke with them, listened to them, facilitated their choices and guided them. For example, the inspector noted how each resident choose what to eat for lunch. One resident was able to prepare this for themselves with the minimum of direction from staff and the other resident clearly stated in the morning what it was they wanted for lunch and this was provided.

Capacity and capability

As found on previous inspections, Hazelbrook was found to be a service where the registered provider demonstrated high levels of compliance with regulations resulting in a good quality of life for residents. Individual needs were catered for in line with each resident's interests and hobbies. Actions from the last inspection were addressed.

A suitably qualified individual was appointed to the role of person in charge to the centre. This person was an experienced nurse manager and demonstrated the necessary skills, knowledge and enthusiasm to fulfil their governance role. This person reported directly to the person participating in management, who had an active role in the operational management of the centre. On-going communication was evident between the governance team and the board of directors. The management style and structure promoted an open ethos with good respect shown to residents, families, staff, management personnel and board members.

Overall, effective operational management systems were in place. Six monthly unannounced visits were facilitated by the provider. These were comprehensive in nature and identified matters requiring improvements. At centre level, the person in charge had effective systems in place to ensure the ongoing review of service provision within the centre. Regular auditing of supports was implemented including financial and medication audits. Areas identified were addressed and acted upon. These systems were utilised to provide a focus on the provision of safe services and provide services which were appropriate to the needs of each resident. The number of required notifications to be submitted for this centre was low. The quarterly returns for 2019 had been submitted albeit not within the required time frame of one month after the quarter end. In addition, a quarterly return for quarter one of 2020 had not been received at the time of this inspection.

The registered provider had ensured the allocation of adequate staff to meet the assessed needs of the residents. The staff rota was flexible and ensured that the service was operated in a manner reflective of the needs of the residents. Staff spoken with, voiced awareness of the individual needs of residents and recognised their role as advocates for the people they supported. The person in charge had effective systems in place for the supervision of staff. Formal staff supervision was implemented in line with local policy.

The inspector discussed with the person in charge, the contingency plan and systems in place to support staff to respond to an outbreak of COVID-19. The inspector was satisfied that these plans placed the ongoing care and welfare of the residents in a position of priority. For example, staff wore masks and changed their clothes at the beginning and end of each shift. The temperatures of staff and residents were checked daily, visitors to the centre were restricted and residents had a good understanding of the measures to be taken to help prevent an outbreak of COVID-19. These measures minimised the risk of introduction of infection. Cohorting arrangements were planned for if the need arose in the event of an outbreak.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted an application for renewal of registration within the required time-frame, complete with the requested information.

Judgment: Compliant

Registration Regulation 7: Changes to information supplied for registration purposes

An updated list of the provider's previous experience was requested and received.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was informed, actively participating and in control of the altered ways of working in the centre. This provided reassurance that practices were appropriately supervised and managed. The person in charge in turn was supported by the provider representative. In addition, the person in charge reported that her colleagues supported each other to ensure that effective management continued if one or the other was not or could not have a presence in the centre.

Judgment: Compliant

Regulation 15: Staffing

The provider and the person in charge had a staffing plan to ensure continuity of care to residents in the event of a significant shortfall of staff attending work due to required self-isolation or an outbreak of the COVID-19 virus. At the time of inspection staffing levels were appropriate to meet the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Discussions with the person in charge indicated that all staff, who had a role in the centre, had completed recent baseline and refresher training in infection control prevention and management. This included hand hygiene, the correct use of personal protective equipment and breaking the chain of infection. This training was

facilitated by online platforms operated by the Health Services Executive(HSE). Training records were well organised and available for inspection. Overall, there was a good training programme made available for staff.

Judgment: Compliant

Regulation 22: Insurance

The provider had submitted evidence of insurance cover as part of the required documentation required for renewal of registration. The insurance was in line with the normal for the type of service being insured.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. There were management systems in place in the centre that ensured the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. This included an annual review of the quality and safety of care and support in the centre and that such care and support was in accordance with standards.

The inspector was satisfied that governance and management arrangements were in place to minimise the risk of the introduction of and the transmission of infection. The required resources, including personal protective equipment if needed, had been sourced. Contact had been established with the statutory body in relation to the sourcing of additional supplies in the event of an outbreak. The inspector was satisfied that the person in charge had good clinical awareness and was informed in an evidence based way. She spoke of being vigilant in her and her team's efforts to protect residents and staff. Viral testing for residents and staff was completed and all results were negative.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had an up-to-date statement of purpose which reflected the service provided. This statement of purpose was dated 18/05/2020.

Judgment: Compliant

Regulation 31: Notification of incidents

Overall, the number of required notifications to be submitted for this centre was low. The quarterly returns for 2019 had been submitted albeit not within the required time frame of one month after the quarter end. In addition, the quarterly return for quarter 1 of 2020 had not been received at the time of this inspection.

Judgment: Substantially compliant

Quality and safety

The inspector reviewed the quality and safety of the service afforded within the centre and found a high level of compliance. The centre was operated in a manner respectful of the rights of each individual with an emphasis on the promotion of independence and enhancement of individual and cultural beliefs. Since transition to the centre, residents had enjoyed a good quality of life where the participation in meaningful activities was encouraged and supported. Residents confirmed this to the inspector.

Residents were consulted in the day to day operations of the centre through weekly service user meetings. Minutes of these meetings were available. The person in charge had ensured the development and review of individualised plans for each resident. Personal plans incorporated guidance on how to ensure these supports were afforded in a respectful and dignified manner with an emphasis on promotion of independence. For example, one resident engaged in a paper delivery activity. This resident was also seen to independently prepare their own lunch.

Notwithstanding that COVID-19 had its impact on achieving some goals, such as securing employment, there was still evidence of progression of goals. In particular it was noted how caring for their dog, benefiting from one to one staffing, engaging in ad hoc music sessions, all brought enjoyment and pleasure to the life of the individuals living in these apartments.

Stress support plans had been developed through consultation with the resident, staff team and the psychology department to ensure all aspects of the individual was reflected within the plan including social and communication needs. Guidelines ensured staff had the required knowledge and information to positively support the individual. This was largely a restrictive free environment. Any restriction in place was regularly reviewed.

The registered provider had systems in place to safeguard residents from abuse. Any concern raised was vigorously addressed in a timely manner with effective safeguarding plans put in place. Overall, risk was managed well within the centre. The registered provider and person in charge promoted a culture of safe, appropriate care in a supportive environment. A risk management policy was in place which provided guidance to staff on procedures with respect to the assessment, identification and ongoing review of risk. This included the ongoing risk of COVID-19 to residents and staff working in the centre. The controls were discussed throughout the duration of this inspection. Where risk had been identified, measures had been taken to manage this risk. For example, staff assigned to this house did not work elsewhere, both residents were facilitated to continue with their one to one day service as this minimised risk of behaviours that challenged. Residents were provided with information and helped to understand the precautions required to prevent the spread of COVID-19 such as hand hygiene, cough etiquette and social distancing.

The provider had taken precautions against the risk of fire in the centre and had provided suitable fire fighting equipment. A system was in place for the testing and servicing of fire safety equipment. One staff member did not have fire safety training. This was provided the day following inspection.

Residents and family members were actively involved in the life of the centre. From discussions with staff and residents, it was clear to the inspector that at every level, residents were empowered to exercise their rights and their independence was promoted. The creative talents and interests of the residents were nurtured and their art work in evidence in their homes. Residents choices were respected and accomplishments acknowledged. For example, one resident spoke of the computer literacy class they completed. The resident was proud of this achievement and it was clear staff were equally proud of the resident's achievements.

Regulation 13: General welfare and development

Residents enjoyed the opportunities to participate in activities in accordance with their interests, capacities and developmental needs. These included, walks on the beach, caring for their pet dog, cooking, playing musical instruments, art work, crafts, making jigsaws, carrying out a paper run.

Judgment: Compliant

Regulation 17: Premises

The premises was designed and laid out to meet the aims and objectives of the

service and the number and needs of residents. It was of sound construction and kept in a good state of repair. Both apartments were attractively and tastefully decorated. There was a secure rear garden. The provider had made alterations to the premises to ensure, in so far as practicable, that the house promoted independence

Judgment: Compliant

Regulation 20: Information for residents

The provider prepared a residents guide which gave a summary of the service provided. A copy of this brochure was submitted as part of the renewal of registration application.

Judgment: Compliant

Regulation 26: Risk management procedures

Risks were identified and managed in a safe and proportionate and considered manner. The registered provider had ensured that the risk management policy had been updated to minimise the risk of infection of COVID-19 to residents and staff working in the centre. For example, staff assigned to this house did not work elsewhere. Residents were provided with information and helped to understand the precautions such as hand hygiene and cough etiquette, that needed to be taken.

Judgment: Compliant

Regulation 27: Protection against infection

It was evident from discussions with the person in charge, and from the observations that the inspector made, that infection prevention and control measures were in place and that staff were requested to adhere to these. As discussed in other regulations above, there was access to the appropriate information, and training had been completed with staff. Staff were supplied with personal protective equipment (PPE) and the inspector observed that staff were using these at the appropriate level. There was a uniform policy, a requirement (where possible) to physically distance and twice daily temperature screening of staff and residents. There were facilities for the management of clinical waste and the provider was confident that any above normal level of usage would be stored and managed appropriately. The person in charge, who is a nurse, was clear on

cohorting guidance in the event of an outbreak. Given that each resident had their own apartment, cohorting was not expected to be a challenge for this centre, should an outbreak of COVID-19 occur.

Judgment: Compliant

Regulation 28: Fire precautions

Fire systems were in place as required and fire equipment was serviced quarterly. Fire evacuation drills took place at varied times of the day and night. One staff member did not have fire safety awareness training on the day of inspection. This training was provided the following day.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Overall, the registered provider was ensuring that the designated centre was suitable for the purposes of meeting the needs of each resident as assessed. The person in charge had ensured comprehensive personal plans were in place for both residents. These plans reflected residents' health, personal and social care needs.

Judgment: Compliant

Regulation 6: Health care

The person in charge described how residents continued to receive medical advice including general practitioner (GP) services, as and when needed. The person in charge also described how residents were supported to access other healthcare services external to the centre and the measures taken by staff to protect them from the risk of infection whilst doing so. Nursing advice and care was available on a 24 hour basis.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff were provided with up to date knowledge and skills, appropriate to their role,

to respond to behaviour that was challenging and to support residents to manage their behaviour.

Judgment: Compliant

Regulation 8: Protection

The provider made arrangements for each resident and/or their representative to be assisted and supported to develop the knowledge, awareness, understanding and skills needed for care and protection. Staff worked closely with residents around protection and safeguarding issues. Staff had received the appropriate training in this area and records were maintained of such training.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider facilitated residents to participate in and consent, with supports where necessary, to decisions about his or her care and support. Residents had the freedom to exercise choice and control in his or her daily life. Activities were incorporated in to the daily routine and residents reported to be content with their routines.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Registration Regulation 7: Changes to information supplied for registration purposes	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hazelbrook OSV-0005689

Inspection ID: MON-0029596

Date of inspection: 06/07/2020

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 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: All quarterly notifications have been sent as required and the Person in Charge will ensure they are received on time in the future.</p> <p>Completed</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Where the usual fire training is not available due to situations such as the current global pandemic, suitable on line training will be made available in a timely manner to staff.</p> <p>Completed</p>	

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 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	23/07/2020
Regulation 31(1)(a)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: the unexpected death of any resident,	Substantially Compliant	Yellow	23/07/2020

	including the death of any resident following transfer to hospital from the designated centre.			
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