



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:	Unannounced
Date of inspection:	01 April 2022
Centre ID:	OSV-0005689
Fieldwork ID:	MON-0036208

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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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
Friday 1 April 2022	09:00hrs to 15:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

The purpose of this unannounced inspection was to monitor the designated centre's level of compliance with Regulation 27: Protection against infection and the Health Information and Quality Authority's (HIQA) *National Standards for infection prevention and control in community services*. This was the centre's first inspection which focused only on Regulation 27.

This inspection took place during the COVID-19 pandemic and therefore precautions were taken by the inspector and staff in line with national guidance for residential care facilities. This included the use of personal protective equipment (PPE), regular hand hygiene and social distancing.

On the day of this inspection, the inspector met with both of the residents that lived in the centre. One resident declined to engage with the inspector, however was comfortable with the inspector being in their home. This resident was a non-verbal communicator who used sounds and vocalisations, pictures and on occasions, written word to communicate their needs. The resident had a communication dictionary which documented the sounds/vocalisations the resident may make and their meaning. It was observed that staff members were familiar with the resident's vocalisations, and understood when the resident vocalised their wish to go on the bus for a drive. It was observed that this request was respected, and the resident was supported to go to the beach.

The second resident spoke about their plans to go for a walk to feed the ducks later that day. They also sang and played the guitar for the inspector. Staff spoken with were aware of the needs of residents, including their need to self-regulate in line with their behaviour support plans. At all times, staff members guided the inspector on how best to carry out this inspection, to ensure there was minimal impact on residents. This evidenced that the staff team promoted the rights of the residents, and provided person-centred care at all times.

The next two sections of the report will discuss findings from the inspector's review of infection prevention and control measures in the centre. This will be presented under two headings: Capacity and Capability and Quality and Safety, before a final overall judgment on compliance against Regulation 27: Protection Against Infection.

Capacity and capability

The purpose of this inspection was to monitor the designated centre's level of compliance with Regulation 27 and HIQA's *National Standards for infection prevention and control in community services*. The inspector found that there was

evidence of a good standard of management and oversight systems in place in this designated centre.

The staff team comprised of social care workers and care assistants. All staff working in the centre had received training to support them in their role. This included hand hygiene, the use of personal protective equipment (PPE) and infection prevention and control. Staff members working in the designated centre had also completed training to support them to recognise the signs and symptoms of COVID-19 in individuals with an intellectual disability. All staff working in the centre reported directly to the person in charge, who was complimentary of the staff team.

The person in charge had completed supervision meetings with staff working in the centre. Team meetings were also held regularly with the staff team. It was noted that infection prevention and control was a standing agenda item at both team meetings and individual staff supervision meetings. The inspector spoke with staff members throughout the inspection. It was evident that they were aware of their role and responsibilities, and that they knew residents well.

The person in charge began working in this designated centre in August 2021. At the time of this inspection, they carried out this role for two designated centres. It was evident that they held the necessary skills and qualifications required to fulfill the role. There was evidence of clear lines of authority and accountability in the centre. This included an on-call arrangement, so that staff members could contact a member of the management team outside of regular working hours.

Regular auditing was completed to ensure the designated centre had appropriate measures in place with respect to infection prevention and control. An infection prevention and control self-assessment had reviewed areas such as vaccination uptake, premises, staff training and PPE. COVID-19 audits and cleaning audits were completed by both the person in charge and the staff team. The person in charge spoke about the importance of staff participation in auditing to ensure the centre's adherence to infection prevention and control procedures. It was noted that these audits had identified issues including the requirement for new flooring in areas of the centre and the requirement for additional storage.

Each week, staff members reviewed the designated centre's PPE stock. There was a protocol in place whereby staff members could seek additional PPE when it was required. A day shift and night shift cleaning schedule had been developed to outline the responsibilities of staff members with respect to cleaning.

Quality and safety

It was evident that the management and staff team provided a good quality service to residents. With regards to infection prevention and control, improvements were required to ensure the service provided increased compliance with the *National*

Standards for infection prevention and control in community services (HIQA 2018).

The designated centre provided residential supports to two adult residents. The premises of the designated centre was divided into two independent living areas, where each of the residents was provided with individualised support. All areas of the designated centre were inspected as part of this inspection. Some maintenance issues had been highlighted by the registered provider as part of their auditing and review of the service provided to residents. This included the need for new flooring in one resident's bathroom and one resident's kitchen area. There were plans in place to address these maintenance issues.

It was noted that there was a lack of effective storage in this designated centre. In response to this, areas of the centre were observed to be cluttered which would impede effective cleaning. A number of items, including cleaning equipment, clinical waste bags and PPE were stored in boxes on the floor of a bathroom and an office. It was acknowledged that there were plans to reconfigure areas to improve storage of items in the centre.

The inspector reviewed residents' files and the plans in place to guide staff on how to meet residents' support needs. It was identified that one resident was supported to engage in sensory activities in the community. This included the resident rubbing mud on their body. In the resident's care plan, it identified that the resident may pick up animal waste instead of mud. However, there was no associated risk assessment in place to guide staff members on how to support the resident to manage this infection control risk and the subsequent risk of infection relating to this activity. As there was no risk assessment in place, it was also not evident that the benefit of this activity outweighed the risk associated. This required review.

After this activity, it was part of the resident's plan that they would have a shower. Due to the nature of this sensory activity, the resident's bathroom would require cleaning after this had taken place. On the morning of this inspection, it was identified that the resident's bathroom had not been cleaned after this activity the previous evening. Staff spoken with noted that they could not always access the resident's bathroom for cleaning due to their assessed needs. This required immediate review.

One resident had a care plan in place as they may attempt to get staff members to take off their face mask. Following multi-disciplinary team review, a social story was put in place to explain the reasons for staff wearing the face masks to the resident. Staff spoken with were aware of how they should respond if the resident requests they remove their face mask. However, this practice had not been risk assessed.

The designated centre had a contingency plan which outlined the steps to be taken in the event of an outbreak of COVID-19 in the centre. This included guidance on staffing resources, symptom checking and nominated visitors. It was identified that the contingency plan did not include the zoning of residents. This designated centre had experienced a case of COVID-19 where one resident had to self-isolate. At this time, both residents had been zoned in their separate living areas. It was noted through discussions with staff that staff members had to continue to access both

residents' living areas to access bathroom facilities and a kitchen during this time. The contingency plan required update to include guidance for staff on zoning residents taking into consideration the layout of the designated centre.

Regulation 27: Protection against infection

Overall, the inspector found that improvements were required to promote increase levels of compliance with Regulation 27 and HIQA's *National Standards for infection prevention and control in community services*. This was observed in the following areas;

- There was no risk assessment in response to the risk of infection related to one resident's engagement in a sensory activity in the community. It was also noted that staff members could not always access the resident's bathroom to clean after this activity.
- The risk of infection posed by a resident requesting staff members take off their face mask was not subject to a formal risk assessment.
- The contingency plan for the management of COVID-19 did not include guidance on the zoning of residents.
- New flooring was required in a resident's bathroom and a kitchen.
- It was noted that there was a lack of effective storage in this designated centre. In response to this, areas of the centre were observed to be cluttered which would impede effective cleaning.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for Hazelbrook OSV-0005689

Inspection ID: MON-0036208

Date of inspection: 01/04/2022

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • There was no risk assessment in response to the risk of infection related to one resident’s engagement in a sensory activity in the community. It was also noted that staff members could not always access the resident’s bathroom to clean after this activity. <p>In the transition to a computerised documentation system some risk assessments had not transferred over and this was discovered on the day of inspection. A risk assessment and care plan are now in place on the new system in relation to the activity and to ensure all staff are aware of how to support the resident to facilitate cleaning 6th May 2022.</p> <ul style="list-style-type: none"> • The risk of infection posed by a resident requesting staff members take off their face mask was not subject to a formal risk assessment. <p>In the transition to a computerised documentation system some risk assessments had not transferred over and this was discovered on the day of inspection. A comprehensive risk assessment is now in place on the new system 6th May 2022.</p> <ul style="list-style-type: none"> • The contingency plan for the management of COVID-19 did not include guidance on the zoning of residents. <p>The contingency plan has now been updated 6th May 2022.</p> <ul style="list-style-type: none"> • New flooring was required in a resident’s bathroom and a kitchen. <p>The planned works to replace the flooring in the kitchen have been completed and the planned refurbishment of the bathroom will be completed by the 30th June 2022.</p> <ul style="list-style-type: none"> • It was noted that there was a lack of effective storage in this designated centre. In response to this, areas of the centre were observed to be cluttered which would impede effective cleaning. <p>The storage which was on order is now in place in the service 6th May 2022.</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 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.	Not Compliant	Orange	30/06/2022