



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:	Sligo
Type of inspection:	Unannounced
Date of inspection:	03 August 2022
Centre ID:	OSV-0008013
Fieldwork ID:	MON-0037587

About the designated centre

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

Hazelwood can provide a full-time residential service for four male and female adults with intellectual disability. Residents can be accommodated from 18 years to end of life. The aim of the service is to provide a person centred approach to care which positively encourages each resident to make their own individual choices working in partnership with their families, carers and the wider community. The centre is a detached dwelling in a residential area close to a village and busy city. All bedrooms in the centre are for sole occupancy and each has a spacious en suite bathroom. The centre is fitted with assistive equipment and is fully wheelchair accessible throughout. Residents are supported by a staff team which includes nurses and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 3 August 2022	12:00hrs to 16:45hrs	Jackie Warren	Lead

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, the inspector spent time in the company of residents and observed the care and support interactions between residents and staff at intervals throughout the day. The inspector spoke with residents who lived in this centre and staff on duty, and also viewed a range of infection control documentation and processes.

The centre consisted of one house and could provide a full-time residential service for up to four people. It was located in a rural village and was also close to a city and coastal area, which gave residents good access to a wide range of facilities and amenities.

The centre suited the needs of residents and provided them with a safe and comfortable living environment. The centre was modern, clean, spacious, and suitably furnished and decorated. It had been established for a specific age group of residents and was laid out and equipped to meet their specific needs. Suitable facilities, furniture and equipment was provided to meet the needs of residents. Some features of the building enhanced the levels of safety and comfort for residents. For example, all bedrooms had adjoining fully-accessible spacious en suite bathrooms, and specialised beds were provided in all bedrooms. There was Internet access, television, a wide selection of games and puzzles, and music choices available for residents. There was adequate communal and private space for residents, and rooms were spacious. There was a sitting room, a well-equipped kitchen and dining area and a utility room with laundry facilities. All residents had their own bedrooms. Residents were happy for the inspector to see their bedrooms. The inspector saw a sample of bedrooms and en-suite bathrooms, which were comfortably decorated, suitably furnished and equipped, and personalised. Colour schemes and decor were varied and had been chosen in line with residents' preferences. The centre had an enclosed garden for residents' use.

The inspector met with all residents who lived in the centre. Residents who spoke with the inspector said they were very happy with all aspects of living there. These residents said that they were well cared for by staff who provided them with a high level of support. The centre was relatively new, having being open for almost a year. All residents had transitioned there from other services and they told the inspector that they had settled in well and are very happy living in their new home. They also said that they all got along well together and were good friends.

All four residents were seen to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. Throughout the inspection, staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed and providing meals and refreshments to suit their needs and preferences. The inspector also noticed that care had been taken with residents' appearance. All residents were nicely

dressed, their outfits were clean and coordinated, and they wore coloured nail polish which they liked.

As residents were retired, they had the option of receiving a home based service or going to day service activities. On the day of inspection two residents had attended day service activities in the morning but returned to the centre for the afternoon. After their lunch, residents and staff baked a cake for a celebration planned for the following day. Residents told the inspector that they would be celebrating a year in the house and that they had agreed that they would be having a 'high tea' to mark the occasion. It was agreed that a cake would be made and a decorated chocolate cake was decided upon. Residents were looking forward to the celebration.

A residents told the inspector that if they had any complaints or concerns, they would tell staff and it would be addressed. It was clear that residents trusted the staff and knew who was in charge. They also said that they enjoyed meals in the centre and that food was bought and prepared in line with their preferences. On the day of inspection, residents had a freshly cooked meal at lunchtime. The meal was prepared using fresh produce and vegetables, and was served to suit each person's needs and preferences. Residents told the inspector that they enjoyed their meals and that the food was to their liking.

From speaking with residents and staff and reviewing documentation, 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 use of face masks, hand hygiene, guidance about COVID-19 for people with disabilities, personal protective equipment (PPE) and the vaccination process. Residents had an understanding of infection control and the arrangements that were in place to keep them safe. A resident told the inspector that they had been offered the COVID-19 vaccination, that reasons for the vaccination had been explained to them, and that they had a choice around whether or not to be vaccinated.

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 in place to manage the service. There was a suitably qualified and experienced person in charge who knew the residents and their support needs. It was clear that residents knew the person in charge. The person in charge worked closely with staff and with the wider management team and was very involved in the oversight of infection control management in the centre. There were clear arrangements to support staff when the person in charge was not on duty. On-call arrangements to access the support of senior managers were also in place for both weeknights and at weekends. Contact information was displayed and was readily accessible to staff.

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.

The centre was suitably resourced to ensure the effective delivery of care and support to residents, and for effective infection control management. These resources included the provision of a suitable, safe and comfortable environment, and adequate staffing levels to support residents and to ensure that the centre's cleaning schedule could be carried out. The centre was also resourced with many physical facilities to reduce the risk of spread of infection. These included hand sanitising gels throughout the buildings, supplies of disposable gloves and aprons, cleaning materials, and thermometers for checking temperatures. There was a plentiful supply of face masks, which staff were wearing at all times during the inspection.

The provider had ensured that there was adequate staffing levels in place at all times in the centre. Residents confirmed that there were sufficient staff on duty to support them. It was clear that this number of staff was suitable to ensure the centre was also cleaned and maintained to a good standard on a daily basis. Staff had received training in various aspects of infection control, such as training in food safety, hand hygiene, and chemical safety.

There was ongoing review and monitoring of the service to ensure that a high standard of care and support was being provided and maintained. An annual audit schedule had been developed and the person in charge and staff were carrying out a range of audits and checks in line with this plan. These included infection control auditing, and PPE checks. The provider was aware of the requirement to carry out six-monthly audits of the service in addition to an annual review. As this centre had not been a year open at the time of inspection, an annual review was not yet due, but the first unannounced audits had been completed as required.

The person in charge compiled a monthly quality improvement plan for the service. This was informed by a range of information such as audit findings, risk assessments, inspection outcomes and self assessments. Any issues that required

improvement were being taken seriously and promptly addressed. For example, a resident's bedroom required fresh painting and this process had commenced. The resident had chosen the paint colour and the room was due to be repainted in the near future.

Suitable arrangements were in place for stock checks of masks and other PPE to ensure that the supply would not run out. These were checked daily and balances were recorded.

Staff were mindful of the importance of sharing information about residents' infection status in the event of any resident transferring from the centre. The requirement to share relevant information is clearly stated in the centre's transfer policy. Up-to-date information is also recorded in hospital passports which have been developed for each resident, and staff explained that these are updated with relevant, up-to-date information as required.

The risk register had been updated to include risks associated with COVID-19. A cleaning plan for the centre had been developed by the provider.

Quality and safety

The provider had good measures in place to ensure that the wellbeing of residents was promoted and that residents were kept safe from infection.

The centre was a detached bungalow, in a residential area of a rural village. The location of the centre enabled residents to visit the shops, coffee shops and restaurant in the village, and also in the nearby city. As the centre was also close to the sea, residents could visit the coast and other places of interest. The centre had dedicated, wheelchair-accessible transport, which could be used for outings or any activities that residents chose. Some of the activities that residents enjoyed included outings to local places of interest, sensory activities, going out for coffee, housekeeping tasks including food preparation and baking, table-top games and crafts, beauty treatments and music. There was also a well maintained and furnished garden where residents could spend time outdoors.

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 infection. This included adherence to national public health guidance, staff training and daily monitoring of residents' temperatures. There was a wide range of information about COVID-19 available to guide staff. The kitchen was bright and comfortable, and was well equipped with readily cleanable and suitable equipment for cooking and food storage. PPE was in plentiful supply in the centre

and all staff wore appropriate PPE, including face masks, as required.

During a walk around the centre, the inspector found that it was clean and comfortable, and was decorated and furnished in a manner that suited the needs and preferences of the people who lived there. The house was kept in a clean and hygienic condition throughout. Wall and floor surfaces throughout the house were of good quality, were clean and were well maintained. Wall and floor surfaces in bathrooms were of impervious material, and junctions were coved which allowed for effective cleaning.

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 were assisted to make informed decisions about whether or not to become vaccinated.

There were detailed cleaning plans in place and the centre was very clean throughout. Cleaning schedules had been developed which detailed 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 the inspector were clear about cleaning and sanitising routines and explained how these were carried out.

A supply of colour coded cleaning equipment and materials such as mops, cloths and buckets was provided. There was also a plentiful supply of cleaning materials such as sanitising solutions, wipes and cloths. Staff explained the colour coded cleaning system that was used, and the nightly process for washing mop heads. Staff told the inspector that an improved cleaning system had been sourced and was expected to be implemented in the near future as soon as staff training was completed. Systems had also been developed for managing the laundry of infected linens and clothing in the event that an infectious outbreak were to occur in the centre.

Arrangements were in place for residents to have visitors in the centre as they wished. The centre had an up-to-date visiting policy which had been updated in line with latest guidance.

Regulation 27: Protection against infection

There were strong measure in effect to control the risk of infection in the centre,

both on an ongoing basis and in relation to COVID-19. These arrangements included a combination of:

- a strong management structure and contingency planning
- staff training
- auditing
- development of detailed and centre-specific cleaning schedules
- suitable and sufficient cleaning materials and equipment
- adequate staff to support residents and to carry out effective cleaning.

Furthermore, the centre was new and was well-constructed and maintained, with smooth, durable, readily-cleanable wall and floor surfaces throughout.

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 (as amended) and the regulations considered on this inspection were:

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