



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

Issued by the Chief Inspector

Name of designated centre:	Hazel Grove
Name of provider:	St Christopher's Services Company Limited by Guarantee
Address of centre:	Longford
Type of inspection:	Announced
Date of inspection:	11 & 12 December 2023
Centre ID:	OSV-0003889
Fieldwork ID:	MON-0032896

About the designated centre

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

Hazel Grove comprised three bungalows and provided care and support to meet the needs of up to nine residents with disabilities on a full-time basis from the age of 18 years and over. Residents are supported by a team of Social Care Workers and/or Support Workers under the direction of a person in charge in delivering a social care model of service provision. Each residence is a 4 bedroom bungalow and comprises an entrance hall, a large and small sitting room, utility room and kitchen and dining room. Each resident has a double bedroom, with two bedrooms having their own ensuite facilities in each house. There are also communal bathroom facilities provided. There are also office facilities provided for in the centre. Each house has large well maintained garden area and adequate parking facilities. Systems are in place so as to ensure the health and social care needs of the residents are provided for with access to GP services and other allied healthcare professionals as required.

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 11 December 2023	14:30hrs to 18:30hrs	Eoin O'Byrne	Lead
Tuesday 12 December 2023	09:00hrs to 14:30hrs	Eoin O'Byrne	Lead
Tuesday 12 December 2023	09:00hrs to 14:30hrs	Florence Farrelly	Support

What residents told us and what inspectors observed

This was an announced inspection that took place over two days. The designated centre comprised three separate houses. The inspectors visited all houses and had the opportunity to meet with all residents.

The overall findings from the inspection were positive. Residents were supported to be active members of their community. They were encouraged to be the decision-makers in their daily lives, and the staff members working with the residents were observed to do so in a respectful manner.

An inspector met with residents on the first day of the inspection when they had returned from their day service programs. The first resident the inspector met with interacted through non-verbal communication. Visual aids were located throughout the house to support the resident's communication. The inspector also observed the staff member use a visual planner to support the residents in preparing for their evening. Another resident introduced themselves to the inspector, informing them that they were going out for food in a local pub. The residents appeared at ease in their interactions with staff members.

The inspector visited the second of the houses and was introduced to two of the three residents who lived there. The residents appeared comfortable in their home and their interactions with staff members. A resident said hello to the inspector but chose to interact with staff instead of the inspector. A non-verbal second resident sat with the inspector and, with the support of staff, showed the inspector their person-centred plan and some of the activities they had completed. Again, visual aids were located throughout the house to support the residents in communicating with others. The following day, the second inspector met with all three residents. The inspector was provided with positive feedback from residents regarding their home and the staff that supported them; residents stated that the staff knew them well and talked about how they liked to go out and engage in activities.

An inspector met with all three residents in the third house. The residents were observed to be in good form, joking with staff members, and they appeared to enjoy the staff members' company. Two residents spoke to the inspector about Christmas and gifts they hoped to receive. The third resident spoke to the person in charge and the inspector about their plans for Christmas. The residents were preparing to go to the cinema together and were looking forward to it.

The residents had been prepared for the inspectors' visit. Residents had been informed of the role of HIQA and asked if they would like to meet with the inspectors and if they were happy for the inspectors to review their information. Residents also completed or were supported to complete a survey on their experience living in the centre. The feedback from residents was positive regarding the service provided to them. There was some feedback regarding noise levels in

one of the houses, which will be discussed in more detail later in the report.

The inspector reviewed a sample of residents' information, and the review showed that residents were encouraged to engage in a number of leisure activities, such as attending the gym and going to Zumba classes and other dance classes. Residents were supported to go on regular day trips and to also go on holiday breaks. Residents were encouraged to identify things they would like to do during key working sessions and weekly resident meetings. The inspection identified that these arrangements were not in place for some residents and that improvements were required to ensure consistency.

The residents' homes were in a good state of repair. Each resident had their own bedroom, which had been decorated to their preferred taste. There was a homely atmosphere, with Christmas decorations displayed throughout the houses.

In summary, the inspection findings were overall positive. The residents were supported by a staff team that was well-established and knew the needs of each resident. Residents had active lifestyles and were engaged in their preferred activities.

The review of information and practices did identify that there were improvements required under the following areas: ensuring that the rights of residents in relation to their living environment were maintained, that medication management and staff supervision practices were appropriate and ensuring that the arrangements for identifying and supporting residents to achieve social goals was carried out for all residents.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

The inspection found that the provider had ensured that effective management and oversight arrangements were in place. A review of information also demonstrated that the provider had developed the required policies and procedures as per Schedule 5 of the regulations.

A clearly defined management structure was in place. The person in charge was supported in the oversight and management of the service by a staff team comprising social care workers and support workers.

A schedule of audits and monitoring practices has been developed. The inspector reviewed records that demonstrated that there were effective monitoring practices overall. Provider's audits had identified actions and areas for improvement. Action plans had been drawn up following the reviews, and there was evidence that the

management team promptly addressed the actions.

However, as mentioned earlier, the provider had not identified that improvements were required in some areas. For example, the review of information identified that enhancements were needed in the area of staff supervision and development. The inspector reviewed a sample of staff members' supervision; the review showed that some staff members had not received supervision in line with the provider's policies and procedures. The person in charge had identified that this area required improvement, but some staff had long periods without formal supervision.

An appraisal of current and previous staff rosters identified a consistent staff team. The review showed that safe staffing levels were maintained. The provider had increased staffing levels in one of the houses to ensure that the needs of the residents were met. This led to unsettled staffing, but the provider had addressed this.

The person in charge had ensured that the staff team had received appropriate training. The team's training needs were under regular review, and the inspector was provided with evidence to show this. There were some gaps in training, but the provider informed the inspector that these issues would be addressed in the coming weeks.

Regulation 14: Persons in charge

The provider ensured that the person in charge had the necessary qualifications, skills and experience to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that the number and skill mix of staff was appropriate to the number and assessed needs of residents. During the inspection, the inspector observed that the staff members respectfully support the residents and that the residents appeared to enjoy the staff members' company.

Staff files were reviewed centrally and the inspector found that the information and documents specified in Schedule 2 of the regulations were in place.

Judgment: Compliant

Regulation 16: Training and staff development

After reviewing the information, inspectors identified that the existing arrangements for staff supervision were ineffective. Some staff had received regular supervision, but for others, there had been long periods between supervision meetings. This was not in line with the provider's policies and procedures. There was, therefore, a need to review and improve the existing systems.

The person in charge had ensured that staff members had access to appropriate training. As stated earlier, some gaps in training were identified, but there was a plan in place to address this in the coming weeks.

Judgment: Substantially compliant

Regulation 21: Records

A review of records showed that the provided had gathered and maintained the required information per the regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that appropriate insurance arrangements were in place.

Judgment: Compliant

Regulation 23: Governance and management

There was an internal management structure appropriate to the residential service's size, purpose, and function. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement. Existing management systems ensured that the service was safe, appropriate to residents' needs, and consistent..

Judgment: Compliant

Regulation 3: Statement of purpose
The provider prepared a statement of purpose containing the information set out in Schedule 1.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge submitted notifications for review by the Chief Inspector per the regulations.
Judgment: Compliant
Regulation 34: Complaints procedure
The complaints process was discussed as part of the residents' meetings. Residents were aware of the process and had been supported to make complaints, and there was evidence of the person in charge responding promptly to the concerns.
Judgment: Compliant
Regulation 4: Written policies and procedures
The registered provider had put in place the required policies and procedures as set out in Schedule 5 of the regulations. These policies were available to staff and reviewed as required.
Judgment: Compliant
Quality and safety
While the inspectors found that the needs of the residents were met by those who supported them, the appraisal of information did identify that aspects of the care

and support provided to residents required improvements.

The inspector found inconsistencies in the planning and support offered to residents regarding identifying and achieving social goals. Some residents had received significant support, whereas others had limited input from those supporting them. Therefore, a review was required to ensure that all residents were aided in identifying and working towards things they would like to do.

The inspection process also identified a need to review the compatibility of residents living together in one of the houses. A resident had raised a complaint regarding noise levels and voiced frustrations on other occasions regarding their living arrangements. An inspector sought assurances that a compatibility assessment had been completed and the person in charge informed them that this had not been carried out. A review was required to assess the impact residents were having upon one another to ensure that, the rights of each resident regarding their living arrangements were being upheld.

While systems were in place for the ordering, storing and administration of medicines, practices related to the transcribing of was not in line with best practice or national guidance.

The inspector did find that comprehensive assessments of the residents' health and social care needs had been conducted. Care plans were created to guide staff members in supporting each resident. The care plans were under regular review and reflected the changing needs of the residents. There was evidence of residents' health being closely monitored by the staff team, that the residents had been supported to attend medical appointments, and that the follow-up to the appointments had been appropriate. Residents also had access to a multidisciplinary team; again, there was documentation available for staff to follow to promote the health and mobility of the group of residents.

Inspectors also found that the provider had ensured that residents could receive support from positive behaviour support specialists if required. The inspector found that some residents' needs and presentation had changed in recent months. The person in charge and the provider had ensured that the residents' needs had been reviewed and an updated positive behaviour support plan had been developed to reflect the residents changing needs.

Throughout the inspection, there were examples of residents being supported as decision-makers in their daily routines and lives. The provider and the staff teams' approach helped this, and the residents, as mentioned earlier, were engaged in activities of their choosing.

As noted earlier in the report, the inspector visited the three houses that make up the designated centre. The residents' homes were well-maintained and nicely decorated. There were Christmas decorations throughout and a homely atmosphere.

The provider had a system where adverse incidents were responded to and reviewed. Learning was identified following the incidents, and supports were implemented to reduce the likelihood of them happening again. The inspector found

that individual risk assessments had been developed for the residents and focused on reducing the risk of harm to residents and those supporting them.

The provider had developed a contingency plan regarding planning for instances such as an outbreak of a respiratory virus in the service. There were clear guidelines for staff members and thresholds for when clinical support was required. The inspector also found that the staff team had received appropriate infection prevention and control practices (IPC) training.

The inspection also reviewed a number of other topics, such as fire precautions, general welfare and development of residents, information provided to residents, and the arrangements for safeguarding residents from all forms of abuse. The review of these areas identified that they complied with the regulations, and the findings will be discussed in more detail below.

In conclusion, the inspection was a positive one overall. Residents were receiving a service that was built around their needs and wishes. Some areas required improvement, but the care provided to the residents was of a good standard.

Regulation 10: Communication

The inspector observed staff members interact with residents in a manner that the residents could understand. Residents were also able to communicate their needs to those supporting them. Visual aids and planners were in place to help residents share with others and promote positive transitions for residents.

Judgment: Compliant

Regulation 12: Personal possessions

During the review of residents' records, an inspector found that there were appropriate arrangements to ensure that residents had access to their finances and that there were systems to safeguard residents from financial abuse.

Judgment: Compliant

Regulation 13: General welfare and development

The provider's multidisciplinary team and person in charge had developed individualised support for residents, which promoted positive outcomes for residents. Care plans specific to each resident's needs had been set. The plans outlined how

best to support residents to remain healthy and to engage in activities of their choosing. Most residents had been supported to identify social goals they would like to work towards, and there were systems in place to help them achieve them.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises were laid out to meet the aims and objectives of the service and the number and needs of residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Inspectors found that residents' nutritional needs were met, and, where possible, residents chose the meals and type of food they wanted.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide that contained the relevant information outlined in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. Records demonstrated that there was an ongoing review of risk. Individual risk assessments were developed for residents that provided staff with the relevant information to maintain the safety of residents.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for preventing and controlling healthcare-associated infections published by the Authority. Information was available for staff to review that was kept up to date. The staff team had also received appropriate IPC training.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that there were effective fire safety management systems are in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

While there were policies and procedure for medicine management these were not in line with best practice and national guidance. Specifically the procedure for transcribing medicines was not safe, and required significant improvement.

The provider had developed a medicine management policy and accompanying medicine management procedural guide. However, the inspector found the procedure for transcribing medicines was not in line with guidance on medicines management (HIQA, 2015), or the guidance to nurses and midwives on medication management (An Bord Altranais, 2007). Specifically, the procedure did not include arrangements for medicine prescription records to be co-signed by the registered prescriber within a specified timeframe in line with national guidance.

The procedure for transcribing medicines had been delegated to nurses in the centre, and a second staff member checked transcriptions. The inspector reviewed medicine management procedures with the nurse on duty. While medicines had been transcribed, accompanying prescriptions were not consistently available for some transcribed medicines. This included both regular medicine prescription records, and PRN (as needed) medicine prescriptions records and protocols. Similarly, while a second staff member checked transcriptions, and signed an appendices, only one staff signed the medicine prescription record. This was not in keeping with national guidance.

Medicine was safely stored in a locked cupboard, and medicines were stored separately within this press for each resident. There were satisfactory procedures in

place for the disposal of medicines, and medicine for disposal was recorded in a pharmacy return book, and signed by the receiving pharmacist.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

As stated earlier, inspectors found inconsistencies regarding the support given to residents regarding identifying and achieving social goals. There were, therefore, improvements required to ensure that each resident was receiving adequate support.

Judgment: Substantially compliant

Regulation 6: Health care

As stated earlier, the health needs of the residents were under close review, and care plans that reflected the changing needs of the residents had been devised. The residents were supported to access allied healthcare professionals, and there was evidence of appropriate follow-up practices.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that the staff team had been provided with appropriate training and support to aid them in responding to residents' incidents of challenging behaviours. Behaviour support plans had been developed for residents, and the review of these found that steps had been taken to understand the resident's behaviours and to reduce the re-occurrence of the behaviours.

Judgment: Compliant

Regulation 8: Protection

The provider and person in charge had ensured that there were suitable arrangements for responding to safeguarding concerns. Investigations had been initiated, and the provider had taken the appropriate measures if required. The

person in charge had also ensured that the staff team had completed the relevant training.

A review of residents' meeting minutes showed that residents had been assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

Judgment: Compliant

Regulation 9: Residents' rights

The inspection found that the provider and team supporting the residents did so in a manner that promoted and respected their rights. Residents were, as much as possible, the primary decision-makers in their daily living activities. As stated earlier, a resident had voiced frustration with their current living arrangements and submitted a complaint. While the provider addressed the complaint, an inspector identified a need to review residents' impact upon one another in one of the houses that made up the designated centre. Each resident has the right to have a positive living environment, and there was a need to review and ensure this was the case.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hazel Grove OSV-0003889

Inspection ID: MON-0032896

Date of inspection: 11/12/2023 & 12/12/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Staff supervision schedule populated for 2024, PIC will ensure schedule is followed and all staff receive supervision as per local policy and schedule</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>A review of the local procedures for transcribing medication has commenced. The service has engaged with pharmacists, GP's along with a private health care provider to create a solution that will ensure all MAR's are populated by a person authorised to do so, namely a doctor, Advanced Nurse Practitioner/ Nurse prescriber, or pharmacist. This will cease the practice of nurse transcribing.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual	

assessment and personal plan:

An administration error resulted in social goals not being available to view on day of inspection, however since inspection all social goals- person centred planning documentation has been printed and is available to view. All goals have been achieved and a record of same is available

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	26/01/2024
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	26/04/2024
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the	Substantially Compliant	Yellow	03/01/2024

	designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.			
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