



# 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:	05 December 2023
Centre ID:	OSV-0005689
Fieldwork ID:	MON-0041251

## 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
Tuesday 5 December 2023	10:00hrs to 16:00hrs	Sarah Mockler	Lead

## What residents told us and what inspectors observed

This was an unannounced focused risk-based inspection carried out by one inspector over one day. The inspection was completed to determine progression levels by the registered provider against actions set by them to come into compliance with Regulations previously identified as requiring improvement during an inspection completed in June 2023. The findings of the risk based inspection indicated that the provider had completed all necessary actions to come back into compliance with the identified regulations resulting in a more rights based model of care and support being provided to the residents.

The centre provided full-time residential care for two individuals. The inspector had the opportunity to meet with two residents across the day of inspection. Due to one resident's preference and communication needs the inspector only spent a short time with them. In addition to meeting with residents the inspector met with the staff team, members of the management team and reviewed documentation in relation to residents' care and support needs to gather a sense of what it was like to live in the centre.

The designated centre comprises a detached bungalow with a surrounding garden on the outskirts of Waterford City. The bungalow building had been reconfigured into two separate apartments which provided individualised services to each of the residents that lived in the centre. The staff member showed the inspector in and completed relevant sign in checks.

The inspector completed a walk around of the individualised apartment with the staff member. The resident was present at the time. They were relaxing in their bedroom following their daily trip to a seaside town. This part of the designated centre consists of a kitchen area, a sitting room, a bedroom and a separate bathroom. There was a separate building in the garden that was utilised as an office space. The area was overall well maintained and very clean. The resident had specific preferences in terms of items that were displayed and how items were stored. The staff member was able to explain in detail the resident's specific preferences. For example, the resident only liked their tablet device stored on a locker beside the bed and this was accommodated at all times. A Christmas tree was set up in the sitting room and the staff member explained that the resident was tolerating this change in their living environment.

On the walk around of the premises the inspector noted that the code to the keypad lock was now on display above it. This was the first step in reducing this restriction for the resident. The resident, when prompted, could use this code to leave the building. This was a positive step for the provider in relation to the use of restrictions within the centre. Further details of the actions taken by the provider will be accounted for under the relevant regulation.

During the walk around the resident was observed to leave their bedroom and go

into the bathroom to engage in sensory play with water. It was explained to the inspector that this was an important activity for the resident to self-regulate. Following the walk around of the premises the inspector briefly went into the residents bedroom to introduced themselves. The resident smiled when greeted but did not engage with the inspector. They appeared very comfortable and were seen to take instruction from the staff member present. They used approximations of words to communicate their immediate preferences and the staff member present readily understood what the resident was requesting.

Later in the day when the resident had left for their swimming activity the inspector reviewed the resident's bedroom. The resident had minimal items present in line with their preferences. They had recently began to tolerate more bedding being present and this again was a positive outcome for the resident. The space appeared comfortable and the resident had full access to their computer in their bedroom.

In the second apartment, the resident was sitting on the couch. They had a colouring book in their hand and eagerly showed the inspector their work. They appeared very comfortable and were seen to address the staff member by their name and ask for reassurance around specific upcoming daily routines. The staff member responded in caring and consistent manner. Although the resident did not engage in conversation style interactions they were happy to sing a song and play their guitar. They offered the inspector a cup of coffee and a biscuit and the staff member helped the resident with this routine.

The inspector completed a walk around of the premises. The resident had access to an en-suite bedroom, a second bathroom, a kitchen and sitting room. There were pictures and personal items on display throughout the apartment and the resident proudly showed off the Christmas tree they had on display. The apartment was well maintained, warm and clean and presented as a lovely homely space for the resident. Again there had been significant work in reducing some restrictions in place for this resident. There was a skills program in place to teach the resident on how to use the keypad lock on their front door. Food items had been reintroduced to the residents apartment and this had been a very positive step.

Both residents had very specific individualised routines and preferences around community access. There were two vehicles available and sufficient staffing in place to ensure residents' needs could be accommodated. One resident had a preference for doing the same activities on a daily basis. The staff team were slowly introducing new activities to the resident in line with their specific assessed needs. For example, the resident had gone pumpkin picking in October and they recently attended a review with their psychologist in person in a new environment. Daily notes indicated that when a the resident indicated they wanted to go somewhere this was accommodated by the staff team. For example, it had been documented that the resident communicated to the staff team that they wanted their hair cut. A same day appointment was made for the resident in the community to ensure this occurred. It was evident that the staff team were responsive to the resident's wishes. The second resident preferred a more varied activity scheduled and this again was accommodated.

Overall residents appeared comfortable and content in their home. Improvements were noted in all areas inspected, with full compliance achieved in all regulations reviewed. This was having a positive impact on the lived experience of the residents within the centre. The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

## Capacity and capability

The inspector found that there was a clearly defined management system in place which had identified lines of authority and accountability. The local management team had reviewed the service provided throughout the centre and were striving to ensure it was safe, consistent and appropriate to residents' needs. The areas, as identified for improvement, in the last inspection report had all been addressed in a robust manner with clear systems in place to ensure a more consistent approach to care and support. In addition, the provider was self-identifying areas of improvement and make necessary improvements as required.

The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge had responsibility for one additional centre. There was evidence of regular quality assurance audits taking place to ensure the service provided was assessed and monitored. The centre was adequately resourced to ensure a person-centred service could be provided to both residents living in the centre.

## Regulation 23: Governance and management

The registered provider ensured there was a clearly defined governance structure within the centre which ensured that residents received a service which met their assessed needs. The registered provider had appointed a full-time, suitably qualified and experienced person in charge. They were responsible for one other designated centre at the time of this inspection. They facilitated the inspection and had a thorough understanding of the needs of the service and residents.

The provider had in place a number of oversight systems in the centre. For example, provider-level audits and reviews as required by the regulations, and essential for senior management oversight, had been completed as required. In addition, more robust systems of oversight had been implemented in relation to risk management, restrictive practices and fire safety. This was resulting in improved service provision for residents. The improvements are detailed in under the relevant regulations in the report.

All actions, as put forward by the provider, in their compliance plan to the Office of the Chief Inspector had been completed as stated. This resulted in the service meeting the requirements of the relevant regulations.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

As required by the Regulations each resident has to have a contract of care in place which outlines any fees to be paid by residents. The inspector reviewed a sample of the contracts of care in place.

It was found the the fees outlined in the contract of care did correspond with the fees the residents were currently paying. The provider had updated the contract of care as appropriate. In addition, all residents were now in receipt of a rent subsidy from the local authority which meant they paid a lower rate of rent.

Judgment: Compliant

### Quality and safety

Overall, the inspector found that the centre presented as a comfortable home and care was provided in line with each resident's assessed needs. A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and staff, a review residents' finances, risk documentation, fire safety documentation, and documentation around restrictive practices and residents rights. The inspection found notable improvements in all of these areas. Quality improvement had occurred in areas such as restrictive practices which was leading to an improved lived experience for the residents living in the centre.

The previous inspection identified practices that required improvements both in the use and identification of restrictive practices and adopting a rights based approach to care and support. The provider had developed an up-to-date policy in this area that was resulting in improved processes and procedures being adhered too. The provider's policy stated that 'people accessing services have the right to live as independently as possible without unnecessary restriction and 'to promote an environment of positive risk taking'. Ultimately there had been a reduction in the number of restrictive practices in place which in turn was improving residents' choice and control across their daily lives.



## Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. The inspectors reviewed the risk register and found that all risk assessments were up-to-date and reflective of the controls in place. Risks were being identified in a timely manner. A more robust approach to monitoring and reviewing risks was found to be in place.

Additionally some positive risk taking had occurred within the centre. For example, staff support in the community had been reduced for a resident which meant that a more flexible approach to their daily time table could be utilised.

Judgment: Compliant

## Regulation 28: Fire precautions

All parts of the designated centre were provided with fire safety systems which included a fire alarm, emergency lighting, and fire extinguishers. Regular internal staff checks were being done on the fire safety measures. Fire containment measures were in place.

Regular fire drills were occurring within the centre that encompassed all staffing situations, including when staff support was sought from another designated centre. All residents were now taking part in fire drills. A number of interventions had been trialled to ensure this resident's participation and they were now evacuating on a regular basis.

Judgment: Compliant

## Regulation 7: Positive behavioural support

In terms of the use of restrictive practices there had been a number of improvements in this area. The provider had developed an up-to-date policy and all staff had training in de-escalation techniques. All restrictive practices that were in place had been thoroughly assessed and reviewed by the multi-disciplinary team. Processes were now in place to ensure restrictive practices were reviewed on a regular basis both at local and provider-led levels. There was evidence in the assessment process that all alternatives were explored or considered. All restrictive practices were risk assessed.

There was evidence that a number of restrictive practices had been reduced or removed since the last inspection. For example, residents now had access to the

codes to their apartments and staff were in the process of supporting residents on how to use this. For example, numbers were colour coded on the keypad to help the resident identify the code to use. In addition some environmental restrictions such as a locked bathroom door had been removed and limited access to food had also been reviewed and reduced. A resident now had access to a large variety of food items in their apartment.

Staff that spoke with the inspector were aware of all restrictive practices in place and the rationale to their use.

Judgment: Compliant

### Regulation 8: Protection

Overall the residents were protected by the policies and procedures in place around safeguarding. Both residents had separate apartments and individualised schedules. In the last 12 months there had been no allegations of a safeguarding nature within the designated centre. Staff were required to complete up-to-date training in this area as part of the mandatory training process. Intimate care plans were in place as required.

Judgment: Compliant

### Regulation 9: Residents' rights

Although some good practices had been identified in this Regulation on the last inspection this was an area that had required continued focus from the provider. The current inspection identified that improved awareness in this area was resulting in a more rights based approach to care and support. Choice was afforded in areas of daily living from activities to meal choices. A reduction in restrictive practices was also contributing to residents having more choice and control in their daily lives. For example, a previous restriction around access to food had been significantly reduced and the resident now had access to a variety of foods within their individualised apartment. Previous practices, that were historical in nature and not in place for an assessed need, had been discontinued.

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
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant