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

Issued by the Chief Inspector

Name of designated centre:	Hawthorns
Name of provider:	Health Service Executive
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	25 November 2021
Centre ID:	OSV-0003359
Fieldwork ID:	MON-0026516

About the designated centre

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

Hawthorns provides residential care for up to 16 adults, both male and female, with an intellectual disability. The centre consists of five detached bungalows on a campus setting with green areas to the back and front. Each bungalow has an open plan living room with a defined dining area. Each home has a kitchen a utility room and laundry facilities. Each resident has their own bedroom and access to a number of bathrooms. The centre is in a suburban area of Dublin close to a local village with easy access to shops and other local facilities. The centre is close to public transport links including a bus and train service which enables residents to access local amenities and neighbouring areas. Residents are supported by a staffing team 24 hours a day seven days a week and the team comprises of a person in charge, clinical nurse managers, staff nurses and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 25 November 2021	09:30hrs to 15:45hrs	Marie Byrne	Lead
Thursday 25 November 2021	09:30hrs to 15:45hrs	Thomas Hogan	Support

What residents told us and what inspectors observed

Overall the findings of this inspection were that residents appeared happy, comfortable and content in their homes. A number of residents had moved in five months before the inspection and were very complimentary towards care and support in the centre. In addition, a number of residents who had been living in the centre for a number of years told inspectors they were happy living there. Although residents said they were happy and mostly felt safe in the centre, oversight arrangements and the day-to-day monitoring of care and support in the centre required improvement to ensure that residents were in receipt of a good quality and safe service. Some of the areas where improvements were required included staff training and development, premises, infection prevention and control, fire precautions, medication management, safeguarding and complaints management.

As the inspection was completed during the COVID-19 pandemic, the inspectors adhered to national best practice and guidance with respect to infection prevention and control, throughout the inspection. The time spent with residents and staff, was limited and done in line with public health advice. Inspectors had the opportunity to visit each of the five houses in the designated centre and to meet and briefly engage with 12 of the 15 residents living in the centre. In addition, 15 residents completed or were supported to complete a questionnaire in relation to care and support in the centre, and 10 residents representatives also completed these in advance of the inspection. Inspectors also had the opportunity to speak on the phone with two family members of a resident living in the centre. Residents indicated in their questionnaires that they had been living in the centre between five months and 20 years.

Further improvements had been made in the grounds of the campus since the last inspection. For example, there were colourful planters for flowers and vegetables and a sensory garden had been created by residents and staff. Residents had created decorations for the garden including painted stones, art sculptures out of tyres and bicycle wheels, and painted the two storage sheds and the back wall of the garden in bright colours. They had also converted unused storage boxes into planters for seasonal flowers and there was seating available for residents and their visitor to spend time in garden if they wished to. A number of residents and their representatives referred to the benefit of the garden in their questionnaires and a number of residents who had just transitioned to the centre spoke about the party that was thrown for them in the sensory garden when they moved in.

However, improvements were required in relation to accessibility on the grounds. Areas of the tarmacadam had become damaged and there were two houses where the paths could not be used by residents to access their home. Inspectors were informed that this had been escalated to the provider and that they were in the process of getting quotations for the required works. A number of residents and their representatives referred to this issue around accessibility on their questionnaires. In addition, one resident stated they would like a suitable covered

outdoor area for smoking, and another stated they would like a pedestrian gate which makes a sound when it opens and closes, for more suitable access and egress to the campus.

In addition to the improvements to the grounds, improvements were also noted in relation to residents' lived experience in the centre and in relation to their homes. The number of residents living in the centre had decreased in the last number of years and a number of residents had successfully transitioned to community houses in line with their wishes and preferences. The centre was previously registered for 24 residents and is now registered for 16 residents. As a result of the reduced number of residents living in the centre, residents now shared their home with less people and had more access to private and communal spaces in their homes.

Significant renovations had been completed in all five houses in 2020 and additional work was noted since the last inspection in relation to making each of the houses more homely and comfortable. This was done through the addition of pictures, photos and soft furnishings, and the addition of a visitors room in four of the houses, and a sensory room in the fifth. Improvements were also noted in relation to the maintenance and upkeep of the houses. However, some areas for improvement in relation to some of the premises were highlighted in the questionnaires completed prior to the inspection and viewed by the inspectors during the inspection and these will be highlighted later in the report.

For the most part residents and their representatives were complimentary towards care and support in the centre. Feedback in the questionnaires was mostly positive but some areas for improvement were identified in the questionnaires. Plans were in place for the local management team to meet with residents and their representatives following the inspection to discuss any concerns they may have. In addition, the provider was due to complete a satisfaction survey as part of their annual review of care and support in the centre which would also provide a further opportunity for feedback.

A number of residents and their residents' representative complimented the local management team on prompt response and action to complaints, whereas some residents and their representatives' were not satisfied with some aspects of the complaints process. One residents' representative indicated their complaint was 'ignored' and some residents and their representatives indicated they were not satisfied that the complaint was closed to their satisfaction. One resident indicated in their questionnaire and told an inspector that they were not happy with the noise levels in their home at times. They said staff were supporting them with this and they were going to bring it up an the next residents' meeting. They stated they were happy with the complaints process in the centre; however, they went on to say that the issue they raised was 'still reoccurring'.

A number of questionnaires referred to residents not feeling their belongings were safe in their home, and there had been a number of allegations of physical and psychological abuse between peers in the months preceding the inspection. They provider was following the organisation's policy and national policies; however, there were a number of safeguarding plans developed which had not proved fully effective

in reducing this risk. The provider had recently responded by formalising 1:1 staffing support arrangements for a number of residents in the centre.

The three residents who had transitioned to this centre from another designated centre since the last inspection were very complimentary towards the staff team and the efforts they had made to support them during their transition. They had visited the centre prior to moving in and were involved in decorating their newly renovated home. They spoke with one of the inspectors about how they were now having greater opportunities to partake in activities they enjoyed and found meaningful, and that overall their quality of life had improved since they moved in.

Throughout the inspection residents were observed to receive staff support in a kind an caring manner. They were observed to speak with residents while supporting them and to take the time to listen to what they had to say. They were observed to respond to residents' requests and to be familiar with residents' communication needs and preferences. A number of residents and their representatives were complimentary towards the staff team. For example, one residents' representative referred to their relatives recent ill health and how well the staff team have supported them to recover, regain their appetite and regain their interest in things around them. The staff team were described in questionnaires as 'very helpful', 'incredible', 'very nice', and 'accommodating and very helpful'. One residents' representative said their family member '...is enjoying a very happy, interesting life thanks to the extraordinary efforts of the Hawthorns staff.

Residents were being supported to keep busy and engage in activities they enjoyed. During the inspection a number of residents were gone out for coffee, for a walk, or for a visit to a farm. In the houses residents were observed engaging in arts and crafts, having their hair and make up done, having their nails done, looking at their favourite photos, watching television, or watching movies on their tablet computers. Residents were observed to get up when they wanted and to have their meals and snack when it suited them. A number of residents spoke with inspectors about things they like to do and things they had to look forward to. They were engaging in a broad variety of activities such as music therapy, baking, art and crafts, going to the stables, swimming, boxing, going to the local men's shed, knitting, walking, shopping, yoga, the gym, cycling, playing football, doing sensory activities, spending time in the sensory garden, attending advocacy group meetings, and visiting neighbours for tea.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

Overall the findings of this inspection were that residents appeared happy and comfortable living in the designated centre. Kind and caring interactions were

observed between residents and staff throughout the inspection and for the most part residents told inspectors they were happy and felt safe in the centre. However, inspectors found that improvements were required in relation to the monitoring and oversight of care and support for residents particularly relating to, fire precautions, premises, infection prevention control and complaints management. These improvements were required to ensure that residents were safe and in receipt of a good quality and safe service.

This announced inspection was the ninth inspection of this centre and was completed to inform a registration renewal decision for the designated centre. Following an inspection in 2019 where poor levels of compliance with the regulations were found to be negatively impacting on the lived experience of residents in the centre the Chief Inspector issued a notice of proposed decision to cancel the registration of this designated centre in October 2019. Following this the provider had submitted a representation and a compliance plan to demonstrate how they would bring about improvements. A further inspection was completed in December 2019 and there was evidence of improvements but these were at the early stages. A further inspection was completed in June 2020 and the inspection found that improvements had continued and were starting to have a positive impact on residents. Following this and a compliance plan update received from the provider, the notice of proposal to cancel the registration of the centre was withdrawn. During the inspection in March 2021 inspectors found that improvements had continued and that the provider was now working towards quality improvement in a number of areas.

However, the findings of this inspection were that overall the levels of compliance with the regulations had declined. An immediate action was issued during the inspection in relation to fire safety, and the provider sent assurances to the Office of the Chief Inspector the day after the inspection that they were assured that residents and staff could safely evacuate the centre when the least amount of staff and the maximum number of residents were in the centre. In addition, following an incident where an agency staff administered a residents' afternoon medication without a prescription, the provider immediately assured themselves the right medication had been administered to the right resident. Following this inspection the provider was invited to a meeting and required to submit assurances and a comprehensive compliance plan to the Chief Inspector to demonstrate how they planned to move into compliance with the regulations.

There were some management systems in place, but they were not proving fully effective. Audits and reviews were occurring regularly; however, they were not proving effective as they were not picking up on some of the areas for improvement identified during the inspection. Overall, inspectors found that improvements were required in relation to the day-to-day oversight of the centre.

As described in the previous section of this report significant works had been completed in the houses and on the grounds since the last inspection which had resulted in residents' homes being more homely and the outdoor spaces appearing more attractive. The number of residents living in the centre had decreased and this had led to, a reduction in restrictive practices, a reduction in safeguarding and

compatibility issues between residents, the successful transition of a number of residents to community houses, and overall improvements in the lived experience of residents in the centre. However, inspectors found that a number of improvements were required in the houses and to the grounds and these will be detailed later in the report.

The provider had recognised a need to review staffing numbers in line with residents' assessed need and plans were in place to complete a dependency needs assessment review once a number of staff had training in completing these. According to the centre's statement of purpose there were a number of staff vacancies in the centre at the time of the inspection and the provider was in the process of recruiting to fill these. However, the staff numbers were based on a time when there were more residents living in the centre. While the provider was recruiting they were using regular agency staff were filing the required shifts. From a sample of rosters reviewed agency staff were covering on average 30% of shifts weekly.

Formal staff supervision was not occurring in line with the organisation's policy. Inspectors found that it was not evident that the management systems in place were ensuring that the staff team were supported to carry out their roles and responsibilities to the best of their abilities, as it was not evident that the workforce was organised and managed in a way that that best utilised staff's skills and competencies. Staff had access to training and refresher training. However, a number of staff required training or refresher training in safeguarding, fire safety, infection prevention and control, manual handing and managing behaviour that is challenging.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted the required information with the application to renew the registration of this designated centre.

Judgment: Compliant

Regulation 15: Staffing

Staffing numbers were not in line with the centre's statement of purpose. There were 5.7 whole time equivalent staff vacancies at the time of the inspection; however, the provider had recognised the need to complete a dependency needs assessment for each resident to ascertain the number of staff required in the centre to meet their care and support needs. The current staffing numbers were calculated when there were more residents living in the centre. The provider was recruiting to fill vacancies and in the interim regular agency staff were filling the required shifts.

There were planned and actual rosters and they were well maintained.

Judgment: Substantially compliant

Regulation 16: Training and staff development

For the most part, staff had access to training and refresher training in line with the organisation's policy and some had completed a number of trainings in line with residents' assessed needs. However, a number of staff required refresher training in fire safety, managing behaviour that is challenging, manual handling and safeguarding. Staff were booked onto some of these trainings in December 2021 and January 2022.

Staff were not in receipt of regular formal staff supervision to support them to carry out their roles and responsibilities to the best of their abilities. Where there were performance issues with staff it was not evident that these were being highlighted or dealt with in line with the organisation's policy.

Judgment: Not compliant

Regulation 22: Insurance

The centre was insured against accidents or injury to residents and for risks such as loss or damage to property.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined, but improvements were required to ensure that staff has specific roles and responsibilities and the management systems were ensuring that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. While there were management systems in place they were not being fully implemented or proving fully effective as they were not picking up on some of the areas for improvement found during this inspection. For example, medication audits and fire checks were not picking up on areas for improvement in line with the findings of this inspection.

The provider was completing an annual and six monthly reviews in line with the requirements of the regulations, and the actions following these reviews were leading to improvements in relation to residents' care and support and in relation to

their homes. However, these audits and reviews were not capturing all of the required areas for improvement.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

Three residents had transitioned to the centre approximately five months before the inspection. There was a clear and planned approach to their admissions and they had opportunities to visit the centre prior to moving in.

There was a written contract of care in place for each resident which detailed the supports and services to be provided for residents and the fees to be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available in the centre which had contained the required information and which had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the Chief Inspector was notified of the occurrence of incidents in line with the requirement of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were complaints policies and procedure in place which included a log of all complaints in the centre. An easy-to-read complaints process was on display in each of the houses and this contained pictures of the relevant staff. The complaints process was regularly discussed at residents' meetings and a number of residents

told inspectors who they would speak to if they had any concerns.

However, as previously mentioned, there were a number of examples where complainants were not fully satisfied with the complaints process. For example, one residents' representative indicated their complaint was 'ignored', another residents' representative indicated that a complaint had not been closed to their satisfaction.

Judgment: Not compliant

Quality and safety

For the most part, inspectors found that the quality and safety of care provided for residents was to a high standard. They were in receipt of person-centred care and involved in the day-to-day running of the centre. Their likes, dislikes and preferences were well known by the staff team and clearly documented in their personal plans. However, improvements were required in relation to oversight and monitoring in the centre and to some areas of premises, fire precautions, medication management documentation and practices, and infection prevention and control.

As previously mentioned, significant renovations had been completed in all of the houses in the centre. In addition, inspectors found that improvement had occurred in relation to the maintenance and upkeep of the centre which was resulting in residents' homes appearing more homely and comfortable. However, improvements was required to the paths outside two of the houses to ensure residents could access their homes in a safe manner. The provider was aware of this and had sought a quotation for the required works. In addition, some improvements were required in some of the premises.

The provider had adapted their policies and procedures and developed contingency plans for use during the COVID-19 pandemic. Staff had completed a number of infection prevention and control related trainings. However, a number of staff required refresher hand hygiene training, and some were due to complete a number of other infection prevention and control trainings. Residents were being kept up-to-date in relation to COVID-19 and how the levels of restrictions would impact on their lives. There were cleaning schedules in place but they were not proving fully effective inspectors found areas in a number of the houses which were not clean during the inspection. These included kitchen presses and counter tops, and a number of bathrooms. In addition, there was a leak in the roof of one of the kitchens and chipped paint and this was directly above a food preparation area.

The provider had ensured there was appropriate equipment and that each resident had a personal evacuation plan in place. There were suitable arrangements for detecting and extinguishing fires and systems to ensure fire equipment was regularly serviced, tested and maintained. Fire evacuation procedures were on display, and fire drills were occurring regularly. However, improvements were required in relation to fire containment measures due to the quality of some doors

and the absence of closing mechanisms. In addition, improvements were required in relation to fire drills to provide assurances that residents and staff can safely evacuate the centre day and night.

Inspectors found that improvement was required in relation to the oversight of medication management practices and documentation in the centre. There were policies and procedures in place and medication audits were being completed; however, they were not picking up on documentation errors and improved oversight was required in relation to staff practices in the centre.

Overall, there had been a reduction in safeguarding and compatibility issues between residents due to the reconfiguration of the centre following renovations; however, a small trend of allegations of abuse remained and it was not evident that safeguarding plans were proving fully effective as similar allegations continued to occur. Inspectors acknowledge that the provider had recently implemented a number of additional control measures including additional staffing supports for a number of residents.

Regulation 17: Premises

Overall, residents lived in comfortable, and spacious homes where there was adequate private and communal space available for their use.

For the most part, the premises was well maintained both internally and externally. Major renovations had been completed in each of the houses and further works had been completed since the last inspection to make the houses more homely. However, there was a leak in the ceiling of one of the kitchens, repairs were required to a bedroom floor, the water pressure was low in a number of areas, and there was a hole in a door in one of the houses.

In addition, there were two houses where repairs were required to the tarmacadam and how steep some paths were, to ensure residents could safely access their home. This had been escalated to the provider and quotes had been received for the required works.

Judgment: Not compliant

Regulation 20: Information for residents

There was a residents' guide which had been recently reviewed and it contained the information required by the regulations. It was available in the centre in an easy-to-read format.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had developed policies and procedures around infection prevention and control and had developed contingency plans for use during the COVID-19 pandemic. There was information available and on display for residents and staff and there was good stocks of PPE stored in the main house. The inspectors viewed evidence that staff had completed a number of infection prevention and control related trainings. Some staff required refresher training in hand hygiene and more infection prevention and control training was planned for a number of staff.

There was documentary evidence to show regular cleaning but there were a number of areas which were were not found to be clean during the inspection. These included, kitchen presses and counter tops, and a number of bathrooms and there was a leak on the ceiling in one of the kitchens and chipped paint around it which was directly above a food preparation area.

Judgment: Not compliant

Regulation 28: Fire precautions

There were suitable arrangements for detecting, and extinguishing fires in the centre, and there were adequate means of escape and emergency lighting in place. There were systems to ensure fire equipment was regularly serviced, tested and maintained. However, there were areas where containment measure required review due to the type of doors, the fire seals on a number of doors, and the requirement for closing mechanisms. Inspectors were informed during the inspection that the provider's fire competent person was scheduled to visit the centre to complete a fire safety review on 01 December 2021.

The evacuation plan was on display and residents' had personal emergency evacuation plans in place. Fire drills had occurred regularly in the centre; however, there was no documentary evidence to show that they had been completed at times when there were the least number of staff and the highest number of residents present. In addition, improvements were also required to demonstrate the time drills occurred and the time it took to evacuate. It was not evident for some drills that learning following drills had been shared or if they had led to the update of relevant documentation.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Overall, inspectors found that improvement was required in relation to the oversight of medication management practices and documentation in the centre. There were policies and procedures in place to guide staff practice and medication audits were being completed regularly. However, these audits were not picking up on errors in documentation relating to medication administration. From a sample of six residents' medication administration records reviewed by inspectors, errors were found in each of them. There were days when no records were signed to demonstrate that residents had received their medicines and other days where only some of the prescribed medicines were signed as administered.

In addition, one residents' afternoon medications were administered without a prescription during the inspection. Inspectors acknowledge that the provider was responsive once they become aware of this error, and that they completed a medication count to assure themselves that the days when no medications were signed for, were documentation errors only.

Judgment: Not compliant

Regulation 8: Protection

For the most part residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. Allegations and suspicions of abuse were reported and followed up on in line with the organisation's and national policy. Safeguarding plans were developed; however, some safeguarding plans had not proved fully effective, as similar incidents continued to occur. Inspectors acknowledge the provider had recently implemented additional control measures which were starting to prove more effective.

Residents had intimate care plans in place which detailed their support needs and preferences. There was information available in an easy-to-read format in the centre and safeguarding was discussed at weekly residents' meetings. Staff had completed safeguarding training; however, five staff required refresher training.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents could access information in the centre on complaints, rights, and on how to access advocacy services. Residents' meetings were occurring regularly and residents were being supported to exercise choice and control over their day-to-day

life and to be involved in the running of the centre. They had opportunities to engage in activities in line with their interests.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hawthorns OSV-0003359

Inspection ID: MON-0026516

Date of inspection: 25/11/2021

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: he registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. In response to the area of staffing Regulation 15 (1) • A review of the rosters is currently been under taken to ensure that there is an appropriate and safe skill mix and allocation to each area for the effective delivery of care and support which will be reflective of the needs of each individual. Any changes will be reflected in the statement of purpose and noted in the relevant residents care plans In response to the area of staffing Regulation 15 (3) • A review of the rosters is currently been under taken to ensure that there is an appropriate and safe skill mix and allocation to each area for the effective delivery of care and support which will be reflective of the needs of each individual. Any changes will be reflected in the statement of purpose and noted in the relevant residents care plans • Specific training will be undertaken by CNM in relation to support intensity scale that will inform the roster review	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development:	

The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.
In response to the area of staffing Regulation 1(a)
• The person in charge shall ensure that all staff undergo and participate in specific training within timeframes as specified in local policies. The person in charge will concentrate all efforts to increase frequency of opportunities for staff to attend training.
• On-site Training for performance management has been arranged for the CNM's and senior nurses to build capacity and confidence when engaging in performance feedback as per policy and when addressing performance issues.
This training will complement the SSID's local policy on performance management.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering. In response to the area of Governance and Management 23(3)(a)
• There is a SSIDS performance management policy which informs practice.
This purpose and scope of the policy has been placed as an agenda item on each of level of management meeting within SSID.
• On-site Training for performance management has been arranged for the CNM's and senior nurses to build capacity, understanding and confidence when engaging in performance management as per the policy.
• The purpose of this training is to complement SSID local policy and for staff to understand the difference between performance feedback and performance issues to ensure they a both addressed appropriately.

The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.
In response to the area of Governance and Management 23(1)(c)
• In addition to the annual person support plan a suite of assessments will be easily identifiable in assessing any changing needs for residents.
• These assessments will be separate from the annual plan and will outline the needs assessment as distinct from any other documentation/care planning as requested by the inspector.

Regulation 34: Complaints procedure	Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall make each resident and their family aware of the complaints procedure as soon as is practicable after admission.
In response to the area of complaints 34(1)(b)
• SSIDS policy on complaints has a clear process, any negative feedback will be responded to as a complaint until a resolution can be found. Procedures for making complaints will be made clear to parents/ families upon receipt of the initial complaint. If no resolution can be found or agreed it will be escalated to stage 3 or 4 review as per policy.
• Any outstanding complaints will be reviewed by the complaints officer to ensure a response is issued with information on the right to appeal to the next stage if they are dissatisfied with the outcome.

The registered provider shall ensure that all complaints are investigated promptly.
In response to the area of complaints 34(2)(b)
• The complaints officer will ensure that the PIC is clear on her role and responsibility in relation to complaints management.
• Any outstanding complaints will be reviewed by the complaints officer to ensure a response is issued with information on the right to appeal to the next stage if they are dissatisfied with the outcome
• All complaints are presented at the Management meeting for discussion and review.

The registered provider shall ensure that complainants are assisted to understand the complaints procedure.
In response to the area of complaints 34(2)(c)
• When a complaint is received as part of the acknowledgement the complaints process will be explained to the complainant in writing.

• Each family member representative will receive alongside the annual review information outlining the SSIDS complaints process.

• The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process
In response to the area of complaints 34(2)(d)
• As part of the regular management meetings the complaints log will be reviewed so that all complaints are responded in line with SSID 's policy.
• Outcomes of complaints will be sent to the complainant in writing with details of the appeals process.
• Any outstanding complaints will be reviewed by the complaints officer to ensure a response is issued with information on the right to appeal to the next stage if they are dissatisfied with the outcome
• The registered provider shall ensure that the nominated person maintains a record of

all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken in respect of the recommendations and whether or not the resident was satisfied.
In response to the area of complaints 34(2)(f)
• A log of all complaints will be kept and reviewed by the PIC .As part of the regular management meetings the complaints log will be reviewed so that all complaints are responded in line with policy of SSIDS

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.

In response to the area of Premises 17(1)(b)
• A list of immediate repairs that were identified on the day were sent to maintenance to be completed. Funding was approved to support the completion of the works.
• Checklist for maintenance/premises developed and carried out on weekly basis which the PIC signs off.
Other issues such as low water pressure and repair of outdoor surface areas are been prioritised for minor capital funding and will be completed earlier 2022

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
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. In response to the area of protection against infection 27
• On –site IPC training planned for early January 2021.
• Cleaning checklists for daily, weekly and monthly cleaning practices are currently in use PIC to sign off on rounds so there is evidence of oversight.
• Hourly touch point cleaning documented.
Leak in roof and chipped paint and surfaces repaired

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires
In response to the area in Fire precautions 28(3)(c)
• Assessment of fire doors to be carried out by specialist fire contractor
• Fire doors to be installed in areas identified as high risk such as utility areas

The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.
In response to the area of Fire precautions 28(4)(b)
• Fire drill carried out on evening of inspection imitating the scenario of limited staffing present. Every 3rd fire drill will be carried out in the evening replicating minimum staff level to assess the effectiveness of such fire drills.
• Additional information page has been added to Fire Book where drills are recorded.
• To ensure quick and safe evacuation, the outcome and any feedback or challenges with the associated actions are noted. It will also include any changes from the residents perspective around supports required for safe evacuation which will be reflected in updating resident's peeps.

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
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.
In response to the area of medication Management Regulation 29(4)(b)
• Part of the PIC's walkabout a random selection of Kardex's and Medication Administration Sheets are checked for discrepancies and meet the details set out in the SSIDS local policy.
• Nursing staff will have a 1 day safe administration refresher training
• Nurses are requested to complete the Hseland medication Management course on line.
• Poor practices that are identified are managed through the Incident Management System (NIMS) with action and outcomes identified.
• Performance Management is used to address issues of performance and practice which will include an annual Medication Management Review with each nurse including regular

agency nurses.
• On-site Training for performance management has been arranged for the CNM's and senior nurses to build capacity and confidence when engaging in performance feedback as per policy and when addressing performance issues. This training will complement the SSID's local policy on performance management.
• Next staff meeting medication management policy will be discussed and PIC will ensure that staff are informed and understand the policy.
• All nursing staff including regular agency staff will be requested to sign the policy signing sheet that confirms their understanding of medication management policies.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The registered provider shall protect residents from all forms of abuse.

In response to the area of Protection(8)(2)
• The registered provider shall ensure that staff shall undergo refresher safeguarding training immediately for those that require it.
• Safeguarding plans are to have formal reviews and all actions are documented.
• CNS for behaviours of concern is involved in collating behaviours of concern and trending and analysing incidents to allow for plans to be adapted/modified in a timely manner.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/05/2022
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/05/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Substantially Compliant	Yellow	01/02/2022

	training, including refresher training, as part of a continuous professional development programme.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	01/02/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/03/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/12/2021
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the	Not Compliant	Red	31/12/2021

	designated centre to ensure it is accessible to all.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/12/2021
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	31/01/2022
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	Not Compliant	Orange	31/12/2021

	prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/01/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Red	26/11/2021
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	Not Compliant	Red	26/11/2021

	it is prescribed and to no other resident.			
Regulation 34(1)(b)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall make each resident and their family aware of the complaints procedure as soon as is practicable after admission.	Substantially Compliant	Yellow	31/01/2022
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Substantially Compliant	Yellow	31/01/2022
Regulation 34(2)(c)	The registered provider shall ensure that complainants are assisted to understand the complaints procedure.	Not Compliant	Orange	31/01/2022
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Substantially Compliant	Yellow	31/12/2021
Regulation 34(2)(f)	The registered provider shall ensure that the	Substantially Compliant	Yellow	01/12/2021

	nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/12/2021