



# 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:	Short Notice Announced
Date of inspection:	11 March 2021
Centre ID:	OSV-0003359
Fieldwork ID:	MON-0031812

## 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 and utility room with 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:	12
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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 - 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 11 March 2021	10:00hrs to 15:30hrs	Marie Byrne	Lead
Thursday 11 March 2021	10:00hrs to 15:00hrs	Valerie Power	Support

## What residents told us and what inspectors observed

From what residents told the inspectors and from what the inspectors observed, it was clear that residents were happy and felt safe in the designated centre. They appeared content in their homes and the inspectors observed kind, caring and respectful interactions between residents and staff during the inspection. It was evident that every effort was being made to ensure that they were in receipt of a good quality and safe service, that they were involved in the day-to-day running of the centre, and that they were involved in their local community.

There were twelve residents living in the centre at the time of the inspection and the inspectors had the opportunity to meet and speak with six of them. However, the time spent with residents was limited and done in line with public health advice during the COVID-19 pandemic. The inspectors reviewed documentation in an office and then briefly visited two of the houses and met with the residents there. In addition, five residents completed, or were supported to complete, a questionnaire in relation to care and support in the designated centre prior to the inspection. The provider had developed and shared an accessible document with residents in advance of this inspection in relation to the inspection process. One of the inspectors also visited the empty premises in the designated centre during the inspection.

On arrival to the centre, the inspectors could see some of the improvements which had occurred in the designated centre since the last inspection. These improvements included new tarmac throughout the campus and building works and renovations had now been completed in all five of the houses. As a number of residents had transitioned to different houses on the campus while the renovation works were completed in their home, social stories and transition plans were developed for each resident to support them with these moves.

Now that the weather was getting better, works had also commenced on building flower beds and residents were being supported to build these and bird houses as part of their meaningful home-based activities during the pandemic. Throughout the inspection, residents were observed going out for walks around the campus as they wished, either on their own or supported by staff members. There was a quiet and relaxed atmosphere on the campus and there was transport available to support residents to access their local community, should they so wish. Residents were being supported to go for drives to local parks and amenities while following public health advice. They were being supported to get take away drinks and meals regularly.

In one of the houses visited, the inspector briefly met and engaged with the three residents living there. Although residents did not express their opinion to the inspector verbally, all three residents appeared comfortable and content in their home and in the presence of the staff supporting them. One resident was observed in the living room relaxing watching television and they appeared very comfortable

and content. Another resident was observed spending time chatting with staff in the dining room. They had just returned from spending time playing their drum set.

The three residents had just moved back into their home as they had relocated to other houses on the campus while renovation works were completed. Their home had just been freshly renovated and painted and residents were now in the process of picking some furniture and soft furnishings for their home. One resident was relaxing in their bedroom watching their tablet computer when the inspector visited. Their bedroom had been freshly painted and decorated in line with their preferences. Residents had access to a number of communal spaces where they could choose to spend their time relaxing or engaging in activities of their choice. There was now an additional living/visitors' room available to them and their bathrooms had been refurbished and were now better suiting their needs. Plans were also in place to create a sensory room once residents had fully settled back into their home.

In the other house visited, the inspector found that it had been fully refurbished within the past 12 months. During their visit, they met and spoke with the three residents who lived there. The residents had moved into this house in the weeks prior to the inspection, and based on what the inspector observed and what the residents and the staff who were supporting them said, the residents were very happy with the move and were settling in well in their new home.

Two of the residents greeted the inspector at the front door of the house, and were excited to show the inspector their new bedrooms. Each of the residents had decorated their bedrooms to their own personal tastes, and had adequate storage space for their personal items. One resident proudly showed the inspector their matching bedclothes and rug from their favourite football team, and spoke about how staff had supported them to decorate their room with framed photos of the resident, their family, and places they had visited, and to choose other decorative items too. Another resident was happy to have recently got a TV in their new bedroom, and could now relax there while watching their preferred programmes and favourite sports. Residents also had keys to their bedroom doors, and could lock them if they wished, which promoted their privacy and control over their possessions and personal space in the home.

Overall, the home was warm, spacious and bright, and was visibly clean throughout. A notice board in the entrance hallway displayed useful information for residents about their home in accessible formats, for example, information relating to fire, complaints and safeguarding procedures. Framed photos of the residents were on display in communal areas, and two of the residents proudly told the inspector about their memories of when these photos had been taken. In addition to a spacious communal living and dining area, there was a separate smaller sitting room which would be suitable as private space for residents to welcome visitors to their home, once public health restrictions on visiting had eased. Staff told the inspector about plans to order some additional furniture and decorative items, to further add to the homeliness of these communal areas.

Toilet, bath and shower facilities were adequate to meet all residents' current needs,

and were designed so that they could continue to meet their needs in the future. Laundry facilities were available to residents, and staff explained how some residents chose to carry out certain laundry tasks independently or with staff support. Facilities to dispose of general and clinical waste were available, and were clearly marked. Staff were observed to use appropriate personal protective equipment (PPE) also.

From observing the interactions of residents and staff, it was clear that staff knew the residents well and that residents felt comfortable with staff. For example, one resident did not use verbal communication, and staff introduced the inspector to this resident and supported them to be included in conversations about life in the centre. Staff were observed to be familiar with and responsive to this resident's non-verbal methods of communicating their wishes, preferences and needs.

Residents were seen to have choice in their daily lives and staff were observed to support residents' decision-making. For example, one resident was observed having discussions with staff members about a health-related habit, and about how they could save their money in order to buy an item they wished to purchase. In these conversations, staff were supportive, provided information and gave the resident time to consider it, and asked questions that encouraged the resident to make their own decisions, which promoted the resident's autonomy.

Residents were being supported during the pandemic to keep in contact with their family and friends via telephone or video calls. Throughout the centre there was information available and on display in a format suitable to meet residents' needs. This information included the residents' guide, information relating to restrictive practices, social stories in relation to COVID-19 and related restrictions, social distancing, vaccinations, safeguarding, fire evacuation, complaints, rights and advocacy.

Residents' meetings were occurring regularly and discussions were being held in relation to complaints, outings and events, housekeeping and maintenance, health and safety, advocacy, and restrictive practices and how people feel about them in their home. Residents were supported by a keyworker and they were meeting regularly to discuss their care and support needs, identify their goals, and to review and update their personal plans. Activities and social goals were being reviewed regularly during the pandemic in order to continue to identify residents' likes and preferences in line with restrictions relating to the pandemic.

There was an advocacy group and residents could raise any concerns or bring forward any suggestions to this group following discussions at residents' meetings. Two residents were accessing advocacy services and information was available for other residents should they wish to access these services.

Residents and their representatives' feedback was being captured by the provider in their annual and six-monthly reviews of care and support in the centre. Three residents' views were captured as part of the latest six-monthly review. The feedback indicated that each resident was happy, felt safe and was engaging in activities of their choosing. Two residents' representatives' opinions were also

captured in this review. Both indicated they were happy with the care and support their relative received in the centre.

In their questionnaires completed prior to the inspection, residents indicated they had been living in the centre for between six and 23 years. Each resident indicated that they were happy with the comfort and warmth in the centre and their access to outdoor spaces. They described the centre as "nice", "quiet", and "peaceful". Each of them indicated that they were happy with their bedroom, the amount of space they have for their belongings, how safe their belongings were and their access to laundry facilities. One resident stated "I love my bedroom so much". This resident also stated that they were happy and content living in the centre.

Each resident also indicated that they were happy with the amount of choice they have and the how their dignity was respected in the centre. They were complimentary towards the staff team and how attentive and supportive they were. Residents described activities they enjoyed both at home and in the community. These included going for walks and bus drives, gardening, doing arts and crafts, cooking, having beauty treatments and massages, watching their favourite television shows and DVDs, playing the drums, doing karaoke, listening to music, acting and drama, and going to the cinema. A number of residents referred to the impact of restrictions relating to the COVID-19 pandemic on their access to community-based activities. Some of them referred to how much they were looking forward to seeing their family and friends once the current level of restrictions were finished.

Residents described further improvements they would like in the centre in their questionnaires. For example, some residents would like more pictures and mirrors, and new curtains or furniture in their home. One resident stated that they would like the opportunity to go out to do the food shopping instead of having it delivered to their home. Residents also described activities they would like to try after restrictions were lifted such as swimming, paint balling, fishing, exercise classes, and art classes.

Residents and their representatives were being supported to express their concerns in relation to any aspect of care and support in the centre. There were policies and procedures in place to ensure there was a nominated complaints officer and to ensure there was an open and transparent system for reviewing complaints. The inspectors reviewed a number of complaints from residents and their representatives and found that they were investigated and responded to appropriately. There was also a system in place for logging compliments received. The inspectors viewed a large volume of compliments received in the centre in 2020 from residents' representatives. Some of these related to how well a number of residents were supported to transition from the centre. Others were in relation to how hard staff were working during the pandemic to support their relatives and to ensure they were happy and safe during these difficult times.

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 provider had effective systems in place to ensure that residents were in receipt of a good quality and safe service. The designated centre was well-run and improvements were noted in relation to the availability of resources since previous inspections in the centre. The provider was using regular audits and reviews to improve the quality of service for residents. Following a number of inspections where there were poor levels of compliance with the regulations, the provider had completed a number of actions to bring about significant improvements in the levels of compliance. It was evident from speaking with residents and staff, and from reviewing documentation in the centre, that these improvements were having a positive impact on the lived experience of residents in the designated centre. The provider was aware that further improvements were required in relation to staffing numbers and staff training.

A notice of proposal to cancel the registration of the centre was issued to the provider by the Chief Inspector following an inspection in October 2019. Following this, the provider submitted a representation document which outlined their plans to move into compliance with the regulations, in line with the compliance plan submitted following the inspection. During an inspection in December 2019, there was evidence of improvements in the centre which were in the early stages and yet to fully impact on the lived experience of residents in the centre. Another inspection was completed in June 2020 and again this 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 lifted.

During this inspection, the inspectors found that improvements had continued and it was evident that following the implementation of the actions outlined in their compliance plan, the provider was now working towards quality improvement in a number of areas. Four residents had successfully transitioned to alternative accommodation in line with their changing needs or their wishes. The provider had submitted an application to vary to reduce the number of registered beds from 23 to 16. As a result of this reduction, the number of residents living in the houses had reduced and this had resulted in a reduction in incidents and safeguarding concerns in the designated centre. Significant works had been completed to each of the premises which had resulted in residents' homes appearing more comfortable and homely. Residents now had access to more private and communal space and had been involved in picking the paint colours, furniture and soft furnishings in their newly-renovated homes.

The inspectors found that there were clearly defined management structures and staff were aware of their roles and responsibilities in relation to the day-to-day running of the designated centre. The person in charge, clinical nurse managers and the person participating in the management of the designated centre (PPIM) were maintaining oversight of the centre by completing regular audits and reviews and

identifying areas for improvement. These included annual and six-monthly reviews, regular audits, and regular visits in each of the houses by the clinical nurse managers and the person in charge. Actions were developed from these audits and visits and these were found to be leading to positive outcomes for residents in relation to their care and support and their environment. There was an electronic audit system and an audit schedule in place for 2021. The provider was in the process of supporting a number of staff to access and use this system. They had sourced five laptops for the houses and were in the process of upgrading Wi-Fi across the campus. There were systems in place to review incidents and to share learning following these reviews with the staff team.

Improvements were noted in relation to continuity of care and support for residents in the centre. There was an increase in the availability of staff who were familiar with residents' care and support needs. The provider had recruited to fill a number of vacancies and while recruiting to fill the remaining vacant positions, they were utilising three regular agency nurses to cover the required shifts. They were also utilising one regular agency care staff to cover staff leave and to facilitate staff attending training. The provider was planning to complete a staffing review to ensure they had sufficient numbers of staff to meet the assessed needs of residents once the centre was fully occupied. Throughout the inspection, residents were observed to receive support in a kind, caring and respectful manner. Staff were observed to take the time to listen to residents and to appropriately pick up on their communication cues.

The provider had recognised the need to improve staff training, refresher training and to formal staff supervision. They had developed a risk assessment due to the number of staff who had not completed the required training and refresher trainings. They had provided some site specific trainings for staff in the interim such as infection prevention and control training and bespoke training relating to residents behaviour support plan. They had created a priority list of staff who required training in line with residents' assessed needs. Staff were booked onto some of these key trainings in March and April 2021. There was an organisational policy relating to performance feedback and plans were in place to ensure each staff had performance feedback in 2021.

## Regulation 15: Staffing

Overall, improvements were noted in relation to staffing numbers, continuity of care and support for residents, and the maintenance and upkeep of planned and actual rosters in the centre.

The provider had recruited to fill a number of positions including seven care staff, a clinical nurse manager 3 (CNM), a CNM2 and a CNM1. There were two staff nurse and one CNM1 vacancies at the time of the inspection. While recruiting to fill these vacancies, the provider was using regular agency staff to cover the required shifts.

The inspectors reviewed a number of staff files and found that they did not contain

all of the information required by the regulations. For example, a number of staff files reviewed did not contain staff's full employment history, details of their previous experience of carrying out the business of a designated centre, the position they hold in the designated centre or two written references. The provider was aware that this information was not available in the designated centre and the inspector viewed documentary evidence that the PPIM had escalated this to the organisation's human resources department a number of months prior to the inspection.

Judgment: Not compliant

## Regulation 16: Training and staff development

A number of staff required training or refresher training. The provider was aware of this and had completed a risk assessment. As part of this risk assessment they had prioritised first aid and managing behaviour that is challenging training and staff were booked onto these for March and April 2021.

- 58% of the staff team required first aid training/refresher training
- 15% of the staff team required managing behaviour that is challenging refresher training
- 15% of the staff team required safeguarding training/refresher training
- 15% of the staff team required standard infection control training/refresher training
- 18% of the staff team required hand hygiene refresher training
- 38% of the staff team required breaking the chain of infection training online training
- 10% of the staff team required putting on and taking off PPE online training
- 23% of the staff team required safeguarding refresher training
- 20% of the staff team required manual handling training/refresher training
- 10% required fire safety awareness refresher training

Plans were in place to implement the provider's supervision policy in the centre. Performance feedback had commenced and plans were in place to ensure each staff member was in receipt of this in 2021, to ensure they were carrying out their roles and responsibilities to the best of their abilities.

Judgment: Not compliant

### Regulation 23: Governance and management

There were clearly defined management structures and systems for the oversight and monitoring of care and support for residents in the centre. Regular audits and reviews were being completed and there was evidence of follow up and completion of actions. The provider was identifying areas where further improvements could be made and, now that they had brought about improvements in relation to the levels of compliance with the regulations, they were focusing on quality improvement across a number of areas.

Improvements were noted in relation to the availability of resources and these improvements were found to be positively impacting on residents' experience of care and support in the centre, particularly relating to the their environment.

Judgment: Compliant

### Regulation 31: Notification of incidents

The Chief inspector was notified in relation to incidents occurring in the centre, in line with the requirement of the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were complaints policies and procedures in place and they were available in a format suitable for residents. There were systems in place to ensure residents were aware of the complaints procedures and to ensure they and their representatives were supported to voice their concerns.

There was information available in relation to advocacy services should residents wish to access them. There was a local complaints officer and complaints were logged, reviewed and followed up on. Measures taken to bring about the required improvements were recorded and the satisfaction level of complainants was recorded.

Judgment: Compliant

## Quality and safety

Overall, residents were in receipt of a good quality and safe service. They lived in clean, warm and comfortable homes. Overall, they were being supported by a staff team who were familiar with their needs and who were motivated to ensure they were spending their time engaging in activities they enjoyed. During the pandemic it was evident that the staff team were making every effort to support residents to keep busy and to have different experiences and to try different activities. They were being supported to make decisions in relation to their care and support and the day-to-day running of the centre.

As set out earlier in this report, significant works had been completed to all five houses in the designated centre. These works included the replacement of the roofs on two of the houses and repairs and renovations to each of the five houses. The kitchens and bathrooms were refurbished in the houses and flooring was replaced. They were painted throughout and changes were made to the internal layout to ensure that all five premises were designed and laid out to better meet the assessed needs of residents. As a number of residents had just moved back into their newly-renovated homes, they were in the process of being supported to pick furniture, soft furnishings and to further decorate their homes in line with their preferences.

Four of the five houses were occupied at the time of the inspection. The fifth house had been renovated but was in the process of having minor cosmetic works completed. Following these works, plans were in place to support a number of residents to be admitted to the designated centre. As part of these plans, potential residents and their representatives would be supported to visit the designated centre. Plans were also in place to ensure that newly-admitted residents would be involved in picking furniture and soft furnishings for their new home.

During the inspection, the premises visited were found to be clean. There were cleaning schedules in place, which had been adapted in line with COVID-19. The provider had developed and updated existing policies, procedures and guidelines for use during the pandemic and there were contingency plans in place which were regularly reviewed and updated. Information was available for residents and staff in relation to COVID-19 and infection prevention and control. There were systems to ensure there were adequate supplies of PPE at all times. Staff had completed training in infection prevention and control and the use of PPE. As mentioned earlier in this report, a number required training or refresher training in relation to infection prevention and control and the use of PPE. However, the provider had ensured that staff were having regular bespoke training with the infection control nurse in the designated centre and clinical nurse managers were completing regular infection prevention and control audits.

Residents were protected by the fire safety management systems in place in the centre. Fire equipment was available, inspected, tested and serviced as required. Fire drills were carried out regularly and residents had personal emergency evacuation plans in place which clearly guided staff in relation to any supports they

may required to safely evacuate in the event of an emergency. As previously mentioned, a number of staff required fire safety awareness training.

Residents in the centre were found to be supported to achieve and maintain optimal health. A sample of residents' healthcare files were reviewed by the inspectors, and were found to contain up-to-date assessments of each resident's individual healthcare needs. For each identified need, a clear and up-to-date management plan was found to be in place, including appropriate monitoring arrangements. Records showed that, in response to the COVID-19 pandemic, systems for close monitoring of residents' health status were put in place. Inspectors saw documentary evidence that residents were supported to access the services of their general practitioner, as well as specialist health services, at an appropriate frequency in accordance with their individual needs. Residents were supported to access relevant National Screening Services, and the person in charge outlined to the inspectors how staff had engaged with residents, their representatives, and relevant health care professionals in relation to this. Residents' health and wellbeing was also promoted through exercise and physical activity. Regular group exercise classes had been provided in the centre by an external company, and when these classes were temporarily suspended due to public health restrictions, the person in charge outlined how a remote alternative had been trialed. Throughout the day of the inspection, a number of residents were observed going out for walks, with the support of staff where required. Residents were also found to be supported to participate in informed decision-making in relation to their healthcare. For example, easy-to-read information and social stories had been prepared in relation to COVID-19 vaccinations, and staff had kept records of when this information had been discussed with a resident, and the resident's responses to it. An inspector met with a number of residents who had attended appointments to receive COVID-19 vaccinations on the day of the inspection, and the residents expressed that they were happy to have done so and felt supported by staff throughout the process.

There were appropriate arrangements in the centre to support residents to manage their behaviour. The services of a behavioural support team, which included a Clinical Nurse Specialist, were available to residents and staff. Inspectors saw documentary evidence that this team provided regular input in the form of assessments and reviews of residents, and guidance for staff. Positive behavioural support plans and stress management plans had been developed for residents, where required, with the support of this team, and had been regularly reviewed. These plans provided clear guidance for staff in relation to each resident's specific triggers, communicative behaviours and coping strategies, and outlined individualised proactive and reactive strategies. However, as outlined previously in this report, a small number of staff required refresher training in behaviour management interventions. There were up-to-date evidence-based policies in place in relation to positive behavioural support, and also rights and restrictive practice. These policies established clear systems for recording and regularly reviewing restrictive practices, with a focus on reducing or removing restrictions, or using the least restrictive approach for the shortest possible duration, as appropriate. This approach, coupled with the recent changes in residents' living environments, had resulted in a reduction in the use of restrictive practices during the months prior to the inspection, which had a positive impact on residents' lives and promoted their

independence. There were clear protocols in place in relation to the use of PRN (as required) medicines, where prescribed, and their prescriptions were reviewed regularly. These protocols were linked to residents' behaviour support plans and provided clear guidance on the specific indications for the use of PRN medicines. Details of all occasions on which PRN medicines were administered were recorded by staff and audited monthly by the person in charge, which ensured that their administration was in line with the relevant protocols and the registered provider's medicines management policy.

There were systems in place in the centre to ensure that residents were protected and safe from abuse. These systems were described in the registered provider's safeguarding policy and procedure. Where residents required support with intimate care, clear plans were in place to guide staff practices while also ensuring that residents' dignity and bodily integrity were respected. Since the last inspection of this centre, the total number of residents in the centre had decreased and the living arrangements of the remaining residents had been reconfigured so that residents shared their homes with peers with whom they were more compatible. These changes had contributed to a large reduction in peer-to-peer incidents of a safeguarding nature in recent months. Staff spoken with on the day of inspection reported that this had a notably positive impact on the atmosphere in the centre and on residents' daily lives. A review of notifications submitted to the Chief Inspector and records held in the centre showed that any concerns that had arisen since the last inspection had been reported and investigated as required, and appropriate actions had been taken. However, as mentioned previously in this report, a number of staff in the centre required training in relation to safeguarding.

### Regulation 17: Premises

Residents lived in warm, clean and comfortable homes which were designed and laid out to meet their needs and wishes. Following renovations in the houses, residents were involved in picking paint colours, furniture and soft furnishings in their home.

The premises were accessible, homely and well maintained. Records were kept of required maintenance, and this was an agenda item which was discussed regularly at residents' meetings. Improvements had been made in relation to residents' access to private and communal spaces when the renovations were completed. Each of the houses now had an additional living/visitors' room. Bathrooms had been refurbished and there were enough toilets, bathrooms and showers to meet the needs of residents.

Judgment: Compliant

### Regulation 27: Protection against infection

They provider had policies and procedures in relation to infection prevention and control and they had developed further policies, procedures and guidelines to guide staff practice during the COVID-19 pandemic. Staff had completed hand hygiene, infection control and PPE training and there was information readily available in the centre for residents and staff in relation to COVID-19. Further training was planned for staff.

Social stories were developed to assist residents to understand COVID-19, to understand the changes that occurred due to national restrictions during the pandemic, to explain the use of PPE and relating to the COVID-19 vaccine.

The premises was clean and there were cleaning schedules in place to ensure all areas of the house were regularly cleaned. There were stocks of PPE available in the centre and systems for stock control and to source more stocks if required. There were suitable systems in place for laundry and waste disposal.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had ensured that there were effective fire safety management systems in place in the centre. Suitable fire equipment was made available and this was checked and serviced regularly.

There were adequate means of escape and emergency lighting was in place. Residents personal emergency evacuation plans were detailed and clearly guided staff to support them to safely evacuate in the event of an emergency. Fire drills were occurring regularly and learning following drills was leading to the review and updated of residents' evacuation plans as required.

Judgment: Compliant

### Regulation 6: Health care

Residents were appropriately supported to manage their health in the centre and were supported to access general and specialist health care services outside the centre, in line with their assessed needs.

Judgment: Compliant



## Regulation 7: Positive behavioural support

There were evidence-based policies and systems in place in the centre in relation to positive behavioural support and restrictive practices. Residents and staff in the centre availed of regular input from a specialist behavioural support team, and residents had clear and up-to-date positive behaviour support plans, where required.

There was a focus on promoting a restraint-free environment, and there had been a significant reduction in the use of restrictive practices in the centre over the months prior to the inspection. PRN (as required) medicines were administered for specific indications only, in line with clear protocols, and their use was audited and reviewed regularly.

Judgment: Compliant

## Regulation 8: Protection

Systems were in place in the centre to ensure that residents were protected and safe from abuse. The reduction in the total number of residents and the reconfiguration of living arrangements within the centre had resulted in a large decrease in peer-to-peer incidents in recent months, which had a notably positive impact on residents' lives.

Where any concerns had arisen, they were found to have been reported, investigated and appropriate actions taken, as per the registered provider's safeguarding policy and procedure.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Hawthorns OSV-0003359

Inspection ID: MON-0031812

Date of inspection: 11/03/2021

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            In response to the area of staffing found under the Regulation 15 (1) Staffing vacancies; Staff nurse vacancies x3 a national panel for expression of interest was published for RNID's at the end of March.            The Register Provider Nominee is considering regularizing some of the regular agency staff nurses into HSE positions.            Local recruitment campaign will be launched in addition to the continuous rolling National Recruitment            The CNM1 position continues temporarily being filled by a senior staff nurse.</p> <p>In response to the area of staffing found under the Regulation 15(5)Staffing Files;            An audit on the staff files is to be carried out regarding Schedule 2 documentation and the availability of such documentation for the PIC and inspectors.            The PPIM/Director of Nursing has escalated the query on the issue around the PIC/Inspectors not having access to required information in line with the regulations.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            In response to the area of training found under the regulation Regulation 16(1)(a) Training and Staff Development.            The Person In Charge shall ensure that all staff shall undergo and participate in specified</p>	

training within the specified timelines

Since the inspection date training in the following area have been completed: First Aid/CPR 7 staff are updated, BLS 4 staff nurses attended, Studio 3 4 staff have completed the training, Safeguarding 9 staff have completed with 6 awaiting the submission of their certificates, (letters of notification have been sent to all staff with a deadline date), Fire training was completed on the 31-03-21 with 12 staff attending training, all staff apart from 1 staff member are now up to date with Fire training,

Training is scheduled for the following in the coming weeks: First Aid/CPR, Studio 3. All staff have been issued with notification letters to make them aware of the trainings in which they require refresher some of which can be completed on HSE Land.

Risk assessment completed for each training location with regards to IPC guidelines and Covid 19 this can impact on attendance numbers.

A risk assessment remains in place for training with a service commitment to focus on prioritizing training to be completed as soon as possible. This was discussed with the PIC and PPIM at the most recent management meetings. The service trainers are liaising with the PIC to schedule in the remaining training that are due over the next 3 months with the goal to have same up to date for all staff on duty.

Performance feedback continues to be implemented for all staff as per schedule. This schedule is allocated based on the staff roster and is completed by the CNM team. This schedule of feedback is implemented on a quarterly basis for each staff member. A record of the meetings is stored separate to the training records for privacy and confidentiality.

## 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	13/07/2021
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Not Compliant	Orange	13/07/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Not Compliant	Orange	13/07/2021

	as part of a continuous professional development programme.			
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