



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:	Unannounced
Date of inspection:	31 May 2022
Centre ID:	OSV-0003359
Fieldwork ID:	MON-0035026

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 31 May 2022	09:15hrs to 16:15hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This unannounced risk-based inspection was completed following an inspection in the centre in November 2021 which found poor levels of compliance with the regulations. Following this inspection the provider was invited to a cautionary meeting by the Chief Inspector of Social Services, and following this they submitted a robust compliance plan response. The inspector of social services found that a number of improvements had been made in the centre since the last inspection, and that others were in progress. Improvements were found in relation to oversight and monitoring in the centre, to infection prevention and control, fire precautions, medicines management, and to staff uptake of training and refresher training. However, the centre remained under-resourced in terms of staffing, some further works were required to the premises, to the oversight and use of restrictive practices, and to the implementation of safeguarding measures.

As the inspection was completed during the COVID-19 pandemic, the inspector 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. The inspector visited each of the five houses on the campus and met with 14 of the 15 residents living there.

A number of residents in the centre presented with communication support needs and throughout the inspection, the inspector observed that staff were familiar with residents communication styles and that they were picking up on their verbal and non-verbal cues. Staff were responding appropriately and kind and caring interactions were observed between residents and staff throughout the inspection.

Throughout the inspection residents were observed to be content, comfortable, and busy engaging in activities both at home and on the campus, and in their local community. For example, one resident was observed to water the plants outside their home which they had sown, other residents were completing arts and crafts projects, and other residents were observed going out for walks or on the bus with staff.

There were plant pots, and raised beds outside the houses with vegetables, plants and flowers. A number of residents were involved in sewing and looking after these. There were attractive outdoor spaces available on the campus, and a central sensory garden with garden furniture which was regularly used for parties, weather permitting. A garden was in development for one of the houses and a fence had just been erected around it, and the gates were due for delivery after the inspection.

Work had also been completed to repair outdoor surfaces and improve residents' access to their home via new paths. A review of the premises had been completed and plans were in place to buy new furniture, to replace some flooring and to paint a number of areas. In one of the houses a sensory room was in development, and in

another house a music room was being developed.

On arrival to one of the houses, two residents were sitting at the kitchen table having a chat. They welcomed the inspector and told them all about their upcoming plans which included going for a hotel break, having their hair cut and coloured, and going for coffee with friends. As the inspector visited their home early in the morning, one resident was in bed. Another resident was being supported by staff with their morning routine and the inspector briefly met them and they said hello before going back to what they were doing.

In a number of the houses residents had either just returned from hotel breaks or were planning holidays. Three residents who lived in different houses on the campus were planning to go on holidays together to a holiday park. They had gone there together in previous years and reportedly really enjoyed it, so were planning to go again for three days later in the year.

In the afternoon the weather changed and a number of the houses residents who were out and about on the campus in the morning were observed listening to music or watching movies on their tablet computers. There were a number of areas in each of the houses where residents could choose to spend their time, with more than one living area in each of the houses. Residents were observed throughout the inspection to spend their time in different parts of their home, but in most houses the living come dining room seemed to be residents' preferred space. This was particularly evident in one of the houses where residents sat doing arts and crafts at the dining room table, while the pleasant smell of cooking came from the kitchen where staff were preparing lunch. Residents could observe or take part in mealtime preparation of they so wish, as the kitchen was just the dining area.

A number of residents proudly showed the inspector around their homes, including a tour of their bedrooms. In one of the houses a resident made the inspector a cup of coffee and sat with them and another housemate for a tea and a biscuit. In another house a resident showed the inspector their room and all their favourite possessions. They talked about their favourite types of movies and showed the inspector their DVD collection, their favourite action figures from these movies, and posters of their favourite characters and movies. They also talked about the jumper they were wearing with a logo on the front, and some of their favourite characters on back.

It was evident that residents were supported to make choices about their daily routines such as their meals, the clothes they wore and the activities they took part in. Residents' meetings were occurring regularly, and residents were also regularly meeting with their keyworkers. Resident and family input was being sought as part of the annual and six monthly reviews by the provider. Feedback from residents in the latest review was positive with residents reporting that they were happy with their activities, meal choices and their environment.

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 inspector found that the improvements made since the last inspection were having a positive impact on the lived experience of residents in the centre. There was evidence of improved oversight and monitoring and a number of improvements had been made to the premises.

There were improved systems to demonstrate their oversight of the day-to-day running of the centre. Audits were being completed regularly and it was evidence that follow ups and actions were being completed. The majority of actions from the compliance plan submitted by the provider following the last inspection were complete. The remaining actions were in progress in relation to staffing, the premises, safeguarding and complaints management. The provider was completing six monthly and annual reviews of care and support and finding areas for improvement in line with the findings of this inspection.

The centre remained under-resourced in terms of staffing. The provider had reviewed the whole time equivalent staffing numbers since the last inspection and identified that they required an additional five care assistants in line with safeguarding plans in the centre, so at the time of this inspection there were seven whole time equivalent staff vacancies. In addition, there were two staff on long term unplanned leave. The inspector was shown documentary evidence of numerous attempts by the provider to recruit staff since the last inspection and recruitment was ongoing at the time of the inspection. The provider was attempting to ensure continuity of care by using regular agency staff and overtime to cover the required shifts. However, due to the volume of shifts to be covered, this was not always proving possible.

Improvements had been made in relation to staff training and supervision since the last inspection. However, a number of staff required refresher training, and training in areas in line with residents' assessed needs. In addition, some improvements were required in relation to staff supervision and the oversight of staff supervision.

Overall, there was evidence of improvements in the governance and management of the centre. The provider was found to be aware of the areas where further developments were required, and working on the actions required to bring about these required improvements.

Regulation 15: Staffing

The inspector found that the centre remained under-resourced in order to fully meet residents' assessed needs. There remained a number of vacancies across the centre

and the provider continued to attempt to recruit staff to these posts.

Planned and actual rosters were found to be well maintained and indicated that many of the vacant shifts were covered by staff doing extra hours, or regular agency staff, where available. However, there was an over-reliance on agency staff with between 30% and 57% of shifts being covered by agency staff from the sample of staff rotas reviewed.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff training and development had improved since the last inspection. The majority of staff had completed mandatory training and refresher training. However, a small number of staff required refresher training, and a number of staff on long term unplanned leave required both mandatory trainings and refresher training.

Staff supervision had also improved since the last inspection. Two clinical nurse managers had completed additional training to support them to carry out staff supervision in line with the organisations policy. There was a schedule of supervision in place for all staff, with meetings scheduled to take place between three and four times annually. From the sample of staff supervision notes were found to link with staff's roles and responsibilities in relation to residents' care and supports. However, some improvements were required to ensure that each of these records reflected this, and that there was oversight of these records by the person in charge.

Judgment: Substantially 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

Overall, the centre was found to be well managed and there were systems in place for the oversight of residents' care and support. The provider had implemented a number of systems to strengthen the governance and management of the centre since the last inspection. They were auditing and tracking the required actions in a

timely manner. They were completing annual and six monthly reviews of care and support and self-identifying areas for improvement.

Improvements had been made across a number of regulations, and plans were in progress to bring about further improvements. The centre remained under-resourced and the provider was attempting to recruit to fill the vacant staff positions.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained the required information and had been updated in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents and adverse events was maintained in the centre and the Chief Inspector had been notified of all the required information in line with the Regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy and procedure in place to guide staff, and complaints were discussed regularly with residents at their house meetings and keyworker meetings. There was a local complaints officer and their picture was on display in the centre. Residents had access to information on how to seek the support of an independent advocate.

There was evidence of oversight of complaints in the centre with a register of complaints and compliments. In general, corrective actions were identified and there was evidence that consultation occurred with the complainant prior to closing the complaint. However, there were a number of complaints open in the centre which had been open for an extended period of time. The complaints officer was in the process of collating these complaints and responding to the complainants.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that that residents were in receipt of a good quality and safe service. They were making decisions about how and where they wished to spend their time. They were also involved in the day-to-day running of the centre, and the upkeep of their home. Their likes, dislikes and preferences were clearly identified in their personal plans, and they were living in clean, warm and comfortable homes. However, improvements were required in relation to restrictive practices, and the implementation of control measures in safeguarding plans.

Residents' homes were decorated in line with their preferences, and their bedrooms were personalised to suit their tastes. A number of residents proudly showed the inspector around their homes, and to their bedrooms. Residents had access to plenty of private and communal spaces in their homes, and access to gardens and open spaces on the campus.

Residents and staff were protected by the infection prevention and control policies, procedures and practices in the centre. There had been a number of outbreaks of COVID-19 in the centre affecting both residents and staff since the last inspection and there was evidence that learning had occurred and that additional measures were implemented to keep people safe from infection.

There systems in place for the prevention and detection of fire in the centre. Some improvements had been made to fire containment and fire drills since the last inspection. There were also appropriate systems in place for the medicines management in the centre.

Residents had access to health and social care professionals in line with their assessed needs. Residents who required them had behaviour support plans in place. There was evidence of some oversight of restrictive practices in the centre; however, improvements were required to ensure that it was evident that alternative measure had been considered and that the least restrictive practices were used for the shortest duration. In addition, it was not evident that the measures detailed in one residents' stress management and behaviour support plan were being fully implemented as a number of incidents continued to occur.

There were safeguarding policies and procedures in place and staff who spoke with the inspector were aware of their roles and responsibilities should there be an allegation or suspicion of abuse. There were a number of open safeguarding plans in the centre and for a number of these the control measures included 1:1 staffing supports for residents. The control measures in some of the majority of safeguarding plans were proving effective. However, they were not proving fully effective in some as incidents of a safeguarding nature continued to occur. A number of residents had submitted complaints in relation to these incidents. The

provider was aware that the control measures were not proving fully effective and were meeting with the relevant parties after the inspection to discuss control measures further.

Regulation 17: Premises

Each of the premises were found to be clean, homely and to promote the privacy and dignity of each resident. They were well laid out to promote accessibility. Residents had access to adequate private and communal spaces, and storage for their personal items. Their bedrooms were personalised to suit their tastes.

A number of improvements had occurred to the premises and grounds since the last inspection, and more improvements such as flooring, painting, and the purchase of new furniture was planned after the inspection. Works to one of the gardens was ongoing at the time of the inspection.

Judgment: Substantially 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.

Judgment: Compliant

Regulation 27: Protection against infection

Residents and staff were protected by the infection prevention and control policies, procedures and practices in the centre. There has been a number of outbreaks of COVID-19 affecting both residents and staff and there was evidence of learning and changes to practice following these. Contingency plans were reviewed as required and there were cleaning schedules in place to ensure each area of the houses were cleaned regularly. In addition, regular touch point cleaning was occurring in each of the houses.

There were systems to ensure that there were stocks of PPE available in the centre, and there were suitable laundry and waste management systems in place. There was information available for residents and staff on infection prevention and control and staff had completed a number of infection prevention and control related trainings.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements in place to detect, contain and extinguish fires. There was suitable equipment which was being regularly serviced and appropriately maintained.

Improvements had been made in relation to fire containment since the last inspection. Improvements were also noted in relation to fire drills, with evidence of drills occurring at times when the least amount of staff and the most amount of residents were present. Residents' personal emergency evacuations plans were in place and reviewed as required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate systems in place for the ordering, receipt, prescribing, storing, disposal and administration of medicines. Medicines were stored securely and the inspector observed safe and suitable practices during a medication round in the centre. There were systems in place for out of date medicines and returns to be stored in a secure manner.

There was evidence of increased oversight and auditing in relation to medication management in the centre since the last inspection. Audits were picking up on areas for improvement, particularly relating to documentation errors.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who had behaviour support needs had the support of the relevant allied health professionals and had appropriate plans in place. However, from a review of incidents in the centre it was not evident that the controls in one residents' plans were fully effective. The provider was aware of this and meeting with the relevant parties to explore what additional controls may be required.

There were a number of restrictive practices in use in the centre and evidence of some oversight of these. However, improvements were required to show that alternatives were considered prior to their use, and to demonstrate that the least

restrictive practice was used for the shortest duration.

Judgment: Substantially compliant

Regulation 8: Protection

For the most part, residents were protected by the policies, procedures and practices relating to safeguarding and protection. Safeguarding plans were developed and reviewed as required. Staff had completed training in relation to safeguarding and protection, and those who spoke with the inspector were knowledgeable in relation to their roles and responsibilities. However, it was not evident that the control measures in some safeguarding plans were effective as incidents of a safeguarding nature continued to occur. The inspector acknowledges that these had reduced in recent times and that the provider was meeting with the relevant parties the week after the inspection to discuss whether additional control measures were required.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Hawthorns OSV-0003359

Inspection ID: MON-0035026

Date of inspection: 31/05/2022

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:</p> <p>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.</p> <ul style="list-style-type: none"> • 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 effective delivery of care and support which will be reflective of the needs of each individual. • The Registered Provider will ensure that every effort is made to fill vacant whole time nursing posts through continuous recruitment campaigns both local and at national level. • HR are conducting a recruitment campaign for Nursing and Health Care Assistants • 2 post graduate RNID students have been offered HSE contracts with commencement dates in August 2022. • Regular familiar Agency Staff Nurses and Health Care Assistance being utilized to fill current vacancies as an interim measure. <p>Regulation15(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.</p> <ul style="list-style-type: none"> • 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 effective delivery of care and support which will be reflective of the needs of each individual. • Regular familiar Agency Staff Nurses and Health Care Assistance being utilized to fill current vacancies as an interim measure. 	
Regulation 16: Training and staff development	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Regulation 16(1)(a)</p> <p>The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.</p> <ul style="list-style-type: none"> • The Person In Charge will ensure that all staff undergo and participate in specific training with specified timeframes as specified in local policies. • The person in charge will concentrate all efforts to increase frequency of opportunities for staff to attend training. Planned scheduled training for a staff that require refresher training to take place on 08/07/22. • The Person in Charge will ensure to meet with staff on long term leave before their return to work to ensure support and training is completed and facilitated to them as required. • A scheduled training is planned for each quarter and will be made available for each staff. <p>Regulation 16(1)(b)</p> <p>The person in charge shall ensure that staff are appropriately supervised.</p> <ul style="list-style-type: none"> • The Person in Charge will ensure all staff receive Performance Feedback as per policy. • The Person in Charge will ensure oversight of this documentation. 	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Regulation 34 (2)(b)</p> <p>The registered provider shall ensure that all complaints are investigated promptly.</p> <ul style="list-style-type: none"> • SSIDS policy on complaints has a clear process, any negative feedback will be responded to as a complaint until a resolution can be found. • Any outstanding complaints will be reviewed by the Complaints Officer to ensure a response is issued with information on the right to appeal if they are unsatisfied with the outcome. • All complaints are presented at the Local Management Meetings for discussion and reviewed so that all complaints are responded in line with SSID's policy. The Complaints Officer is currently responding to outstanding complaints that were open for an extend period of time. <p>Regulation 34 (2) (c)</p> <p>The registered provider shall ensure that complainants are assisted to understand the complaints procedure.</p> <ul style="list-style-type: none"> • 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 & 4 as per policy.

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

- As part of the Management Team Meetings the complaint log will be reviewed so that all complaints are responded in line with SSID's policy
- Outcome of the complaint will be sent to the complainant in writing with details of appeals process.
- 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 actions taken in respect of the recommendations and whether or not the complainant was satisfied.

Regulation 34 (2) (f)

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 on foot of a complaint and whether or not the resident was satisfied.

- 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 actions taken in respect of the recommendations and whether or not the complainant was satisfied.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
Regulation 17(10) (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.

- 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 these works, purchase of furniture and replacement flooring in some rooms in houses.

Regulation 17 (1) (c)

The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.

- C Checklist for maintenance / premises carried out on a weekly basis which the Person In Charge signs off.
- Contract cleaners clean houses on a scheduled basis over the week
- Funding approved for painting of identified areas in houses following inspection.

Regulation 17 (6)

The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. They regularly review the accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

- The registered provider will continue to review accessibility and carry out any alterations to the premises required.

Fenced garden area at a home in the Designated Centre is now complete.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

Regulation 7 (5)(b)

The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.

- The Person In Charge will ensure that restrictive practice in use is only used as a last resort and fully documented and that all alternative measures tried prior to this are captured and documented on the relevant forms as per Restrictive Practice Policy and Medicines Management Policy.

Regulation 17(5)(c)

The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration

- The Person In Charge will ensure that restrictive practice in use is only used as a last resort and fully documented and that all alternative measures tried prior to this are captured and documented on the relevant forms as per Restrictive Practice Policy and Medicines Management Policy.
- The Person in Charge will ensure that allied professionals are involved in a multi - disciplinary approach to behaviour support needs of residents in the designated centre.
- Recent review with CHO6 Safe Guarding Team took place on 09/06/22, the outcome of the meeting concurred that all possible control measures are being implemented in Designated Centre in order to address safe guarding issues

Regulation 8: Protection	Substantially Compliant
<p data-bbox="172 208 1337 280">Outline how you are going to come into compliance with Regulation 8: Protection: The registered provider shall protect residents from all forms of abuse.</p> <ul data-bbox="172 324 1436 896" style="list-style-type: none"><li data-bbox="172 324 1436 504">• Planned Meeting with CHO6- Safeguarding Team on 09/06/22 ; a review of the current Safeguarding Plans and all interventions to date was done in order to prevent and minimize the number of Safeguarding incidents in Hawthorns; construction of private garden for residents in a Home in the Designated Centre; 1:1 staff support for residents, and the moving of residents from one home to another.<li data-bbox="172 515 1436 616">• CHO6 Safeguarding Team feedback was that the quality of the information provided in the Preliminary Screenings and the Safeguarding Plan is very good and everything possible is being done.<li data-bbox="172 627 1436 772">• The Registered Provider is exploring options including the review of residents' placements, and the possible renovation of a building to make a single occupancy self-contained apartment on the grounds of the Designated Centre. HSE Estates carried out site inspection on 24/06/22 and report to be submitted in 1 week.<li data-bbox="172 784 1436 896">• The Person in Charge will review all Safeguarding incidents with CNM2 in Behaviour Support and review incidents and identify potential patterns within those incidents (i.e. time, location, etc).	

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.	Not Compliant	Orange	31/12/2022
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	31/12/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Substantially Compliant	Yellow	30/09/2022

	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.	Substantially Compliant	Yellow	30/09/2022
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	31/10/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/11/2022
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	Substantially Compliant	Yellow	30/09/2022

	designated centre to ensure it is accessible to all.			
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Substantially Compliant	Yellow	30/09/2022
Regulation 34(2)(c)	The registered provider shall ensure that complainants are assisted to understand the complaints procedure.	Substantially Compliant	Yellow	30/09/2022
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	30/09/2022
Regulation 34(2)(f)	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 on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	30/09/2022
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates	Substantially Compliant	Yellow	30/09/2022

	intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.			
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	30/09/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	28/02/2022