



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:	02 October 2024
Centre ID:	OSV-0003359
Fieldwork ID:	MON-0036556

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 and a self-contained apartment 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
Wednesday 2 October 2024	09:40hrs to 17:30hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

From what residents told the inspector and based on what they observed, this was a well-run centre and residents were receiving good quality of care and support. This inspection was carried out to assess the provider's regulatory compliance, to inform a recommendation to renew the registration of the designated centre. The findings were positive, with the majority of regulations reviewed found to be compliant during the inspection. The inspector of social services found that the provider was aware of areas where improvements were required, particularly relating to staffing numbers and sourcing vehicles to meet residents' needs.

In Hawthorns care and support is provided for up to 16 adults, both male and female, with intellectual disabilities. It consists of five houses and an apartment based on a campus on the south side of Dublin. Each of the bungalows have a number of communal and private spaces, which included an open plan living and dining room, a kitchen, a number of bathrooms, a utility room with laundry facilities, resident bedrooms and a visitors room. The apartment consists of a large open-plan living space with kitchen and dining facilities and a large bedroom with en suite facilities. In line with the findings of the last inspection, the inspector found that the houses and apartment were clean and well maintained. More works had been completed to the houses and the grounds since the last inspection. The works in the houses had contributed to them appearing more comfortable and homely. Communal areas were bright and colourful and contained soft furnishings, photos and art work. Residents' bedrooms were personalised to suit their tastes and they had their favourite items and belongings on display. These included items such as art work, posters of their favourite football teams, jewellery, sensory equipment, televisions, radios, tablet computers and family photos.

There were 15 residents living in the centre and the inspector had an opportunity to meet with 11 of them during the inspection. Residents in the centre communicated using speech, gestures, facial expressions, body language, and sign language. Some residents told the inspector what it was like to live in the centre, and the inspector used observations, discussions with staff and a review of documentation to capture the lived experience of other residents. Some residents spoke with the inspector about living in the centre, while others smiled, shook hands, or gave the inspector a thumbs up. Staff were observed by the inspector to be very familiar with residents' communication preferences and warm, kind, and caring interactions were observed between residents and staff throughout the inspection.

The inspector had an opportunity to sit and spend time with some residents and to observe others engaging in activities in their home or on the campus such as, spending time chatting to staff, listening to music, watching television, going for a walk with staff, and sitting sharing a cup of tea with their housemates. A number of residents were supported by staff to go out for meals and snacks in the community, to religious services, shopping or to a local park during the inspection. Two residents went to day services. Examples of what residents told the inspector included; "I love

it here", "I like keeping my home lovely", "happy living here", "I feel safe", "staff are good", "the food is good", "nice place to live", "staff are very good", "staff listen to me and are supportive" and "if anything wrong go to staff". Residents spoke about activities they were enjoying regularly such as swimming, bowling, shopping, exercise classes, cooking classes, eating out, going to music class, attending advocacy group meetings and visiting their favourite places in their local community.

Since the last inspection significant supports had been put in place to support one one resident to explore their local community to find out the type of activities they might enjoy. They were now engaging in a number of new activities in their home and in their local community. Staff reported that they were enjoying regular walks in the community, visiting two local coffee shops, going to a local park and going for drives with staff. This was also reflected in the documentation reviewed by the inspector.

The inspector spoke had the opportunity to speak with two residents about their goals. They were learning to prepare and cook meals and to learn to bake. They spoke about a staff member who comes to help them learn to cook and bake and spoke about the types of meals and snacks they like to make. One resident said "I cook chilli con carne and bake brownies" and the other resident said "I make a mean spaghetti bolognese".

One resident spoke about their role as part of an advocacy group and about their experience of using independent advocacy services to explore future accommodation options. The inspector also reviewed records relating to another resident around exploring their will and preference around their living accommodation. One resident spoke with the inspector about how hard they were working to become more independent in a number of areas. They spoke about travel training for two bus routes. For one of the routes, they were now confidently and independently travelling to and from their destination. For the other route they were building their experience and confidence and hoping to travel independently very soon. They also spoke about the work they were doing and the supports staff were providing to develop other life skills. They showed the inspector a diary they were keeping to track their progress and achievements. They told the inspector "I have such good supports from staff".

Three residents spoke about the important people in their lives and how important it was to them to stay in regular contact with them. They spoke about visiting and being visited by them regularly. One resident spoke with staff and the inspector about a significant birthday that they were going to celebrate later in the year. Three residents spoke with the inspector about holidays they had enjoyed this year. They spoke about where they went and the activities they had enjoyed during their holiday.

Each of the 15 residents completed, or were assisted to complete questionnaires on "what it is like to live in your home", which had been sent to them in advance of the inspection. Overall, these questionnaires indicated residents were happy with their living accommodation, access to activities, staff supports, and their opportunities to have their say. Examples of comments included on the questionnaires were, "I go to

bed when i want to and get up when i want to", "staff support my choices", "staff always give me choices", "have choice to say yes or no", "happy to live here", and "good management and staff". They also identified some areas for improvement such as, the need for transport to meet their needs and the availability of drivers. They included comments around staffing such as, "I prefer regular staff to work with me", and "I prefer familiar staff, that know me and my routines".

The inspector found that the registered provider was capturing the opinions of residents and their representatives on the quality and safety of care and support in the centre in their six-monthly and the annual reviews. The inspector had an opportunity to review seven relatives and friends questionnaires for 2023. The feedback was mostly positive and some areas for improvement were identified. Examples of positive comments included, "really appreciate being kept up-to-date", "thanks to all hawthorns staff", "If any concerns, talk to a staff member", "never needed to make a complaint because..is treated with such respect", "extra-ordinary standard of care and attention", "level of care is exceptional", and "staff are very approachable". Areas where the surveys identified that improvements could be made included the availability of staff who are drivers, and the decoration of an area in one of the houses.

Resident meetings were occurring regularly and there were pictures on display in the houses in relation to complaints, the availability of independent advocacy services, infection prevention and control (IPC), fire safety, charter of rights and safeguarding and protection. There were folders with a number of easy-to-read documents and there were boards with pictures of activity and menu choices. There were also picture rosters on display.

In summary, residents were busy and had things to look forward to. They lived in clean, warm and comfortable homes. The provider was completing audits and reviews and identifying areas of good practice and areas where improvements may be required and were implementing the actions to bring about the required improvements.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

This announced inspection was completed to inform a decision on the registration renewal of this designated centre. Overall, the findings of this inspection were that residents were in receipt of a good quality of care and support. The provider was identifying areas of good practice and areas where improvements were required, particularly relating to staffing and transport.

There were clearly defined management structures and the staff who spoke with the inspector were aware of the lines of authority and accountability. The person in charge and two clinical nurse managers (CNM) were providing supervision and support to the staff team. The person in charge received support and supervision from two assistant directors of nursing and a director of nursing. There was an on-call manager available to residents and staff 24/7.

The provider's systems to monitor the quality and safety of service provided for residents included daily visits to the houses by the clinical nurse managers (CNMs), weekly and monthly walk about audits by the CNM's and person in charge, area-specific audits, unannounced provider audits every six months, and an annual review. Through a review of documentation and discussions with staff the inspector found that provider's systems to monitor the quality and safety of care and support were being fully utilised and proving effective at the time of the inspection. The provider's policies, procedures and guidelines were readily available in the centre to guide staff practice.

The centre was not fully staffed in line with the statement of purpose and this will be discussed further under Regulation 15 due to its impact on continuity of care and support for residents. Some of the supports in place to ensure that the staff team were carrying out their roles and responsibilities to the best of their abilities included, supervision, training, the availability of a manger 24/7 and opportunities to discuss issues and share learning at team meetings.

Regulation 14: Persons in charge

The person in charge was full-time and from a review of Schedule 2 information submitted in advance of the inspection, the inspector found that they had the qualifications and experience to meet the requirements of Regulation 14. During the inspection the inspector reviewed the systems they had for oversight and monitoring in this centre and found that they were effective in identifying areas of good practice and areas where improvements were required.

Residents were observed to be very familiar with the person in charge and appeared comfortable and content in their presence. Staff members who spoke with the inspector was also complimentary towards the support they provided to them.

Judgment: Compliant

Regulation 15: Staffing

The provider had a recruitment policy which detailed the systems they employed to ensure that staff had the required skills and experience to fulfill the job specifications for each role. Prior to the inspection a sample of three staff files were

reviewed in a central office base operated by the provider. These files were found to contain the information required under Schedule 2.

The provider had a rolling recruitment drive in place. They had successfully recruited a number of staff; however, in line with the findings of previous inspections, the centre was not fully staffed in line with the statement of purpose at the time of this inspection. There were 10 whole time equivalent vacancies, four staff on long term unplanned leave, one staff on extended planned leave and another staff due to go on extended planned leave just after the inspection. The provider was ensuring that the right number of staff were supporting residents both day and night; however, despite efforts to ensure continuity of care and support for residents through the use of regular agency staff, there were a large number of shifts covered by different agency staff. The inspector reviewed planned and actual rosters for July, August and September 2024 and found that they were well maintained. From the sample reviewed up to 50% of shifts during the day and up to 60% of shifts at night were being covered by agency staff. This was found to be impacting on continuity of care and support for residents. For example, for one week which the inspector reviewed, 55 shifts were covered by 40 different agency staff.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix for 33 staff in the centre. Each staff had completed training listed as mandatory in the provider's policy including, fire safety, safeguarding, food safety, manual handling, and some IPC related trainings, and managing behaviour that is challenging. In addition, staff had also completed additional trainings in line with residents' assessed needs and 29 staff had completed training on applying a human rights-based approach in health and social care and eight staff had completed training related to the Assisted Decision Making (Capacity) Act 2015.

The inspector reviewed supervision records for seven staff, including those for one regular agency staff. The agenda for each was resident focussed and varied. From the sample reviewed, discussions were held in relation to areas such as roles and responsibilities, residents' rights and support needs, safeguarding residents, positive behaviour support, health and safety, staff workload, team dynamics, incidents and accidents, resilience, well-being and training and development.

Staff meetings were held monthly and the minutes of eight meetings for 2024 were reviewed by the inspector. The agenda items were found to be resident focused and varied. Examples of agenda items included, food safety, safeguarding, incident review and learning, residents' support needs and goals, complaints and compliments, risk, health and safety, maintenance, vehicles and fire safety.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured that the records set out in the regulations were available for review by the inspector during the inspection. Throughout the inspection the records reviewed were found to be well-maintained, accurate and up-to-date.

Judgment: Compliant

Regulation 22: Insurance

The contract of insurance was available in the centre and reviewed by the inspector. A copy was also submitted with the provider's application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

From a review of the statement of purpose, the minutes of management and staff meetings for 2024, and through discussions with staff, there were clearly defined management structures and lines of authority and accountability amongst the team.

The provider's last two six-monthly reviews and the latest annual review were reviewed by the inspector. These reports were detailed in nature and focused on the quality and safety of care and support provided for residents, areas of good practice and areas where improvements may be required. The action plans for these reports showed that the required actions were being completed in line with the identified time frames. The minutes of two management meetings, seven quality and risk committee meetings and three human rights committee meetings were reviewed. At these meetings areas such as service user experience, incident review and trending, safeguarding, quality improvement initiatives, and staff training and development were discussed.

Area-specific audits in areas such as medicines, care planning, IPC, and food safety, from January to August 2024 were reviewed by the inspector and the action plans from these audits showed that they were leading to improvements in relation to residents' care and support and their homes.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was available and reviewed in the centre. It was found to contain the required information and had been updated in line with the time frame identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the monthly audits on incident reports for 2024, completed a walk about each of the premises and spoke with the person in charge about incidents that had occurred in the centre. The inspector found that the person in charge had ensured that the Chief Inspector of Social Services was notified of the required incidents in the centre in line with regulatory requirements.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

Where the person in charge had been absent for a period in 2024, the provider had notified the Chief Inspector in line with the requirement of the regulations.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

Where the person in charge had been absent for a continuous period of 28 days or more, the provider had put suitable procedures and arrangement in place for the management of the centre and these arrangements had been notified to the Chief Inspector.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector reviewed the Schedule 5 policy folder in the centre and found that the 21 required policies were available and had been reviewed in line with the time frame identified in the regulations.

Judgment: Compliant

Quality and safety

The inspector found that residents were supported and encouraged to take part in the day-to-day running of their home and in activities they find meaningful both at home and in their local community. The inspector spoke with residents and staff and reviewed documentation which detailed the need for new vehicles to support residents to continue to engage in their community. This is discussed further under Regulation 26. Residents were making decisions about how and where they wished to spend their time. They were supported to develop and maintain friendships and to spend time with their families and friends. They lived in a warm, clean and comfortable homes.

The inspector reviewed a sample of five residents' assessments of need and personal plans. They found that these documents positively described their needs, likes, dislikes and preferences. Residents had their healthcare needs assessed and care plans were developed and reviewed as required. They were accessing health and social care professionals, vaccination programmes and national screening programmes in line with their wishes, preferences and assessed needs. Residents who required the support of a clinical nurse specialist were accessing their services. Behaviour support plans were developed as required. Restrictive practices were regularly reviewed to ensure the least restrictive were used for the shortest duration.

Residents, staff and visitors were protected by the risk management and fire safety policies, procedures and practices in the centre. There was a system for responding to emergencies and to ensure vehicles were serviced and maintained. The provider was aware some of the vehicles needed to be replaced and this is discussed further under Regulation 26.

Residents were also protected by the safeguarding and protection policies, procedures and practices in the centre. Staff had completed training and those who spoke with the inspector were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse. Safeguarding plans were developed and reviewed as required.

Regulation 17: Premises

The inspector completed a walk around each of the premises with staff or the person in charge during the inspection. The provider had ensured that the premises was designed and laid out to specifically meet the needs of each resident. Each of the houses and the apartment were found to be clean and homely. Where maintenance and repairs were required, these were reported and completed. The staff and local management team were documenting what works were required and the works completed; however, there was an absence of a centralised online maintenance system to record and track these works.

Over the last five years significant works had been completed in this centre, both to the interior and exterior of the houses and to the grounds. In addition, an existing building had been converted to a one bedroom apartment. These works had reduced safeguarding and health and safety risks and resulted in the houses appearing more comfortable, and homely. The works completed on the grounds had also resulted in the grounds being more accessible and more attractive open spaces were available for residents to spend time outdoors.

Residents had access to a number of communal and private spaces in their home. They had access to storage for their personal items and each residents' bedroom was decorated in line with their preferences.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents could choose to shop for ingredients and prepare meals and snacks in their home. Residents indicated in the questionnaires they completed prior to the inspection that they liked the food and the level of choice they had. Two residents spoke with the inspector about the steps they were taking to achieve their goals around cooking and baking. They spoke about how much they were enjoying learning to prepare and cook certain dishes.

Menu planning was an agenda item at residents' meetings and there were menu boards with pictures available for some residents to support them to make meal choices. The inspector found that food presses, fridges and freezers were well stocked. There was fresh fruit and vegetables and a variety of drinks and snacks available in each of the houses.

In each of the houses there were colour-coded chopping boards and clean areas for food preparation. The date of opening and use by dates were clearly labelled on food items in the fridge.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide was available and reviewed in the centre. It was found to contain the required information as set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

For the most part, residents, staff and visitors were protected by the risk management policies, procedures and practices in the centre. However, there were a number of vehicles which required replacement due to their age, condition and to ensure they were meeting residents' needs. The provider was aware of this and were in the process of securing funding for some new vehicles. The inspector reviewed service records for three vehicles and found that the provider was ensuring regular checks and servicing of these vehicles until the sourced new ones. They had also temporarily sourced one vehicle to meet a residents' needs. Residents and staff spoke about the need for new vehicles and the risks relating to the vehicles were identified on the provider's and local risk register.

The provider's policy contained the required information as set out in the regulations. The risk register reviewed was found to be reflective of the presenting risks and incidents occurring in the centre. The inspector reviewed a sample of 26 general risk assessments, 10 IPC specific risk assessments and a sample of 28 risk assessments for four residents. They found that these were reflective of the presenting risks, up-to-date and regularly reviewed.

There were systems in place to record incidents, accidents and near misses. The person in charge was completing a monthly review of incidents and these were resulting in the addition of control measures in risk assessments and the development of quality improvement initiatives. Learning as a result of these reviews were shared with the staff team. In the sample of eight staff meetings, two management meetings and seven quality and risk meetings incident review and learning was discussed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector reviewed a sample of five residents' personal emergency evacuation plans and found that they outlined the support they may require to safely evacuate in the event of an emergency. The inspector observed the emergency evacuation procedures on display in the hallway of each of the premises.

The fire alarm was regularly activated and checked, and documentation relating to this was maintained, available and reviewed. The inspector viewed service and maintenance records for emergency lighting, the alarm system and fire fighting equipment for 2024 and found that they had all been serviced and maintained in line with regulatory requirements. The provider had identified through their own audits that two fire doors needed to be replaced. These doors were on order at the time of the inspection.

The inspector reviewed the records for 20 fire drills which had been completed in two of the houses in 2024. These had been completed at different times, specifically at times when the most residents and least staff were present. 100% of staff had completed fire safety training.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found through the review of five residents' information that there were appropriate systems for assessing their health and social care needs. There were detailed assessments of need and personal plans in place. Residents' health and social care needs were assessed and their strengths and talents were identified and celebrated. The language used in residents' assessments and plans were found to be person first and to positively describe their roles within their home and community.

In each of the five residents' plans reviewed, SMART goals (specific, measurable, achievable, relevant and timely) were in place. Residents' goals included places they would like to go, life skills they would like to develop and areas where they would like to build their independence.

Care plans were created and reviewed regularly. They captured residents' needs and gave clear directions on how to support them best in line with their wishes and preferences. Care plan audits for seven residents' plans were reviewed and these identified areas of good practice and areas where more detail or assessments were required.

Judgment: Compliant

Regulation 6: Health care

The inspector reviewed five residents' assessment of need and personal plans and found that their health care needs were assessed. Health care plans were developed and reviewed as required.

They were accessing health and social care professionals in line with their assessed needs. A record of their appointments was maintained and residents were being supported to access the relevant vaccination and national screening programmes in line with their wishes and preferences.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required it, had access to a behaviour specialist. Stress management plans and positive behaviour support plans were developed and updated regularly. Inspectors reviewed a sample of three resident's plans. They were found to be very clear and concise. They set out residents' communication styles and approaches that best supported them.

There was an easy-to-read document available for residents on human rights and the use of restrictive practices. Restrictive practices were reviewed at the provider's human rights committee which had external representation. The restrictive practices in place on the day of the inspection were in line with those notified to the Chief Inspector on a quarterly basis. These included a number of physical, environmental and chemical restrictive practices which were detailed in residents' plans and in a restrictive practice log in each of the areas. These documents were audited in a monthly basis by members of the management team to ensure that the least restrictive measures were implemented for the shortest duration. The impact of restrictive practices on each resident was considered and where possible restrictive practice reduction plans were developed.

Judgment: Compliant

Regulation 8: Protection

There had been a significant decrease in the number of allegations of abuse notified to the Chief Inspector since previous inspections. The preliminary screenings including feedback from the Health Service Executive (HSE) safeguarding and protection team and safeguarding plans for these allegations were available for review during the inspection. These records were reviewed in two residents' personal plans. The safeguarding plans were regularly reviewed and found to be

detailed in nature and guiding staff practice.

From a review of the staff training matrix, 100% of staff had completed safeguarding and protection training. Three staff who spoke with the inspector were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

The provider had a detailed safeguarding adults policy which detailed staff roles and responsibilities and guidance for staff. The inspector reviewed three residents' intimate care plans and found that they detailed their preferences and support needs.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	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-0036556

Date of inspection: 02/10/2024

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: 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> <p>In response to the area of staffing Regulation 15 (1) There is a continuous roll over campaign for Staff Nurses and Health Care Assistants through the HSE National Recruitment Services specific for Southside Disability Intellectual Services. The Director of Nursing is aware of all campaigns. Agency Framework is in place and followed for use of agency staff across the designated centre. Furthermore, the Agency staff will continue to be given regular shifts to ensure continuity of care in the service. Residents needs determine the skill mix of staff on a 24 hours basis.</p> <p>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> <p>In response to the area of staffing Regulation 15(3)</p> <ul style="list-style-type: none"> • The Registered Provider will ensure that vacant posts are filled with full time staff from the current recruitment campaigns. These staff are in turn rostered to individual areas within the center to ensure seamless care is carried out. • Recruitment Tracker is in place and updated. • Eligibility criteria are set out and there are Job specifications set out as part of the recruitment process senior nurse managers are involved in shortlisting candidates for interview • Potential staff can commence working through an agency as per framework whilst rigorous HSE pre-employment clearances are being carried out which can cause delays in start dates this aims will help with retention of candidates such as graduate nurses • 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. 	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The registered provider shall ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.</p> <p>In response to the area of Risk Management Procedures 26(3)</p> <p>The Director of Nursing is compiling a business case regarding the provision of suitable transport options leasing of vehicles is also being considered as there needs of residents are changing. The PIC will continue to monitor and ensure the current fleet of vehicles are maintained in a roadworthy condition by ensuring they are regularly sent in for servicing and CVRTs are completed within the set timeframes. The issue of shortage of vehicles and the funding for same will be raised at all management meetings and escalated to the Senior management meetings. Residents will be updated on the progress by PIC/CNMs at their meetings. The replacement of vehicles will be based on risk assessment and accessibility requirements for the residents.</p>	

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	01/03/2025
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.	Not Compliant	Orange	01/03/2025
Regulation 26(3)	The registered provider shall ensure that all vehicles used to transport	Substantially Compliant	Yellow	01/03/2025

	residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.			
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