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

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Hawthorns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Co. Dublin</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>14 and 15 August 2018</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0003359</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0021764</td>
</tr>
</tbody>
</table>
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 23 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. The campus is secured with electric gates. 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 in the centre, access to numerous bathrooms and plenty of private and communal space. 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 day 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.

<table>
<thead>
<tr>
<th>Current registration end date:</th>
<th>16/02/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>20</td>
</tr>
</tbody>
</table>
How we inspect

To prepare for this inspection the inspector or 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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 August 2018</td>
<td>09:00hrs to 16:00hrs</td>
<td>Marie Byrne</td>
<td>Lead</td>
</tr>
<tr>
<td>15 August 2018</td>
<td>09:00hrs to 13:40hrs</td>
<td>Marie Byrne</td>
<td>Lead</td>
</tr>
</tbody>
</table>
Views of people who use the service

The inspector had the opportunity to meet and spent some time with fifteen residents in the centre during the two days of the inspection. The inspector observed parts of residents’ daily lives such as mealtimes, activities, and relaxation time.

Throughout the inspection residents appeared relaxed and comfortable with the support offered by staff. Residents who spoke with the inspector described how they were supported to engage in activities both in the centre and in the local community and described how and where they liked to spend their time. A number of residents who spoke with the inspector described their involvement in the day-to-day running of the centre including how their living space was decorated and maintained.

A number of residents and their representatives completed satisfaction surveys prior to the inspection. Overall, the feedback in these questionnaires was positive. Residents and their representatives were complimentary towards the care and support in the centre and they were particularly complimentary towards the staff team, the food and the level of activities in the centre. Areas for further development were identified by a number of residents and their representatives to include the availability of more familiar staff in the centre, the suitability of the environment to meet residents' specific care and support needs and the management of complaints.

Capacity and capability

Overall, the inspector found that the registered provider and person in charge were monitoring the quality of care and support for residents in the centre. At the opening meeting members of the management team outlined what improvements had been made since the last inspection and their plans for further improvements which would impact upon residents' lived experiences.

During the inspection, the inspector found that in line with those areas for improvement outlined by the management team, improvement was required in relation to staffing numbers, staff training and supervision, residents' contracts of care, and the management of complaints. The inspector also found a number of incidents which had not been notified in line with the requirements of the regulations.

A new person in charge had recently been appointed. The inspector found that they had the necessary qualifications, skills and experience to manage the centre. They
had appropriate systems in place for the day-to-day operational management of the
centre.

The inspector found that there were clearly defined management structures in place
which identified the lines of authority and accountability. The staff team reported to
the person in charge who in turn reported to the person participating in
management. The inspector found that the management systems were closely
monitoring the quality and safety of care provided.

There was an annual review in place and six monthly visits by the provider or their
representative. These reviews had similar findings to those of this inspection and the
provider had addressed a number of areas issues raised in these reviews and had
plans in place to address these findings. It was also evident that some of the recent
improvements as a result of the findings were positively impacting on residents.

Daily, weekly and monthly quality visits were being completed by staff and
management. These visits were reviewing the quality and effectiveness of residents'
personal plans and other documentation. They were also reviewing residents' experiences, the atmosphere and levels of peer and staff engagement, incident
review and restrictive practice usage, fire safety, medicines management,
and maintenance issues. There was evidence of follow up and completion of actions
following these visits. The findings of these visits were feeding into the agenda
items of monthly management meetings. Staff meetings were held regularly with
resident focused agenda items.

The inspector found that residents appeared happy, relaxed and at ease with the
support offered to them by staff. Staff members were observed by the inspector to
be caring and respectful in all interactions with residents. On reviewing training
record the inspector found that a number of staff had not completed training and
refreshers in line with residents' assessed needs. Formal supervision was in place
and staff had received training in relation to the supervision process. However, the
inspector found that staff were not in receipt of regular formal supervision to
support them to effectively carry out their duties.

There were planned and actual rosters. There were a number of nursing and care
staff vacancies which was resulting in insufficient staffing numbers to meet
residents' assessed needs. It was evident that the provider was attempting to
minimise the impact of these staffing vacancies for residents by using regular relief
and agency staff. However, due to the volume of vacancies this was not proving
possible.

Improvements had recently been made to the complaints procedures. A
local complaints officer had been nominated and there were new systems in place
for recording and reviewing complaints. The inspector reviewed a number of
complaints and found that there was clear evidence that they were fully investigated
and that actions taken as a result of complaints were clearly recorded. However, the
inspector found that improvement was required in relation to recording the
satisfaction levels of complainants in a number of complaints prior to the recent
implementation of new procedures.
The inspector reviewed admissions to the centre and found that they were completed in line with residents' needs and wishes and the centres' admissions policy. Residents had contracts of care which contained the information required by the regulations. However, the exact charges for residents for care and support were not detailed in the contract of care. In addition a number of residents' contracts of care had not been signed by the resident or their representative.

**Regulation 14: Persons in charge**

There was a new person in charge and the inspector found that they were familiar to residents in the centre and knowledgeable in relation to their care and support needs. They had the necessary qualifications, skills, and experience to manage the centre and were knowledgeable in relation to their regulatory responsibilities.

Judgment: Compliant

**Regulation 15: Staffing**

Staff were knowledgeable in relation to residents' care and support needs and throughout the inspection residents were observed to receive assistance in a caring, respectful and safe manner. However, there were a number of nursing and care staff vacancies which were negatively impacting on continuity of care and support for residents. The provider was attempting to minimise the impact of these vacancies by attempting to fill the vacancies and by using regular relief and agency staff to fill the required shifts. However, due to the volume of staffing vacancies this was not proving possible.

Judgment: Not compliant

**Regulation 16: Training and staff development**

A number of staff nurses and care staff had not completed a number of required training and refresher trainings. In addition staff were not in receipt of regular formal supervision to support them to carry out their roles and responsibilities to the best of their ability.

Judgment: Substantially compliant
### Regulation 23: Governance and management

Overall, the centre was well managed and residents were in receipt of person-centred care and supports. The management team were meeting regularly to monitor care and support and identifying areas for improvement and putting plans in place to complete actions to bring about these improvements. There was a suite of audits being completed which were bringing about positive changes for residents.

Judgment: Compliant

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

Residents in the centre had contracts of care in place which contained the information required by the regulations. However, the exact charges for residents for care and support in the centre were not detailed in these contracts of care. In addition a number of residents' contracts of care had not been signed by the resident or their representative. The inspector reviewed admissions to the centre and found that they were completed in line with residents' needs and wishes and the centres' admissions policy.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose contained all the information required by schedule 1 of the regulations and it had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

On reviewing incident reports in the centre, the inspector found a number of allegations of abuse which had not been notified to the chief inspector in line with the timeframe identified in the regulations.

Judgment: Not compliant
Regulation 34: Complaints procedure

There were complaints policies and procedures including a user friendly complaints process. There was a local complaints officer and residents and staff who spoke with the inspector could describe the complaints process. Complaints procedures had recently been strengthened. However, the inspector reviewed a number of complaints where the complaints had not been resolved to the complainants satisfaction, and where their satisfaction levels were not recorded.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that the quality of the service provided to residents was good. Each resident was observed to be supported in a person-centred manner in keeping with their wishes. Areas for improvement were identified in relation to residents' rights and the risk management policy.

The inspector found that the premises was clean and homely. There was adequate private and communal space for residents including private space available to meet visitors in private if residents so wished. However, there were a number of areas in need of maintenance and repair. These areas for improvement were recorded by the management team and there had been a recent meeting with the maintenance department to plan the required works. Maintenance and repair requirements were also reviewed and required actions recorded during quality walk around, residents' meetings, at staff meetings and during monthly management meetings.

The inspector found that residents had a comprehensive assessment of need in place. This assessment included residents' health, personal and social care needs. Residents had care plans in line with their assessed needs and that these were clearly guiding staff to support residents. Plans and goals were found to be person-centred and each resident had access to a keyworker to support them to develop and achieve their goals. There was evidence of regular review and update of residents' personal plans to ensure they were effective and changed in line with their changing needs.

The inspector found that residents had access to appropriate facilities for occupation and recreation in line with their interests. Residents were supported to develop and maintain relationships and links with their local community. There was a social integration officer and a variety of activities available to residents weekly both in the centre and in the local community. These activities included accessing day service on and off campus, exercise and music groups in the centre and in the local community, mens' shed group in the local community, attending the local equestrian
centre, and massage therapy. Residents had an environment, home and community assessment in place which explored their abilities, preferred activities and supports required to take part in meaningful activities both at home and in their community.

Residents' healthcare needs were appropriately assessed and care plans were developed in line with these assessed needs. Each resident had access to appropriate allied health professionals. Meal times were observed to be a positive and social event.

Residents were protected by the policies and procedures in relation to transition planning. The inspector reviewed a number of residents' transition plans and found that there was evidence that residents were adequately prepared for their transition and that planned supports were put in place. Transition plans were sufficiently detailed and post transition reviews were in place.

There were suitable arrangements to detect, contain and extinguish fires in the centre. There was evidence that equipment was maintained and regularly serviced in line with the requirement of the regulations. Each resident had a personal emergency evacuation procedure and there was evidence that these were reviewed regularly and changes made in line with learning from fire drills.

Residents were protected by risk management practices and procedures. There was a system in place for keeping residents safe while responding to emergencies and there were systems in place to identify, record, investigate and learn from adverse events incidents. There was a risk register, general risk assessments and residents' individual risk assessments developed as necessary. However, the risk management policy did not detail the measures to control the unexpected absence of a resident, accidental injury, aggression and violence or self-harm. In addition, it did not detail the arrangements for identifying, recording, investigation and learning from incidents.

Residents' positive behaviour support plans clearly guided staff practice to support them. There was evidence that they were reviewed and updated regularly in line with residents' changing needs. Residents had access to the support of a specialist team to help them to manage their behaviour. There was also evidence that this team were available to assist staff to ensure they were correctly and consistently implementing residents' positive behaviour support plans. There was evidence that restrictive practices were regularly reviewed to ensure the least restrictive measures were used for the least amount of time.

It was evident throughout the inspection that residents were empowered to exercised choice and control in their daily lives in line with their needs and goals. They had access to the support of an advocate if they so wish. Residents' views in relation to the care and support were regularly sought at residents' meetings, during the annual review and six monthly visits by the provider and during quality audits. However, the inspector found that improvement was required in relation to protecting one resident's privacy and dignity due to the design and layout of their bedroom.

The inspector found that the provider and person in charge were proactively
protecting residents from abuse. In response to a number of safeguarding concerns in the centre the provider had responded by putting appropriate measures in place to keep residents safe.

Overall, inspectors found that residents' personal possessions were respected and protected. However, a small number of residents indicated their dissatisfaction with the security of their possessions. There were control measures in place in relation to keeping personal possessions safe and that this was discussed regularly at residents' meetings. Residents had easy access to their personal finances and could access them 24 hours a day seven days a week. Residents could access a group in the local community in relation to supporting them to manage their personal finances if they so wished.

Residents were protected by appropriate polices and practices in relation to the ordering, receipt, storage, disposal and administration of medicines. Medication audits were completed regularly.

---

**Regulation 12: Personal possessions**

Residents had access to and retained control of their possessions if they so wished. They had access to their finances 24 hours a day seven days a week. There were laundry facilities available in their home and they had adequate storage to maintain their clothes and store their belongings.

Judgment: Compliant

**Regulation 13: General welfare and development**

Residents had access to appropriate facilities for occupation and recreation in line with their interests. They were supported to develop and maintain relationships and links with their local community. They had opportunities to partake in activities in accordance with their likes and dislikes.

Judgment: Compliant

**Regulation 17: Premises**

The design and layout of the centre was in line with the statement of purpose. There was adequate private and communal space for residents and the physical environment was clean. However, there were areas of the centre in need
Regulation 25: Temporary absence, transition and discharge of residents

There were polices and procedures in place for transition and discharge of residents in the centre. Residents who had transitioned to or within the centre had been appropriately supported through their transition.

Judgment: Compliant

Regulation 26: Risk management procedures

There were adequate arrangements in place in relation to risk management in the centre. There was a risk register in place and risk assessments in place for identified risks. There was a system in place for responding to emergencies and for recording, investigating and learning from incidents in the centre. However, the risk management policy in the centre did not contain all the information required by the regulations.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Staff had appropriate training and fire drills were held regularly. Residents had personal emergency evacuation plans which were reviewed and updated regularly.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by appropriate policies and procedures relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines.
Audits were completed regularly in the centre.

Judgment: Compliant

**Regulation 5: Individual assessment and personal plan**

Residents' personal plans were found to be person-centred and each resident had access to a keyworker to support them to develop their goals. They had an assessment of need and there was evidence that these were reviewed as necessary in line with residents' changing needs and that they were reviewed regularly to ensure they were effective.

Judgment: Compliant

**Regulation 6: Health care**

Residents in the centre were being supported to enjoy best possible health. They had the relevant assessments in place and access to allied health professionals in line with their assessed needs.

Judgment: Compliant

**Regulation 7: Positive behavioural support**

Residents who required them had positive behaviour support plans and had access to a team of specialists as required. There were restrictive practices and evidence that they were reviewed regularly with the relevant members of the multidisciplinary team.

Judgment: Compliant

**Regulation 8: Protection**

Residents in the centre were protected by safeguarding polices, procedures and practices in the centre. A number of previous safeguarding issue was managed appropriately in the centre. Staff in the centre had all completed safeguarding training.
Judgment: Compliant

<table>
<thead>
<tr>
<th>Regulation 9: Residents' rights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents were consulted with and participating in the planning and running of the designated centre. They had access to advocacy services if required and were supported to choose how to spend their day. However, the inspector found that improvement was required in relation to protecting one residents' privacy and dignity due to the design and layout of their bedroom.</td>
</tr>
</tbody>
</table>

Judgment: Substantially compliant
## Appendix 1 - Full list of regulations considered under each dimension

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Admissions and contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 13: General welfare and development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 25: Temporary absence, transition and discharge of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management procedures</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and personal plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Positive behavioural support</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Substantially compliant</td>
</tr>
</tbody>
</table>
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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 15: Staffing</td>
<td>Not Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 15:

Staffing: The provider ensures that the number, qualifications and skill mix of staff are appropriate to the assessed needs of the residents, the statement of purpose and the size and layout of the centre. Nursing care is provided as required subject to the statement of purpose and the assessed needs of residents. Staffing is allocated to ensure the residents receive continuity of care and support from staff who are consistently assigned to the centre as far as reasonably practicable. The use of regular, consistent agency staff is utilized as per HSE agency framework due to the difficulty the organization is encountering in hiring nursing/health care personnel.

In response to the area of non compliance found under Regulation 15(1)
The provider will:
- Continue to engage with the National Recruitment services around identifying both nursing and health care assistants who are on the intellectual disability national panels.
- Continue to run local recruitment campaigns in Dublin South/Kildare area.
- Establish links with third level institutions to attract graduates of nursing and relevant FETAC (intellectual disability) courses for health care staff.
- Continue to work with the HSE Agency Framework and the identified agencies around the identification of regular, consistent staff.

<table>
<thead>
<tr>
<th>Regulation 16: Training and staff development</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 16(1) (a): Training and staff development.
The provider is committed to supporting and providing an environment that is conducive to the effective performance and promotes training and development opportunities for all staff.
The provider will ensure staff have access to the appropriate training, inclusive of any refresher training.

In response to the area of Substantial Compliance found under regulation 16 (1) (a) The person in charge will ensure the following are implemented as per the service’s Training Policy;

- A training plan has been developed in order to ensure that staff are trained accordingly to meet the services needs.
- Training records are regularly reviewed by the CNM2.
- The training officer is contacted to schedule training as required.
- Invitations to training are advertised on the staff communication boards and individual letters are sent to all staff in relation to mandatory training.
- The process of Supervision will be reviewed and re-launched, identifying current number of Supervisors and accessing training for the introduction of more Supervisors in order to provide supervision for all front-line staff.

<table>
<thead>
<tr>
<th>Regulation 31: Notification of incidents</th>
<th>Not Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 31(1)(f): Notification of incidents:</td>
<td></td>
</tr>
<tr>
<td>The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.</td>
<td></td>
</tr>
</tbody>
</table>

In response to the area of Non Compliance found under regulation 31 (1)(f):

The person in charge will ensure the allegations of abuse are notified to the chief inspector in line with the timeframe identified in the regulations. **Completed**

<table>
<thead>
<tr>
<th>Regulation 34: Complaints procedure</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 34(2)(f): Complaints procedure:</td>
<td></td>
</tr>
<tr>
<td>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 or complainant was satisfied.</td>
<td></td>
</tr>
</tbody>
</table>

The Person in Charge will ensure that the complaint process is implemented and completed in line with the Complaints Policy.

The Person in Charge will provide feedback to staff via staff meetings, on complaints audit and review in terms of improving practice.
Regulation 17: Premises | Substantially Compliant
---|---
Outline how you are going to come into compliance with Regulation 17(1)(b): Premises:

The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.

In response to the area of Substantial Compliance found under regulation 17 (1) (b)

The registered provider and person in charge will ensure the following is implemented:
- Maintenance issues are reported daily on the daily checklists and forwarded to the maintenance department either on the day or as part of the weekly checklist depending on the level of urgency/risk.
- Maintenance action plan in place that identifies areas in need of maintenance and repair. Scheduled maintenance works to happen in a consistent and timely manner
- Service Risk Assessments completed, these risk assessments are discussed at the designated centre’s monthly management meetings and notified to Social Care if appropriate.

Regulation 26: Risk management procedures | Substantially Compliant
---|---
Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

In response to the area of non-compliance under regulation 26(1)(c)(i-iv), 26(1)(d) and 26(1)(e)

The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following:

- 26(1)(c)(i) The measures and actions in place to control the following specified risks: the unexpected absence of any resident.
- 26(1)(c)(ii) The measures and actions in place to control the following specified risks: accidental injury to residents, visitors or staff.
- 26(1)(c)(iii) The measures and actions in place to control the following specified risks: aggression and violence.
- 26(1)(c)(iv) The measures and actions in place to control the following specified risks: self-harm.
- 26(1)(d) Arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.
• 26(1)(e) Arrangements to ensure that risk control measures are proportional to
the risk identified, and that any adverse impact such measures might have on the
resident’s quality of life have been considered.

The provider will review and amend the Risk Management Policy to reflect the
requirements of Regulation 26 as stated above. Completed.

<table>
<thead>
<tr>
<th>Regulation 9: Residents' rights</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 9 (3): Residents' rights:</td>
<td></td>
</tr>
<tr>
<td>The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.</td>
<td></td>
</tr>
<tr>
<td>In response to the area of Substantial Compliance found under Regulation 9 (3) The person in charge will ensure Velcro removable curtains are purchased for the bedroom where the resident can decide to have his curtains on the window or off if he so decides. Completed</td>
<td></td>
</tr>
</tbody>
</table>
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 15(1)</td>
<td>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.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>10-10-2019</td>
</tr>
<tr>
<td>Regulation 16(1)(a)</td>
<td>The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>10-12-2018</td>
</tr>
<tr>
<td>Regulation 16(1)(b)</td>
<td>The person in charge shall ensure that staff are appropriately supervised.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/04/2019</td>
</tr>
<tr>
<td>Regulation 17(1)(b)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>10-10-2019</td>
</tr>
<tr>
<td>Regulation 26(1)(c)(i)</td>
<td>The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>Completed 26-09-2018</td>
</tr>
<tr>
<td>Regulation</td>
<td>Description</td>
<td>Compliance Status</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>-------------</td>
<td>-------------------</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td>Regulation 26(1)(c)(ii)</td>
<td>The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: the unexpected absence of any resident.</td>
<td>Substantially Compliant</td>
<td>26-09-2018</td>
<td></td>
</tr>
<tr>
<td>Regulation 26(1)(c)(iii)</td>
<td>The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: accidental injury to residents, visitors or staff.</td>
<td>Substantially Compliant</td>
<td>26-09-2018</td>
<td></td>
</tr>
<tr>
<td>Regulation 26(1)(c)(iv)</td>
<td>The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: aggression and violence.</td>
<td>Substantially Compliant</td>
<td>26-09-2018</td>
<td></td>
</tr>
<tr>
<td>Regulation 26(1)(d)</td>
<td>The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.</td>
<td>Substantially Compliant</td>
<td>26-09-2018</td>
<td></td>
</tr>
<tr>
<td>Regulation 26(1)(e)</td>
<td>The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that</td>
<td>Substantially Compliant</td>
<td>26-09-2018</td>
<td></td>
</tr>
</tbody>
</table>
risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Details</th>
<th>Compliance</th>
<th>Color</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>31(1)(f)</td>
<td>The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>Completed 15-08-2018</td>
</tr>
<tr>
<td>34(2)(f)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/04/2019</td>
</tr>
<tr>
<td>09(3)</td>
<td>The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>Completed 30/09/2018</td>
</tr>
</tbody>
</table>