Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Hawthorns
Name of provider:	Health Service Executive
Address of centre:	Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	03 June 2020
Centre ID:	OSV-0003359
Fieldwork ID:	MON-0028493

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. Each bungalow has an open plan living room with a defined dining area. Each home has a kitchen and utility room with laundry facilities. Each resident has their own bedroom and access to a number of bathrooms. The centre is in a suburban area of Dublin close to a local village with easy access to shops and other local facilities. The centre is close to public transport links including a bus and train service which enables residents to access local amenities and neighbouring areas. Residents are supported by a staffing team 24 hours a day seven 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.

Number of residents on the date of inspection:	15

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 3 June 2020	12:20hrs to 17:00hrs	Marie Byrne	Lead
Wednesday 3 June 2020	12:20hrs to 16:10hrs	Andrew Mooney	Support
Wednesday 3 June 2020	12:20hrs to 16:30hrs	Gearoid Harrahill	Support

What residents told us and what inspectors observed

During the inspection, the inspectors had the opportunity to meet and briefly engage with seven of the 15 residents living in the centre. On arrival, the inspectors met two residents who came to the back door of their house to greet them. They introduced themselves and welcomed the inspectors and arranged to speak later.

Each of the inspectors visited one of the houses during the inspection and briefly engaged with the residents who were at home. Residents spoken with were looking forward to upcoming outings and birthday celebrations. They appeared comfortable and were enjoying their day, watching television, doing jigsaws, having lunch together and strolling around the grounds. Staff were supporting residents in accordance with their assessed needs and inspectors observed positive and supportive interactions between residents and staff members. Where residents required support to communicate, staff did so.

Through discussions with residents and staff, observations and a review of documentation, it was clear that efforts were being made to ensure residents were engaging in some level of meaningful activities in line with public health advice. It was acknowledged that these were limited, but plans were in place in line with the lifting of restrictions to increase residents access to meaningful activities in a planned and safe manner in line with public health advice.

Residents and their representatives views and experiences were being captured in the recent residents' survey completed and in the six monthly reviews and annual review of care and support in the centre. Feedback from residents in these reports was positive and they described things they liked doing and things they had to look forward to. Feedback from residents' representatives was positive in relation to residents care and support and in relation to staffing support. These reports indicated that residents and their representatives were aware of the complaints procedure and who to talk to, should they need to raise any concerns.

Capacity and capability

This inspection was completed as a follow up to the inspections in the centre on 17 October 2019 and the 12 December 2019 which found poor levels of compliance which were negatively impacting on the lived experience of residents in the centre. The Chief Inspector had also received some information in the form of concerns relating to the governance and management and infection prevention and control in the centre. A provider assurance report was sought following the receipt of this information of concern and assurances were provided in relation to the concerns raised. During the inspection these assurances were followed up on, as was the

progress made by the provider in line with their action plans to see if the changes outlined in updates sent to the Chief Inspector, were starting to have a positive effect for residents living in the centre.

A notice of proposal to cancel the registration of the centre was issued to the provider by the Chief Inspector following the inspection in October 2019. Following this, the provider submitted a representation document which outlined their plans to move into compliance with the regulations in line with the compliance plan submitted following the inspection. During the inspection in December 2019, there was evidence of improvements in the centre which were in the early stages and yet to fully impact on the lived experience of residents in the centre. In April 2020, the provider submitted a letter to the Chief Inspector seeking to extend the timeframes for the completion of some of the actions identified in the representation and compliance plan, due to delays in the recruitment of staff and the completion of building works in the centre as a result of the COVID-19 pandemic. The new dates to move into compliance have been identified as September 2020. This letter identified that a number of actions had been completed since the last inspection to improve the lived experience for residents in the centre including the renovation of two of the five houses and the transition of a further two residents to community houses within the service.

In line with the findings in the inspection in December 2019, the inspectors again found improvements across a number of regulations reviewed which were starting to positively impact on residents' lived experience in the centre. These improvements included building works to two of the five houses, works to the roofs of two of the houses, the transition of three residents to community houses in line with their assessed needs and wishes and preferences, the recruitment of staff to the centre, the redeployment of a number of staff from within the organisation during the pandemic, and the review of agency staffing to ensure they were the same staff to ensure more consistency for residents. In addition, improvement were noted in relation to risk management, residents' healthcare, and positive behaviour support.

Overall, the inspectors found evidence of improvements in relation to the governance and management of the centre. There was a clearly defined management structure that identified the lines of authority and accountability and staff had specific roles and responsibilities in relation to the day-to-day running of the centre. The assistant director of nursing for the area and a number of clinical nurse managers had been redeployed to the centre from within the service. They had clearly defined roles and responsibilities during the pandemic. The latest six monthly and annual reviews of care and support for the centre were identifying areas for improvement in line with findings of this and previous inspections. There was evidence that a number of the actions following these reviews had been followed up on and completed. For example, a training plan had been put in place ensuring staff were provided with appropriate training. The frequency of residents and staff meetings had increased, risk assessments had been completed as planned and a number of reviews had been completed by the person in charge and head of safeguarding for the area. However, a number of these actions remained outstanding and had not progressed in line with the timeframes

identified in the provider's action plans. The inspectors acknowledge that some of these delays related to the current pandemic. These outstanding issues mostly related to staffing and the premises.

A number of additional systems to monitor the care and support for residents had been strengthened since the last inspection. There was evidence of additional management meetings and audits. Medication, food safety, restrictive practice, personal plans, infection control and cleaning audits were being completed regularly. There was evidence that areas for improvement were being identified in these audits and followed up on. A number of detailed checklists were also being completed to ensure oversight of the care and support in the centre. These were being completed by staff nurses and clinical nurse managers on a daily, weekly and monthly basis, and then reviewed by the person in charge. The person in charge was visiting the areas regularly and was available to support residents and staff. When the person in charge was not on duty there was an on call support available on the campus and a there was also a member of the management team available on call.

The provider supplied evidence of progress since the previous inspection in addressing deficits in the number of regular employed staff. At the time of inspection, the provider was in the process of filling vacancies in nurse, clinical nurse manager and care assistant posts, with 12 whole time equivalent (WTE) vacancies in the service not yet commenced. Some of these vacancies were due to be filled by personnel who had successfully progressed through the recruitment and interview process.

In the meantime, the numbers were being supplemented with staff redeployed from other services and staff provided through an agency. A review of staffing rosters for 2020 indicated that 28-45% of shifts were fulfilled by agency staff, outside of a spike in April 2020 due to regular staff being absent as a precautionary measure related to COVID-19. The impact on continuity of support for residents was mitigated by spreading these personnel between the houses and rostering them for night shifts where suitable. The provider had an agreement with the agency that staff deployed to them were suitably vetted and trained for this setting, and agreement that they would exclusively work in this centre to reduce risks related to COVID-19. For staff redeployed from other care and support settings, additional training was provided around supporting and safeguarding residents. Inspectors reviewed evidence that all temporary staff were suitably vetted by An Garda Síochána. Rosters clearly indicated whether staff were employed to work in this centre or provided from elsewhere.

During the inspection, inspectors observed staff engaging with residents in a positive, supportive and respectful manner. Staff were familiar with residents' assessed support needs and were observing safe practices related to reducing the risks related to COVID-19 when delivering this support.

A record of incidents occurring in the centre was maintained. The inspectors reviewed a sample of incident reports and other records in the centre and found that a notification was provided to the Chief Inspector within 3 days of

the occurrence of any incident as set out in the regulation. In addition, quarterly reports were provided to the chief inspector to notify of any incident set out in the regulation.

Regulation 15: Staffing

There was evidence that the provider was progressing in their recruitment campaign for staff, with a number of personnel having succeeded at interview stage. However, there were still a number of vacancies in the designed centre which were being fulfilled by agency staff and staff redeployed from other services. Measures were in place to reduce the impact on the continuity of support for residents, however due to the volume of shifts covered by redeployed or agency staff, this was not always possible. The provider had ensured that staff deployed from elsewhere were suitably trained and vetted to work in this designated centre.

Judgment: Not compliant

Regulation 23: Governance and management

A number of improvements were found in the centre since the last inspection which were positively impacting residents' lived experience in the centre. Improvements were found in relation to the consistency of staff supporting them and in relation to the environment in which some residents were living. Three residents had transitioned to community services leading to decreased numbers of residents in a number of the houses. In addition, the management systems and structures had further strengthened. However, there had not been sufficient progress in relation to a number of actions identified by the provider. Improvements were still required in relation to staffing numbers, safeguarding and the premises.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspectors reviewed a sample of incident reports and other records in the centre and found that notifications were provided to the Chief Inspector in line with the requirements of the regulation.

Judgment: Compliant

Quality and safety

In line with the findings of the last inspection, improvements were found in relation to the systems in place to ensure residents were safe and in receipt of a good quality of care and support. Work had commenced in relation to the renovation of the houses and there was evidence of improvements in relation to the consistency of care and support provided for residents. Through discussions with staff and review of documentation, it was evident that staff and the local management team were striving to ensure that residents lived in a caring environment and were in receipt of a good quality and safe care. However, this was not always proving possible due to a lack of resources and a lack of progress on actions identified by the provider in their audits and reviews. These actions included the completion of building works, the follow up and completion of maintenance works and the recruitment of staff in the centre.

Funding had been secured to renovate the five houses where residents resided on the campus. The provider had committed to renovating and redecorating these houses. At the time of this inspection works had been completed on the roofs of two of houses and two houses had been renovated and decorated. However, in line with a disruption of services due to maintenance staff and builders being reassigned to COVID-19 projects, the required building and maintenance works were behind schedule. The builders had completed some external works and were due back on site on 09 June 2020. In preparation for this, residents had relocated to one of the other houses on the campus.

Inspectors visited two of the houses which had been renovated. These houses had been fitted with new kitchen units and countertops, new bathroom ware, and a space in which laundry could be done in the house. The flooring had been replaced and the walls had been painted and bathrooms had been fitted with PVC wall cladding for easy cleaning. There was a central area on the campus where residents could receive visitors outside of their home. However, in a number of the houses there was no suitable space in which residents could receive a visitor into their home in private, apart from their bedroom. Despite the improvements to the house's features as a result of the renovations, there were snagging items which needed to be addressed to provide a finished homely and attractive living space for residents. These items included damage to skirting boards, door frames and kitchen kickboards, cracks in the paint and plasterwork, a missing kitchen door latch, and damage to some sitting room furniture.

Each of the premises visited during the inspection were found to be clean and the inspectors observed appropriate practices in relation to infection prevention and control including hand hygiene and social distancing. There were suitable hand hygiene facilities in place in the houses and dedicated spaces for staff to don and doff personal protective equipment (PPE). There were systems in place to monitor residents and staff daily for symptoms of COVID-19 and to ensure access to the most up-to-date guidance, policies and procedures. These included policies and procedures to guide staff in relation to infection prevention and control. Specific

guidance and procedures had been developed in relation to COVID-19.

Social stories were available for residents in relation to COVID 19 and it was discussed regularly at residents' meetings. Staff had completed both online and bespoke area specific training in relation to hand hygiene and the use of personal protective equipment. They had access to the support of an infection control officer as required. There were updated cleaning procedures in place in the centre in line with COVID-19. These included regular touch point cleaning, a timetable for cleaning equipment and an enhanced cleaning schedule for all of the houses. There was a system in place for stock control of PPE to ensure there were adequate stocks in place. Staff reported that stocks of PPE were limited in the centre at the start of the pandemic, but that there were now adequate stocks. A number of infection control audits had been completed during the pandemic and there was evidence of follow up on any required actions.

Residents were being supported to enjoy best possible health. Residents' healthcare needs were appropriately assessed and care plans were developed in line with these assessed needs. Each resident had access to allied health professionals including regular access to a general practitioner (GP) who was visiting the centre three times weekly. There was a protocol in place for when the GP visited in relation to PPE requirements and a system in place for phone assessments where appropriate. At the start of the pandemic, an assessment profile was developed for each resident. This was a one page document and which pertinent information in relation to their healthcare needs. In addition, there was a stop and check checklist to monitor residents for any fever or acute illness, signs of deterioration, increase in incidents or any other changes to their presentation.

The provider had updated their emergency plan and risk register to account for risks related to COVID-19. The safety statement had been amended to provide instruction and guidance to staff on social distancing, appropriate use of PPE and recording and reporting of symptoms, in line with national guidance. The risk register accounted for the risks related to transmission of the illness as well as secondary effects such as isolation and boredom, anxiety in residents and staff, and the impact on residents of being supported by staff unfamiliar to them or staff wearing masks. Records of incidents were clearly recorded and collated to identify trends and patterns in injuries or instances of actual or potential abuse.

The premises was suitably equipped to contain flame and smoke in the event of a fire, with door seals and self-closing mechanisms on doors. There was suitable signage and emergency lighting in the houses to assist people to evacuate quickly and effectively. Inspectors reviewed testing and servicing records for the fire panel, alarm system and fire-fighting equipment. The provider conducted regular practice evacuations to ensure that a safe effective evacuation could occur, and to identify factors which may cause potential delay, including night-time scenarios.

Arrangements were in place to support and respond to residents' assessed support needs. This included the ongoing review of behaviour support plans and adverse incidents. Staff were familiar with residents' needs and any agreed strategies used to support them. All staff received positive behaviour support training and this

enabled them to provide care that reflected up-to-date, evidence-based practice. Overall there had been a reduction in the use of restrictions within the centre since the last inspection. Where restrictions were implemented, they were regularly reviewed and implemented in consultation with residents. This promoted a culture of positive behavioural support within the centre.

The provider ensured that the centre's safeguarding policy was adhered to. All incidents, allegations and suspicions of abuse at the centre were investigated in accordance with the centre's policy. Staff had received appropriate safeguarding training and had a good understanding of the safeguarding processes.

However, improvements were required in relation to how on-going safeguarding concerns were effectively managed. In response to the renovation works within the designated centre, residents had been temporarily moved to different areas of the centre. While this was necessary, an appropriate compatibility and impact assessment had not completed to ensure all residents were safeguarded from potential peer to peer incidents. On review of adverse events, a pattern of low impact but persistent peer to peer incidents were identified within the reconfigured part of the centre. These arrangements required review to ensure effective safeguarding plans could be implemented.

Regulation 17: Premises

The provider was in the process of renovating the houses in the designed centre. While some houses had been renovated with new kitchen units and bathroom ware, there were some snagging issues outstanding which had an impact on providing a nicely finished and homely living space for residents.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had updated their risk register to include risk controls related to COVID-19, and to the ongoing construction work on the premises. Incidents were clearly recorded, and reviewed to identify trends and patterns in the nature and frequency of incidents.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had policies, procedures and guidelines in place in relation to infection prevention and control. These were detailed in nature and clearly guiding staff to prevent or minimise the occurrence of healthcare-associated infections. Staff had completed training in hand hygiene and the use of PPE. Cleaning schedules had been adapted in line with Covid-19. Social stories were available for residents in relation to Covid-19 and social distancing and it was discussed regularly during residents' meetings. Residents were being supported by staff to engage in regular hand hygiene and to follow other public health measures.

Judgment: Compliant

Regulation 28: Fire precautions

The premises was equipped to detect, contain, and alert people to fire or smoke in the designated centre. Signage and emergency lighting was clear to guide people to a place of safety. Inspectors reviewed records of practice evacuation drills, noting time taken and areas for potential delay for a safe and efficient evacuation.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported to enjoy best possible health. They were being supported to access allied health professionals in line with their assessed needs. There was evidence of regular health monitoring and recording of same to ensure staff were picking up on any changes to residents' presentation during the pandemic.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place for residents with behaviours that challenge.

Judgment: Compliant

Regulation 8: Protection

A pattern of low impact but persistent peer to peer incidents were identified within the reconfigured part of the centre. These arrangements required review to ensure effective safeguarding plans could be implemented.
Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Hawthorns OSV-0003359

Inspection ID: MON-0028493

Date of inspection: 03/06/2020

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
Outline how you are going to come into compliance with Regulation 15: Staffing: Following the Unannounced Inspection on 17 the October 2019 the following posts were identified as needing to be filled; Clinical Nurse Manager 2 x 1 post Filled February 2020 Clinical Nurse Manager 1 x 2 posts One post filled March 2020 A CNM recruitment campaign to be held in the third quarter 2020. Registered Nurse Intellectual Disabilities x 3 posts None accepted from last two NRS panels created in 2020. SSIDS have applied for five Nurse graduate RNID posts to be assigned to Hawthorns. It is envisaged that these will be in post by September 30th 2020. In the interim the service will continue to seek to recruit via panels created through the National Recruitment Service. Care Assistant Intellectual Disabilities x 8 posts Four Care Staff Intellectual Disability positions have been filled. Following the most recent local Care Staff Intellectual Disability campaign (March 2020) four additional contracts have been offered from panel positions in place.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Staffing numbers Clinical Nurse Manager 2 x 1 post Post filled February 2020	

Clinical Nurse Manager 1 x 2 posts
One post filled March 2020
A CNM 1 recruitment campaign to be held in the third quarter 2020 as agreed with NRS.

Safeguarding
Management has implemented a staffing roster where identified members of staff are assigned to support a resident on a rotating 4 hour shift. Since its implementation, no peer to peer incidents have occurred. A compatibility assessment for a number of residents is to commence in Hawthorns which will identify a more suitable home with a low arousal environment for specific residents to move to.

The PIC is also continuing to work with the local Safeguarding Team to ensure appropriateness of safeguarding plans (in terms of review)

Premises
Maintenance snag list for houses
Damage to skirting boards, door frame, kitchen kick boards, cracks in paint works missing door latch have been repaired.

Houses to be renovated
Chestnut House has commenced renovation works, with an estimated time of completion for 31st July 2020.

Oak House works will commence in August 2020.

The renovation works for The Orchard are due to commence on the completion of Oak House, with all building works completed in Hawthorns for 30th September 2020.

Governance
A meeting has been arranged on site in Hawthorns for July 3rd with the Registered Provider, the PIC and PPIM and General Manager to discuss the potential changes to the Statement of Purpose in terms of the number of residents to be permitted to reside at Hawthorns in the context of its reconfiguration.

A reduction in numbers will address Safeguarding and compatibility issues among residents.

When the capacity of the Designated Centre is affirmed moving forward and reduced in line with revised SOP, the over - reliance on agency staff will cease as the current staffing complement will be sufficient to meet the needs of the revised community of residents.

It is envisaged that this reduction in the number of persons living in this centre will also create capacity for a designated visitor area in each house.

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

Outline how you are going to come into compliance with Regulation 17: Premises:

Chestnut House has commenced renovation works, with an estimated timeframe for completion of the 31st July 2020.

Planned works on Oak House will then commence in August 2020.

The renovation works for The Orchard are due to commence on the completion of Oak House, with all building works completed in Hawthorns for 30th September 2020.

Maintenance snag list for houses
Damage to skirting boards, door frame, kitchen kick boards, cracks in paint works missing door latch have been repaired. A process is in place to record, report and receive confirmation from maintenance when jobs are complete.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Management has implemented a staffing roster where identified members of staff are assigned to support a resident on a rotating 4 hour shift. Since its implementation, no peer to peer incidents have occurred.
Management have identified a more consistent low arousal home for one gentleman to move to, following the completion of the building works across Hawthorns.

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	30/09/2020
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	30/09/2020
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	30/09/2020

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/06/2020
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2020
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/09/2020