



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

Issued by the Chief Inspector

Name of designated centre:	Hawthorns
Name of provider:	Health Service Executive
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	12 December 2019
Centre ID:	OSV-0003359
Fieldwork ID:	MON-0028227

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 with 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.

Number of residents on the date of inspection:	18
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
12 December 2019	10:10hrs to 15:30hrs	Marie Byrne	Lead
12 December 2019	10:10hrs to 15:30hrs	Michael Keating	Support

What residents told us and what inspectors observed

During the inspection, the inspectors of social services had the opportunity to meet and briefly engage with 12 residents living in the centre. While inspectors only met some residents briefly and did not have meaningful opportunities to engage fully with them, they were able to speak to some residents and to observe residents in their environments and in their interactions with staff. Throughout the inspection, residents appeared comfortable, content and the inspectors observed kind, caring and respectful interactions between residents and staff. Staff who spoke with the inspectors were knowledgeable in relation to residents' care and support needs. The inspectors spoke to one keyworker who was enthusiastic about their role and outlined how they were supporting this resident set and reach their goals.

Through discussions with residents, staff and by looking at photos in residents' homes, it was evident that residents were being supported to take part in activities both at home and in their local community. The inspectors viewed photos of residents on holidays and one resident showed the inspectors pictures of them spending time with horses in an equestrian centre where they visited regularly. A number of residents were being supported to engage in activities in their local community on the day of the inspection including attending an art group in a local community centre.

One resident showed the inspectors around their home, including their bedroom. They stated they were happy in their home and that they were involved in the upkeep of their home including preparing meals and sweeping the floor. They also discussed an upcoming Christmas party which they were looking forward to where there was a meal and party planned afterwards.

Capacity and capability

This inspection was completed as a follow up to the inspection of 17 October 2019 which found poor levels of compliance which were adversely affecting residents in the centre. Following this inspection, a notice of proposal to cancel the registration of the centre was issued to the provider by the Chief Inspector. The provider then submitted a representation document outlining their plans to move into compliance with the regulations in line with the compliance plan submitted following the last inspection. The purpose of this inspection was to measure the progress made by the provider against this representation and to see if these changes were starting to have a positive impact for residents in the centre. Overall, there was evidence of improvements in governance and management of the centre, however concerns remained in relation to staffing numbers, the premises and the compatibility of residents. Improvements were at the early stages and yet to fully impact on the

lived experience of residents in the centre. There was evidence that the provider had taken steps to address the safety concerns identified during the last inspection by completing the required maintenance works to keep residents safe.

The person in charge facilitated this inspection and clearly outlined the actions that had been completed since the last inspection to bring about positive changes in the lived experience for residents in the centre. They were found to be knowledgeable in relation to residents' care and support needs and motivated to make improvements in the centre to ensure that residents were in receipt of a good quality and safe service. They presented evidence to the inspectors in relation to planned works in the centre and described the positive impact these changes would have for residents. They demonstrated clear oversight of the day-to-day running of the centre and had placed additional systems in place since the last inspection to further improve communication across the team and to increase their presence in the houses. The person in charge continued to be supported in their role by the person participating in the management of the centre (PPIM) and they were now being supported by other clinical nurse managers who were completing audits and supporting them to achieve the required actions.

Since the previous inspection improvements had been made in monitoring and oversight of the centre by the provider. A number of the actions identified by the provider following the last inspection had been completed and plans were in place to complete the remaining actions in line with the identified timeframes. There was evidence of an increased management presence in the centre including the addition of support from other areas of the organisation. There was evidence that the areas for improvement which had been previously highlighted and escalated by the person in charge and PPIM, were now being acted on and responded to in a timely manner. There was also evidence that the management arrangements in place were now ensuring that they were responding in a timely manner to issues as they arose. The centre was better resourced, and plans were in place to further improve staffing resources in the coming months. However, concerns remained in relation to oversight and communication in the centre. The inspectors found that the PPIM and person in charge were not being fully informed by the provider in relation to information submitted to and issued by the Chief Inspector, or in relation to reports commissioned by them in relation to the designated centre. For example, the provider had commissioned a report in relation to safeguarding in the centre in November 2019 and this had not been shared with the local management team until requested by the inspectors during this inspection.

The provider remained in breach of the additional restrictive condition of the registration to the centre due to the fact that they had not moved into compliance with this regulation in line with the identified timeframe. There were 12.5 whole time equivalent staffing vacancies at the time of this inspection. The provider had submitted plans outlining that the recruitment for 15 positions would be prioritised for the centre and there was evidence that the recruitment to fill these positions had commenced. The inspectors acknowledge that one healthcare assistant had been recruited and was now working in the centre and that another healthcare assistant had accepted the offer of a position and was due to start working in the centre in the coming weeks. An additional two healthcare positions had been offered and

negotiations were ongoing in relation to their contracts. In addition, a clinical nurse manager had been recruited and accepted the position and was due to commence in the centre early next year.

In line with findings of the last inspection, there was a heavy reliance on agency staff to complete shifts in the centre while the provider continues recruitment to fill the staffing vacancies. The inspectors acknowledge that efforts were being made by the person in charge to ensure continuity of care for residents. They were attempting to ensure that regular agency staff were covering the required shifts and that they were consistently working in the same houses where possible. However, during the month of October 2019, 50% of the total shifts required for the centre for staff nurses were covered by agency staff and 43% of the total shifts required for the centre for healthcare assistants were covered by agency care staff. In November 2019, 49% of the total shifts required for the centre for staff nurses were covered by agency staff and 47% of the total shifts required for the centre for healthcare assistants were covered by agency care staff. The inspectors acknowledge that there were 6 agency staff on duty during the last inspection, in comparison to 3 agency staff on duty during this inspection. However, this was largely due to the closure of one house due to building works.

The inspectors also found that improvements had been made in relation to planned and actual rosters. They now clearly showed how many staff were on duty in each house and included the names of agency staff on duty in each of the houses. The induction process for agency staff had also been further strengthened. Each agency staff was completing an induction which included a review of the management structure and on call system in the centre, a review of their roles and responsibilities, a review of residents care and support needs, and discussions in relation to health and safety, safeguarding and documentation in the centre. In addition to the handover for the entire centre in the mornings, there was now an area specific handover completed in each house. This person in charge was reviewing these handover sheets weekly to ensure they were effective.

The admissions policy and procedures and the statement of purpose for the centre had been reviewed since the last inspection to include additional information. This related to the need for risk assessments and evaluations to be completed prior to any new admissions. These included the review of the potential impact on existing residents in the centre of any new residents being admitted. There had been no new admissions since the last inspection, in line with the current staffing vacancies. Two residents had transitioned from the centre to community homes within the service to better suit their assessed needs and plans were in place for another resident to transition to a more suitable service in line with their assessed needs. In addition, initial discussions were in place for another residents to transition from the centre to better suit their needs in the future. These changes had resulted in the centre being better equipped to support the remaining residents and had led to the availability of more regular staff in each of the other houses to support residents.

Concerns remained in relation to compatibility between a number of residents in the centre. The local management team outlined plans to complete compatibility and

impact assessments for a number of resident to ensure they were best suited in their current living environment. They were aware of a number of safeguarding concerns and had additional control measures in place to reduce the risk of incidents occurring. There had been a number of meetings between the local management team and a representative from the Health Service Executives (HSE) safeguarding and protection team to review the procedures and plans in place in the centre.

The latest staff meeting minutes were reviewed and it was clear that a number of areas for improvement were discussed with the staff team. These related to the premises, keyworker meetings, safeguarding, quality improvements and restrictive practices. The person in charge described how they were taking opportunities to meet with staff to discuss restrictive practices and the importance of ensuring the least restrictive measures were used for the shortest duration. This correlated with the latest notifications submitted to the Chief Inspector which showed a decrease in the frequency of use of one restrictive practice in the centre.

Regulation 15: Staffing

In line with plan submitted by the provider to the Chief Inspector, there was evidence that the recruitment process had commenced to fill 15 staff positions in the centre. At the time of this inspection, there were 12.5 WTE vacancies in the centre and the provider was attempting to ensure continuity of care for residents while recruiting to fill these positions. However, due to the volume of shift covered by agency staff, this was not always proving possible. The provider remained in breach of the additional restrictive condition of the registration to the centre due to the fact that they had not moved into compliance with this regulation in line with the identified timeframe.

Judgment: Not compliant

Regulation 23: Governance and management

The centre was not yet adequately resourced to ensure the effective delivery of care and support in line with its statement of purpose. There was evidence of increased oversight and monitoring in the centre and evidence that actions on foot of this was starting to positively impact on residents' lived experience in the centre. Plans were in place to recruit staff to fill the current staffing vacancies and works had commenced to improve the quality and safety of the residents' homes. There was evidence that progression was being made in relation to the actions identified by the provider to move into compliance with the regulations, as outlined in the compliance plan following the last inspection.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The admissions policies and procedures had been recently reviewed, as had the centre's statement of purpose. These reviews were completed to ensure that any future admissions to the centre were taking into account the need to protect residents in the centre from abuse. The provider outlined plans to completed compatibility and impact assessments in line with identified compatibility concerns for a number of residents in the centre. A number of residents had successfully transitioned from the centre and plans were in place for other residents to transition to more suitable accommodation or services in line with their assessed needs.

Judgment: Compliant

Quality and safety

Overall the systems in place to ensure residents were safe and in receipt of a good quality of care and support had improved since the last inspection. Work had also commenced to renovate the premises as set out in the representation.

Some improvements had been made in the premises and plans were in place to make further improvements. The provider had committed to renovating and redecorating all five houses in the centre. They had put arrangements in place to address the immediate safety concerns since the the last inspection. They had installed soap and paper towel dispensers in a number of areas, replaced door handles and locks in a number of areas, removed broken furniture, filled holes, fixed lighting, fitted some toilet seats, and completed other works from the existing maintenance list for the centre. A full review of the internal and external maintenance requirements had been completed by the maintenance department and person in charge. There was now a robust system in place for monitoring the maintenance requirements of the centre and a weekly report was being sent by the maintenance department to the person in charge to track works. There had been a number of unannounced visits completed by members of the management team and action plans had been developed which clearly outlined how the implementation of these actions would be monitored. Improvements were also noted to the overall cleanliness of the houses during this inspection.

Contractors were engaged to complete works on all five house. It was identified that works were required to the roofs of two of the houses. One of the roofs had been replaced at the time of the inspection and plans were in place to complete works on another roof in the near future. Following this, plans were in place for each of the

five houses to; refurbish a number of bathrooms, replace kitchens, replace floors throughout the houses, replace some items of furniture and to paint and decorate the houses. At the time of the inspection, one house had been closed for works and a number of residents had transitioned either from the centre, or to other houses within the centre. The person in charge clearly outlined plans in place to ensure that the required works were completed to each house with the least disruption possible for residents.

Residents were protected by the policies, procedures and practices relating to safeguarding in the centre. There had been a significant decrease in the number of safeguarding concerns in the centre due to the implementation of additional control measures such as additional staffing to support a number of residents. There had been no additional safeguarding concerns reported since the last inspection. There was evidence that all allegations and suspicions of abuse were reported and followed up on in line with the organisation's and national policy. There were detailed safeguarding plans developed and implemented as required. The provider demonstrated a good oversight of safeguarding issues, and this was reflected in the significant reduction in the frequency of incidents. However, concerns remained in relation to the compatibility of a number of residents and implementing the existing safeguarding plans was putting considerable strain on resources in the centre. In order to fully implement safeguarding plans, regular staff were required. Due to the volume of staffing vacancies and the high level of shifts covered by agency staff, this was occurring but not sustainable.

Regulation 17: Premises

The provider had made arrangements to complete the immediate works to ensure the premises were safe for residents. Works had also commenced to repair damage to the roofs of two houses, including the recent replacement of the roof on one of these houses. Plans were in place to refurbish and redecorate all five houses. One house was closed for these renovations at the time of the inspection. Arrangements were in place to ensure the impact for residents during these works was minimised. It was recognised that the provider had commenced a comprehensive programme of works across the centre to address the premises issues in order to enhance the lived environment for residents. However, as this work had just commenced this regulation remains not compliant until the works are complete and the centre is brought up to a suitable standard to meet the assessed needs of residents.

Judgment: Not compliant

Regulation 8: Protection

All allegations and suspicions of abuse were reported, escalated and followed up on in line with the organisation's and national policy. Safeguarding plans and risk assessments were developed and reviewed as necessary. Additional control measures were being put in place and implemented to keep residents safe including 1:1 staffing for residents. There had been a number of meetings between the local management team and a representative from the Health Service Executives (HSE) safeguarding and protection team to review the procedures and plans in place in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Hawthorns OSV-0003359

Inspection ID: MON-0028227

Date of inspection: 12/12/2019

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 Representative (RPR) has sought and achieved approval for 15 posts for Hawthorns Designated Centre.</p> <p>These posts are as follows, Clinical Nurse Manager 2 x 1 post Clinical Nurse Manager 1 x 2 posts Registered Nurse Intellectual Disabilities x 3 posts Care assistant Intellectual Disabilities x 9 posts</p> <ul style="list-style-type: none"> • The Clinical Nurse Manager 11 position was offered out to panel and accepted with a commencement date agreed for the 3/02/2020. The specific remit of this post holder will be to support and continue to build and further develop Behavioural Support Resilience amongst staff and to enhance skills and operational management in accordance with BH plans detailed in each residents care plan. • The Provider has requested the National Recruitment Service (NRS) to prioritise a bespoke competition for the positions of Clinical Nurse Manager 1 following failure to fill these positions through generic national panels in 2019. This has commenced with an agreed date for interviews being the 16/01/2020. There are a number of applicants for these posts registered for competition to date. • 3 x RNID Nurse positions were offered from the rolling RNID panel in December 2019 through the NRS with no positive outcome in terms of appointments. As these posts are a priority for the service the Provider had requested the National Recruitment Service (NRS) to run a bespoke competition for SSID. This is currently underway with a closing date of the 20/01/2020. There are already a significant number of applications registered for this competition. The Provider will ensure that said competition is expedited to ensure the earliest possible deployment of suitable nursing staff to this service. • Offers of contract were dispatched to five Care Assistants (CAID) from the local SSIDS 	

panel. Two persons have taken up posts in Hawthorns with a further two persons anticipated to commence in service by the end of February 2020. (It was anticipated that these two individuals would be appointed in December/January but further validation of service for incremental purposes was necessary – This has now been concluded). One individual declined the offer of a HCA position.

- As the Care Staff panel created through local competition in 2019 has been exhausted the Provider Representative has instructed local HR Function to enable a new bespoke competition immediately to address the remaining 5 vacancies at HCA level in Hawthorns Service. The PR and PIC will ensure continuity of agency cover in the interim. It is planned to have a competition underway in early February with resulting appointments by the 31/03/2020

The PIC is working with regular staff in relation to their work patterns to achieve greater consistency and blending with regular agency staff.

The PIC will ensure that all new staff will continue to receive a comprehensive induction to the service and be supported while becoming familiar with the needs of the residents and strategies in place to assist them to have a good quality of life.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

The Management system in Hawthorns have been strengthened to ensure that the service provided is safe, appropriate to residents needs and effectively monitored.

The PR has prioritised fifteen posts for Hawthorns as above under Regulation 15.

In the interim vacancies continue to be filled by regular agency staff. All such staff are included on the roster providing a more consistent allocation to enhancing continuity of care thereby better meeting the defined needs of the residents.

A pathway to provide a more robust open formal and informal line of communication between the Provider Representative and the PIC has been implemented; the Designated Centre Management Meeting and Quality & Risk Meeting Minutes with identified actions put in place and any actions requiring further attention or decisions will be forwarded directly to the PR following the meetings.

The PIC is an integral part of the Social Care Quality & Risk Forum and will ensure that all risks escalated to the PR are fully inclusive of appropriate local control measures while clearly advocating intervention in respect of actions required on behalf of the Provider.

The Provider Representative has scheduled structured review meetings with the PIC and General Manager to evaluate the ongoing performance of this Compliance Plan and to enable corrective action to be undertaken where necessary and/or appropriate. This

mechanism will also ensure timely communication to the Authority in terms of adhering to timeframes set out in the Compliance Plan.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Environmental issues have been identified with Estate Management, Maintenance Department and the Maintenance Officer. The key areas identified: bathrooms, toilets, kitchen and utility areas have been prioritized for remediation.

A defined tender programme contemplating structural and non-structural deficiencies in infrastructure has been agreed and contracts have been issued in this regard. House 3 is due for completion by the 20th of January and the Provider Representative has received the revised project plan timelines advising that the contract will be completed by the 31/03/2020. The performance of this project plan (attached) will be evaluated on a continuous basis with HSE Estates and will be the subject to ongoing discussions as advised in service review meetings advised above.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/03/2020
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.	Not Compliant	Orange	28/02/2020
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	31/03/2020

	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.	Not Compliant	Orange	31/03/2020
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/03/2020
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	28/02/2020
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	31/01/2020
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are	Substantially Compliant	Yellow	28/02/2020

	in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.			
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