

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

## Issued by the Chief Inspector

Name of designated centre:	Renua
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	10 November 2021
Centre ID:	OSV-0003500
Fieldwork ID:	MON-0030259

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Renua is a residential home located in Co. Kilkenny. The service has the capacity to provide supports to three adults over the age of eighteen with an intellectual disability. The centre currently caters for three residents. The service operated on a full-time basis with no closures, ensuring residents are supported by staff on a 24 hour 7 day a week basis. Residents were facilitated and supported to participate in range of meaningful activities within the home and in the local and wider community. The property presents as a bungalow on the outskirts of a large town. Each resident has a private bedroom, with a shared living area space. The centre also incorporated a spacious kitchen dining area and a large garden area.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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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
Wednesday 10 November 2021	09:00hrs to 17:30hrs	Sarah Mockler	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet with all three residents that lived in this centre. All three residents used different means to communicate, such as vocalisations, facial expressions and gestures. Some residents, with support, could use some verbal means to communicate their needs and wants. To gather an impression of what it was like to live in the centre, the inspector observed daily routines with residents, spent time discussing residents' specific needs and preferences with staff and completed documentation review in relation to the care and support provided to residents. Overall, it was found that the care and support being provided was meeting residents' specific needs. The provider and person in charge were striving to ensure that all residents were in receipt of good quality care. Improvements were required across a number of regulations to ensure the level of quality of care could be maintained on a consistent basis.

The inspection took place during the COVID-19 pandemic. As such, the inspector followed public health guidelines. The inspector ensured physical distancing measures and the use of personal protective equipment (PPE) were implemented as required.

On arrival at the centre, it was noted that new windows and doors had been recently installed. The designated centre was a bungalow building located in a residential setting. Significant premises works had been completed since the last inspection. This included a new heating system, new radiators and radiator covers, new furniture throughout the home, new washing machine and dryer, new stove, painting works and kitchen improvements. On the inspection day, some works were actively being completed such as new tiles being installed in the kitchen. The overall impression of many parts of the home were that it was warm, homely and nicely decorated. However, some outstanding works to bathrooms still needed to be completed. This will be discussed further in the report.

In the morning, residents were completing their morning routine. They were eager to watch the works being completed in the kitchen. Staff were familiar with residents' specific needs and were observed to prepare drinks and meals in line with their relevant eating, drinking and swallowing plans. Residents were observed to request drinks, relax in their rooms with sensory items and freely move around their home. Staff were caring and patient in their interactions with residents. Residents were comfortable in each others presence and were seen to interact with each other from time to time.

Two residents showed the inspector their bedrooms with staff support. They were individually decorated. Meaningful items and pictures were on display. A resident pointed out some family members in photos and smiled as they were doing this. Daily visual planners were on display for residents that required them. A resident came outside when the inspector was doing a walk around of the garden. The staff explained that this resident required lots of movement type activities. They had a

swing seat outside and also lots of room to allow the resident walk around the garden as they needed. Staff ensured this resident went on walks around the local area to ensure his specific needs were being met. Later in the morning the resident and the staff member went for a walk around the housing estate.

As works were being completed in the kitchen all three residents went out for lunch. Residents also had plans such as going shopping for personal items during the day. A review of the daily notes indicated that residents enjoyed activities such as drives, meals out, celebrating important events with families and friends, walks, fitness classes, cinema visits and visits to local farms.

Staff were seen to interact in a positive, respectful and caring manner with all residents. Staff were familiar with residents' means of communication and how best to support them if they became anxious or distressed. Staff spoke about the importance of a low arousal environment for residents. On the inspection day, the home was busy from time to time, with the number of people present. Staff discussed how this could potentially impact some residents. When a resident choose to spend some time in the office area, staff were observed to leave the area if too many people were present. Alternatively they would redirect the resident to another area of the home. Staff used respectful and person centred language when speaking about residents and their specific needs.

Overall the quality of care residents were receiving was good and met each individuals specific needs. Residents appeared comfortable and content in their home. Improvements were identified across a number of regulations such as, suitable arrangements to ensure the person in charge had sufficient capacity for oversight, resident personal plans, fire, infection prevention and control and premises. The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

## Capacity and capability

Overall, there were systems in place to ensure that the service provided was safe and appropriate to residents' needs. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs. However, some improvement was required in the staffing arrangements and training and development.

There was a clear management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge reported to a community services manager, who in turn reported to the Director of Services. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the annual review for 2020 and the provider unannounced six-monthly visits as required

by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response.

Since September 2020, there were four different people appointed to the person in charge role. The current person in charge was appointed in June 2021. During this time some aspects of oversight were not always driving quality improvements. Gaps were noted in a number of key areas of governance such as team meetings and supervision of staff.

At the time of the inspection, the centre was operating with two whole time equivalent vacancies. A review of a sample of staffing rosters demonstrated that there was an established staff team. Agency staff were being utilised to cover some staff absences. As much as possible, the same agency staff were selected to cover shifts as required to ensure continuity of care. In addition to this a regular relief staff and the person in charge were also covering absences as required. There were two staff present in this centre during the day and one staff present at night. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

However, staffing arrangements required review. The person in charge was required to complete a certain number of hours of direct support with residents and also had supernumerary hours to complete relevant aspects of their role. However, due to staffing needs the person in charge was completing more direct support hours than agreed and this was having an impact on elements of their oversight of the service and the effective supervision of staff.

#### Regulation 14: Persons in charge

There was a full time person in charge who was found to be suitably qualified, experienced and competent. They had been appointed to the role in June 2021. Since commencement in this role, the person in charge had implemented many positive changes to enhance residents lived experience. They were a key driver in premises improvement and recognised the importance of residents living in a warm, modern and comfortable home.

The person in charge was responsible for two other designated centre which included the management and supervision of approximately 30 staff. Due to the number of direct support hours the person in charge was completing the inspector was not assured that the person in charge had the the capacity for effective oversight, operational management and administration of the centre on a consistent basis. For example, supervision was required to be completed once per quarter for every staff member. Due to the number of staff under this persons remit this would be very difficult to complete. Gaps in supervision practices had already occurred and this will be discussed further in the report.

A team leader had been appointed to assist the person in charge, however they had only been in the role for a short period of time and had been redeployed to another area of the organisation.

Judgment: Substantially compliant

### Regulation 15: Staffing

There was a planned and actual staff rota in place and it was reflective of the staff on duty on the day of the inspection. There was appropriate skill mix and numbers of staff to meet the assessed needs of residents. The provider ensured continuity of care through the use of an established staff team and a small group of regular agency staff where required.

There were two whole time equivalent vacancies on the day of inspection. The provider was actively recruiting for these roles.

The inspector spoke with staff over the course of the inspection and found the staff team to be caring, professional and knowledgeable about the residents in their care

Judgment: Compliant

### Regulation 16: Training and staff development

The staff were supported and facilitated to access appropriate training including refresher training that was in line with the residents' needs. A staff training schedule was in place which also included oversight of agency staffs training needs. A training department was in place to ensure staff were notified of any upcoming training or refresher training needed. The inspector viewed evidence of mandatory and centre specific training records. All mandatory training was in place with a small number of staff requiring updated refresher training.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The registered provider ensured there was a clearly defined governance structure within the centre which ensured that residents received a service which met their assessed needs. The registered provider had appointed a full time, suitably qualified



and experienced person in charge who was knowledgeable around residents specific needs and preferences.

Provider level audits and reviews as required by the regulations had been completed and where actions were identified, plans were in place to address these to improve the overall quality and safety of care.

The person in charge ensured internal audits such as medication, finance, fire, vehicle and hygiene had taken place since they commenced in this post. For the most part these audits were identifying areas of improvement. Further oversight of these audits were required to ensure they were effective in driving quality improvements.

The inspector noted that there had been a gap in the governance and management arrangements for this centre due to a number of staff changes. The provider had not ensured that there was always effective oversight and systems in place at this time. As a result staff supervisions, staff meetings and some in centre audits had not been completed. Audits at times were not adequately identifying issues that were present as found by the inspector.

Supervision records known as quality conversations, were reviewed. One to one formal supervision was not occurring at intervals in line with the providers own policy.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Notifications as required under regulation had been submitted to the Chief inspector within relevant time lines.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Schedule 5 policies and procedures were in place and available to staff. Staff were required to sign off on policies to indicate they had read and understood the relevant content.

Judgment: Compliant

## Quality and safety

The provider and person in charge were striving to ensure residents were in receipt of a good quality and safe services. From what the inspector observed residents lived in a warm, clean and comfortable home, where they appeared happy and content. Significant works had been completed to ensure the home was modernised and well maintained. However, some areas of the home, namely bathrooms, required significant works to ensure they were fit for purpose, clean and hygienic. This had been identified in the previous inspection in June 2020. Improvements were required in the personal planning process, protection against infection, descriptions on how to evacuate residents from the premises in the event of an emergency and ensuring residents right to privacy was respected at all times.

As previously mentioned, the premises had undergone some recent renovation works. The centre was overall clean, homely, and well maintained. Residents' bedrooms were personalised to suit their tastes. There were cleaning schedules in place to ensure that each area of the centre was regularly cleaned, including regular touch point cleaning. The provider had developed or updated existing policies, procedures and guidelines to guide staff in relation to infection prevention and control during the pandemic. There were adequate supplies of personal protective equipment (PPE). Staff had completed a number of infection prevention and control related trainings since the start of the pandemic.

However, the main bathroom in the centre required major works and modernisation. The bath, which was surrounded by wood was stained and water damaged. There was staining evident under the floor near the toilet, some mould build up under the shower tray, chipped paint and a damp malodorous smell. Due to the poor condition of the bathroom the inspector was not assured that effective cleaning could be completed. The provider was still awaiting a date in the new year for works to commence.

The inspector reviewed a sample of residents' personal files. Each residents' health, personal and social care needs were assessed through annual health assessment and visioning assessment. The residents had clearly identified person-centred identified roles and goals. There was evidence of regular review and progression in achieving residents goals. However, plans were not always updated to reflect a change in need.

There were effective systems in place for safeguarding residents. The inspector reviewed a sample of adverse incidents occurring in the centre which demonstrated that incidents were reviewed and appropriately responded to. There were safeguarding plans in place to manage identified safeguarding concerns. The residents were observed to appear comfortable and content in their home.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire

evacuation drills taking place in the centre. The residents had a personal emergency evacuation plan (PEEP) in place which guided the staff team in supporting the residents to evacuate. However, this documentation required review as it described a method of evacuation that would not be possible with the minimum of staff present.

### Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and well maintained. The designated centre is a detached bungalow located close to an urban area in Co. Kilkenny. All residents had their own bedrooms which were decorated to reflect their individual tastes with personal items on display. The renovation works had modernised the standard of the home, and the majority of rooms presented as inviting, well kept areas. The garden area was large and overall, well kept with suitable seating available for residents if they so wished to sit outside.

However, significant improvements were required to a bathroom in the main home. The outside of the bath was not protected by waterproof material which resulted in staining and water damage, staining was evident on the floor near the toilet. There was a build up of mould under the shower tray. Some fixtures and fittings were old and loose. There was a damp smell present in the room. This had been identified on the previous inspection and at the time of the inspection it remained outstanding.

Judgment: Not compliant

### Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. General risks were managed and reviewed through a centre-specific risk register. The risk register was up-to-date and outlined the controls in place to mitigate the risks. The residents had number of individual risk assessments on file. The individual risk assessments were also up to date.

Judgment: Compliant

### Regulation 27: Protection against infection

There was evidence of contingency planning in place for COVID-19, with relevant guidelines and policies and procedures in place. All staff had adequate access to a

range of PPE as required. There was sufficient access to hand sanitising gels and hand-washing facilities observed through out the centre. Staff had completed a range of training to enable them to practice effective infection control measures.

For the most part, the premises was observed to be clean and there were cleaning schedules in place. Due to the condition of the bathroom, the inspector was not assured that it could be or was being effectively cleaned. For example the casing around the bath was a wooden material which was not painted or water proof. Water damage was evident. Due to the the condition of this casing it was not evident that it could be cleaned to a high standard to enable effective infection control measures. Residents using this bathroom were therefore not appropriately protected against the contraction or transmission of infection.

In addition, resident temperatures were not always monitored as per organisations policy. On review of the relevant recording sheet there were a number of gaps where the residents temperature had not been taken or recorded.

Judgment: Not compliant

### Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place which were serviced as required. There was evidence of regular fire evacuation drills taking place and the residents had a personal emergency evacuation plan (PEEP) in place. However, the PEEP described a fire evacuation procedure that could not be completed when the minimum amount of staff were present. This document required review to ensure it accurately reflected the evacuation procedures in place.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Each resident had an assessment of their health, personal and social care needs. The assessments informed the residents personal plans which were found to be overall person-centred. The inspector reviewed a sample of residents' personal plans and found that care plans were in place in line with residents' assessed needs. However, personal plans required review as a small number of support plans required updating in relation to a change in specific needs and or circumstances. For example, a safeguarding plan had been updated. The most recent copy of this was not available in the resident's personal file.

Judgment: Substantially compliant

### Regulation 6: Health care

The health-care needs of residents were suitably identified. Health care plans outlined supports provided to residents to experience the best possible health. Residents were facilitated to attend appointments with health and social care professionals as required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where required positive behaviour support plans were in place to guide staff practice. These plans were found to be reviewed on a regular basis with good input from the relevant professionals. Staff were knowledgeable around residents needs and were observed to support residents in line with guidelines in the support plans.

Judgment: Compliant

### Regulation 8: Protection

The registered provider and person in charge had systems to keep the residents in the centre safe. There was evidence that incidents were appropriately managed and responded to. Formal safeguarding plans were in place for identified safeguarding concerns. Staff were found to be knowledgeable in relation to keeping the resident safe and reporting allegations of abuse. The residents were observed to appear relaxed and content in their home.

Judgment: Compliant

### Regulation 9: Residents' rights

Although for the most part, resident rights were upheld and respected. Staff treated all residents with dignity and respect. However, a historical practice in the centre required review to ensure it was best meeting residents needs and continuing to

respect each residents' right to privacy. Two hourly night checks were being utilised for some residents with no clear rationale or assessed risk.

Judgment: Substantially compliant

### Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Renua OSV-0003500

Inspection ID: MON-0030259

Date of inspection: 10/11/2021

## 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 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The PIC and PPIM have met for Quality Conversation on 29/11/2021 to review the PICs work and action plan. As part of the workplan the PIC and PPIM have reviewed and discussed delegated duties for the 4 Social Care Workers and 3 Nurses across the PICs three designated centres to ensure consistent oversight and management and reporting systems to be followed.</p> <p>The PIC will discuss delegation of duties with staff teams in all 3 designated centres and can avail of supports from the Service Enhancement Team to build capacity amongst her teams. SCW and nurses will support the PIC in overseeing delegated duties and report to the PIC on identified issues or support needs for the people supported.</p> <p>SPC as a provider is in the process to further reduce the remit of all PICs for designated centres down to 2 houses. Current recruitment for PIC positions is ongoing, with interviews scheduled for the 16/12/2021 and 2 PICs also returning from maternity leave in first and second quarter of 2022.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training needs and refresher training is discussed at team meetings and Quality Conversations and SPC training department is also reminding employees to book for their refresher training as highlighted in the monthly training reports.</p> <p>The agency staff member providing supports to the people living in Renua has attended fire training on the 15/12/2021.</p>	



Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>PIC and PPIM have discussed delegated duties for SCW and nurses to provide support to PIC in oversight and follow through on action plans. The PIC will be implementing a system being used by other peer PICs in SPC, using action plan folders for each of her designated centres and staff teams. This will allow a coordinated follow through on actions and delegated duties discussed at Quality Conversations with the PIC and overseen by SCW and nurses within the staff team. The PIC has also a schedule in place to ensure all Quality Conversations will be completed in line with SPC policy.</p> <p>To ensure consistent oversight and management of the designated centres in the absence of the PIC, a workplan during PIC absences has been implemented in SPC in August 2021 and is now being followed, overseen by the PPIMs.</p> <p>A team meeting was held in Renua on the 14/12/2021. The staff team was leading out on the team meeting with a prepared agenda, identified issues from the HIQA inspections were discussed, especially in relation to completion of audits and follow up on actions as part of staff duties to support the people living in Renua. Outstanding actions from the previous team meeting have been discussed and assigned to be followed through.</p> <p>SPC as a provider is in the process to further reduce the remit of all PICs for designated centres down to 2 houses. Current recruitment for PIC positions is ongoing, with interviews scheduled for the 16/12/2021 and 2 PICs also returning from maternity leave in first and second quarter of 2022.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Unfortunately, there had been a delay with the refurbishment of the main bathroom due to COVID and Brexit, resulting in consequent labour shortages. SPC Housing Manager has confirmed with the PIC that the repair works have now been rescheduled and confirmed with the builder for the middle of January 2022 and to be completed by the end of January 2022.</p>	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The PIC addressed the recording of temperatures for people supported with the staff immediately on the day of the inspection. Adherence to this important COVID-19 observation form has also been addressed at the team meeting with all employees on the 14/12/2021.</p> <p>The new IPC audit tool for SPC designated centres was also discussed at the team</p>	

meeting on the 14/12/2021 to ensure staff are reflecting on all COVID and IPC relevant matters.	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The PIC and staff member have reviewed the PEEP for one gentleman in Renua to reflect the accurate evacuation procedure for this person supported. All people living in Renua engage in fire evacuations and are fully mobile.</p> <p>Completion of fire drills and also fire checks have been discussed at the team meeting on the 14/12/2021.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The PIC has ensured completion of review of support plans for a person supported in Renua since the inspection took place. The most recent safeguarding plan was discussed with the staff team and is now available in Renua. Also, an Intimate care plan for the person supported has been updated to reflect specific support needs.</p> <p>The Quality Manager attended the team meeting on the 14/12/2021 and identified the need for further On the Job mentoring (OJM) for staff members in relation to SPC Personal Planning framework. OJM has been scheduled in Renua for 23/12/2021. The Quality Manager will meet with the Social Care worker to discuss person centred supports, the use of SPC documentation and how to provide supports to the staff team by the SCW going forward.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The PIC and staff team have reviewed and discussed two hourly night time checks for one person living in Renua. Review of incidents and discussion held showed evidence there is no rationale for 2 hourly checks.</p> <p>Risk assessment and person's support plans are currently being updated to reflect the changes after review and also communicated to person supported.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	20/12/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	15/12/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the	Not Compliant	Orange	31/01/2022

	designated centre are of sound construction and kept in a good state of repair externally and internally.			
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	20/12/2021
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are 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.	Substantially Compliant	Yellow	20/12/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by	Not Compliant	Orange	14/12/2021

	adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	02/12/2021
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	23/12/2021
Regulation 09(3)	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,	Substantially Compliant	Yellow	15/12/2021

	personal communications, relationships, intimate and personal care, professional consultations and personal information.			
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