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:	JULA
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	08 February 2022
Centre ID:	OSV-0005694
Fieldwork ID:	MON-0031522

About the designated centre

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

Jula is a residential home located in Co.Kilkenny, catering for four adults with an intellectual disability over the age of 18 years. The service operates 24 hours, seven days a week. The property is a large bungalow which provides a homely environment for the residents. Each resident's private bedroom is decorated to their unique tastes. The person in charge works in a full time capacity with the support of the person participating in management and the staff team.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 (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
Tuesday 8 February 2022	10:00hrs to 18:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with all four residents that lived in this centre. All four residents used different means to communicate, such as vocalisations, facial expressions and gestures. 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 where 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. For the most part the level of improvement needed was self-identified by the registered provider and significant plans were being put in place to ensure this designated centre would meet the requirements of regulation.

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 it was a well maintained bungalow building, located in a rural location. The designated centre, internally was well kept, warm, clean and tastefully decorated. Each resident had their own bedroom which was individualised. For example, one resident really enjoyed the outdoors, their room had been decorated to reflect this, such as having a leaf printed wall paper on parts of their wall. Residents had access to a large accessible bathroom. There was an overhead hoist installed in this area. Outside a large garden was available for residents. A poly tunnel had recently been installed. There were raised beds in place that allowed the residents partake in gardening while in their wheelchairs.

All residents in the home required full support with all their care and support needs. In the morning the inspector met one resident that was relaxing in the sitting room following their morning routine. A television show was playing in the background and the resident was observed to watch the programme. Staff explained that many of the residents needed to rest following personal care routines. Staff were observed to interact in a kind and caring manner. They spoke with the resident in a caring manner. Staff were seen explaining the purpose of the inspector's visit and keeping the resident informed accordingly.

As the morning progressed the inspector had the opportunity to meet the other three residents in the home. Some residents were brought to the sitting room to relax and others were in the kitchen being assisted with their breakfast routine. Residents appeared very comfortable at all times There was a calm atmosphere noted in the home. The three staff present were observed completing different care

practices. Of main note, was how the residents were consulted with before each aspect of care. For example staff were seen to explain to residents if they were being moved from one room to another and the reason why. Each interaction was purposeful and staff would wait for the resident to acknowledge the instruction provided. Staff did this by observing their facial expressions and general demeanour. It was evident that each staff member was familiar with each resident's individual communication style.

During a resident's breakfast routine, they were brought out to the conservatory. The staff member explained that this one one of the resident's favourite areas of the home. The staff member fully supported the resident during this routine. They gently chatted and interacted with the resident.

Staff working in the centre took some time with the inspector to explain each resident's individual needs and preferences. They spoke in detail about things that were important to the residents such as family connections. They knew each resident's specific medical needs and what was in place to support residents effectively. They used positive, respectful and professional language when speaking about each resident in the home. It was evident from talking with the staff member, that they took great pride in being a positive advocate for the people that lived in the designated centre.

On a review of residents' personal plans and daily notes there was good evidence to indicate that residents had the opportunity to engage in meaningful activities and to maintain active and purposeful family connections. Residents enjoyed shopping trips, buying presents for families, day trips, church visits, meals out and family visits. On the day of inspection, two residents left the home with staff to go to their day service. Other residents remained in the home and different activities, in line with residents' assessed needs were planned. Residents listened to music, engaged in some sensory activities or helped with some simple daily tasks, such as being involved in meal preparation.

Overall the quality of care residents were receiving was good and met each individual's specific needs. Residents appeared comfortable and content in their home. Improvements were identified across a number of regulations such as, senior management oversight arrangements, risk management and safe evacuation of residents in the event of a fire.

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 the inspector found that the registered provider was committed to providing a service that supported residents according to their individual needs and

preferences. There was a clearly defined management structure, with clear lines of accountability and responsibility. The registered provider had recently developed a service wide quality improvement plan. As this plan was in its infancy, time was required for the measures to embed and have a noted impact on the quality of service provision for this designated centre. Although a number of improvements were required across some regulations, for the most part the registered provider was aware of the issues raised on inspection. Improvements were required in relation to governance and management, training, fire safety, risk management, and some aspects of the personal planning process.

Residents were supported by a team of staff that included social care workers, nurses and health care assistants. There was a staff rota in place that accurately reflected staff on duty. There was a full-time person in charge who was responsible for one additional designated centres and divided their time equally. The management team appeared to have a regular presence in the centre and staff and residents were familiar with the person in charge.

There was evidence that the service was regularly audited and reviewed by the person in charge. They completed a number of different audits at set intervals across the calendar year. These audits reviewed personal plans, resident finances, fire and hygiene. Actions identified had been rectified or escalated accordingly.

Provider led audits such as the annual review and six monthly unannounced provider audits were not occurring in line with the regulations. The most recent annual review occurred in May 2020. The most recent provider unannounced audit occurred in July 2021. These tools were not been used to drive quality improvement from the provider level. This issue had been identified by the provider and there was a plan to complete these audits in the coming months. In addition to this, oversight arrangements in terms of risk management and fire safety required further review from a senior management level.

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. Nursing care was also available when required. The provider ensured continuity of care through the use of an established staff team.

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. The staff were seen to interact with the residents in a warm, respectful and dignified manner.

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 all staffs training needs. 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 in a small number of areas.

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. All staff had received a minimum of one supervision in 2021 and there was a plan to ensure all staff were receiving supervision in line with the providers policy in 2022.

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.

The provider had not always ensured that there was always effective oversight systems in place in this designated centre. As a result staff supervisions, staff meetings and some audits had not been completed.Provider level audits and reviews as required by the regulations, and essential for senior management oversight, had not been completed as required. This issue had been identified through the internal audits by the person in charge and escalated accordingly. The registered provider had also identified this as an ongoing issue in a number of their services and had a long term plan to rectify this which included utilising a specific on line auditing platform.

The person in charge ensured internal audits such as medication, finance, fire, vehicle and hygiene had taken place. For the most part these audits were identifying areas of improvement.

Although there was a long term plan to improve the oversight arrangements in this centre, these plans were in the early stages of development and required time to embed and drive quality improvement.

Judgment: Not compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Quality and safety

Overall, the inspector found that the centre presented as a comfortable home and provided person centred care to the residents. A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. This included a review of personal care plans, risk documentation, fire safety documentation, and protection against infection. Some improvements were noted in relation to relation to fire safety, risk management, infection prevention and control measures, personal planning process and recording health related matters.

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. However, elements of resident plans had not been updated on an annual basis.

The registered provider took measures to ensure the residents health care needs were met and reviewed regularly with input from health and social care professionals. Some residents presented with complex requirements in terms of their specific needs and the provider, person in charge and staff team were ensuring their health care needs were being met in the community setting. However, some improvements were needed in the documentation of key observations in relation to some residents' specific needs.

Although there were systems in place to assess and mitigate risks, such as a centre risk register and individualised risk assessments, on review of a sample of risk assessments there were a number of red rated risks that had not been reviewed in line with the providers policy. In addition to this some risk control measures identified in individual risk assessments were no longer relevant.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19, with contingency plans in place.

There were mechanisms in place to monitor staff and residents for any signs of infection. Personal protective equipment (PPE), including hand sanitizers and appropriate hand washing facilities were available and were observed in use in the centre on the day of the inspection. However, improvements were required in relation to laundry management to ensure best practice was adhered too.

The centre had suitable fire safety equipment in place, including emergency lighting, detection systems and fire extinguishers which were serviced as required. The resident's had personal emergency evacuation plans in place which guided the staff team in supporting the residents to evacuate. However, a number of improvements were required to ensure residents safety was central to the evacuation procedures in place. On review of a fire drill, the time recorded did not assure the inspector that residents would be evacuated in a safe and timely manner. This had been identified by the person in charge and had been escalated accordingly. In addition to this an fire exit at the back of the building lead out to a garden area. Residents when evacuated from this exit were unable to get to the front of the house.In addition to this documentation in terms of support available to staff during night time evacuations required review.

Regulation 13: General welfare and development

Residents were observed to be relaxed and comfortable in their home and in the company of the staff that supported them. Residents were provided with opportunities for recreation and meaningful activities. Each resident had their own tablet device and pictures were recorded on this device. The inspector reviewed a sample of these photos which showed residents engaging in many different activities and outings in their community. Residents appeared happy and relaxed in these photos.

Family connections were encouraged and nurtured. Residents spent time with family both in the centre and in their family home. A swing set had been purchased of the garden so that young family relatives had somewhere to play when they came to visit.

Judgment: Compliant

Regulation 17: Premises

The centre comprises a bungalow home in a rural setting. The immediate impression of the home was that it was clean, warm, and well kept internally and externally. Pictures of residents were on display in the home.

The premises was suitable to meet the needs of the residents. Resident bedrooms

were decorated in a manner that reflected the individual preferences of residents.

Judgment: Compliant

Regulation 26: Risk management procedures

Although there were risk management procedures in place in this centre, the oversight of risk management required review. A centre specific risk register was in place this identified a number of specific risks and had been reviewed in 2021. On review of individual risk assessments a number of high rated risks had not been reviewed since 2019. This was not in line with the providers policy. As a result, some control measures were listed on risk assessments that were no longer in place for some residents.

Although accidents and incidents were being reviewed and learning was identified some actions identified from remained outstanding. For example an incident that occurred in December 2021 indicated that a specific risk assessment was required. This risk assessment was not in place on the day of inspection.

Judgment: Not 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.

However, on a walk around of the premises and review of laundry management the inspector was not assured that best practice in relation to infection control measures were being employed. There were limited systems in place for the storage of dirty or soiled laundry if the washing machine was in use.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Although there were systems in place of fire safety management such such as suitable fire safety equipment, staff training, emergency exits and lighting, a number

of improvements were required to ensure the residents' safety at all times.

Residents in this home required a significant amount of support to evacuate and were assessed to have a minimum of two staff to complete an evacuation in the event of emergency. Documentation in place indicated that staff at night, could be called to another house within the organisation in the event of an emergency. This would mean only one staff member would be present. Assurances were received on the day of inspection that this practice did not longer occur, however, documentation required updating to reflect the current arrangements in the home.

On a review of fire drills, a recent fire drill had taken a significant amount of time to complete. The inspector was not assured that this time was in the best interests of each residents' safety. The person in charge had escalated this accordingly and there plans for the fire procedures to be reviewed by suitably qualified experts. This was an ongoing concern on the day of inspection and measures were required to be put in place to ensure all residents could be evacuated in a timely manner.

On a walk around of the premises, it was noted that some areas of the back garden had gravel. If a resident was evacuated from a back door (which was a designated fire exit), as they were dependant on a wheel chair for mobility, staff were unable to push this chair across gravelled areas to bring residents to the front of the house and to the designated fire assembly point. Although this issue again had been identified, no solution to this issue was in place on the day of inspection.

Judgment: Not 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. A number of care plans had not been reviewed on an annual basis. This is the minimum requirement to ensure all plans are kept up-to-date and reflective of residents' specific needs.

Judgment: Substantially compliant

Regulation 6: Health care

The healthcare needs of residents were suitably identified. Healthcare 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.

Many residents presented with complex requirements to ensure their health was maintained to a good standard. The staff team had been successful in ensuring each resident's needs were being met. Staff discussed how some residents health had significantly improved since moving from a congregated setting to a community based setting a number of years ago.

Due to residents' needs, monitoring of essential elements of their health such as temperatures and oxygen levels were required to be taken at regular intervals. Some gaps in the recording of this information was noted in the relevant documentation.

Judgment: Substantially compliant

Regulation 8: Protection

Appropriate measures were in place to keep residents safe at all times. Staff at received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted with appropriately in this centre through a variety of means. Residents were supported to exercise choice and control over their daily lives and participate in meaningful activities. Resident meetings occurred and residents' specific needs in regards to communication, such as using objects of reference, were utilised during these meetings. Staff were observed to speak to and interact respectfully with residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for JULA OSV-0005694

Inspection ID: MON-0031522

Date of inspection: 08/02/2022

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All employees have now completed their outstanding refresher training in Safeguarding and Epilepsy. The PIC and JULA team are reviewing the monthly training reports provided by Training department to ensure all employees complete their refresher training in line with SPC policy and available at the SPC training schedule. The PIC has a schedule for completion of Quality Conversations in place and same are completed in line with SPC policy. The night manager (PPIM) is also supporting the PIC in completion of Quality Conversations as employees rotate on nights. The PIC is overseeing agreed actions and follow up on same.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The provider is further implementing the new schedule for completion of annual and six-monthly unannounced visits to designated centres. The outstanding annual unannounced visit to JULA is scheduled for completion by the Service Enhancement Team last week of March and first week of April 2022 and the report and action plan will be available to the PIC, PPIM and staff team by latest 19/04/2022. The peer auditing process for 6 monthly unannounced visits has been successfully rolled	

out across the service. First feedback was discussed with the Quality Assurance group at their QA meeting on the 23/02/2022. All audits are being reviewed by the Director of Service and Quality Manger, findings and trends are being discussed within the Service Enhancement Team and Quality Assurance Group.
As part of further developing SPC Governance & Management arrangements, SPC night managers have now been assigned to designated centres as PPIM to ensure additional supports and capacity building during night time across the service.

SPC Management Development Programme is being delivered to all PICs and PPIMs on the 23/03/2022 with focus on:
- The Human Rights Based Approach
- Leadership, Governance & Management

This programme will further build capacity and understanding within SPC line managers to ensure safe and good quality service for the people supported.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
PIC and staff team have finalised the review of all person's individual risk assessments. PIC has reviewed all risk assessments to ensure they are reflective of person's needs and existing control measures in place.

Additional support was provided to the JULA team through On the Job mentoring on 15/2/2022 regarding Risk Management and completion of risk assessments.

In relation to the incident from December 2021, the PIC has ensured a risk assessment is completed. PIC has also sent two emails to the staff team on 21/12/2021 and 01/01/2022 regarding care and respect of person's property and also discussed at the team meeting 01/02/2022.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
On the day of the inspection the PIC put immediate action in place to ensure good

practices regarding Infection, Prevention and Control. A new laundry basket was purchased to ensure soiled laundry is kept separate.

On the 05/03/2022 a new press has been installed in the garage, specifically for soiled laundry to be kept separate. Floor to ceiling storage is now available in the garage. This ensures appropriate storage of person's incontinence wear, PPE and cleaning products.

Some items from the garage area had been identified to be removed from the premises. This has been actioned on the 05/03/2022 by SPC maintenance team.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: The PIC had self-identified the fire evacuation as an area of concern and had prior to the inspection already started a review process of fire evacuation and aids with SPC Health & Safety Department.

Since the inspection took place, the following steps have been taken by the PIC and PPIM:
1. A fire drill took place on the 21/02/22, observed by the PIC, H & S Coordinator and Manual Handling/Training Coordinator. Ski sheets were identified as not being suitable for air mattresses and profile beds. Discussion on observations and findings took place with all involved and actions were identified.
2. An independent review of fire evacuation was completed by an external fire fighter on 03/03/2022 with following observations and recommendations:
o Request to cement the back drive of premises in the event of evacuating people supported out to the back door.
o Ensure a second scenario is in place if the overhead hoists were out of action. Ski pads to be trialed as an option.
o Hot press to be cleared from clutter
o PEEPs and CEEP to be updated to reflect updated evacuation aids
o Fire drills to be completed incorporating the response from Lunula and Ceol.
3. H & S Coordinator confirmed that in the event of a power cut, overhead hoists are battery operated to ensure roughly 10 to 20 lifts per hoist in this instance.
4. CEEP and PEEPs have been updated on the 10/03/2022.
5. The primary option of evacuation for all ladies supported is being hoisted into their wheelchairs. Ski pads have been identified as a secondary option in the event of a mechanical fault of hoists and are now in place.
6. PIC waiting to confirm date fire officer to complete a visit in JULA.
7. The builder has visited Jula on the 24/03/2022 and will submit the quote to SPC by latest 28/03/2022 for premises works at the back of JULA to ensure safe fire evacuation.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The PIC has ensured and completed a full review of detail and quality of person's support plans.

To further embed Community Circles and person centred ways of working across SPC, a training project will commence on the 30/03/2022 to provide capacity building within staff teams.

As part of the Management Development Programme (MDP) delivered to all PICs on the 23/03/2022 the importance of Person-centred planning and quality of visioning for each person supported was discussed. As part of the measurement plan for the MDP all PICs have to ensure full review of annual and monthly reviews for the people supported in their designated centres.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The PIC has addressed the completion of daily observations and monitoring of health care needs for people supported, in particular oxygen levels for one person supported. The PIC is overseeing accurate recording of observations by reviewing completed forms over the next 3 months and will discuss any issues arising through Quality Conversations and Team meetings if necessary.

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 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	10/03/2022
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	24/03/2022
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and	Not Compliant	Orange	19/04/2022

	support in the designated centre and that such care and support is in accordance with standards.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Not Compliant	Orange	19/04/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	24/03/2022
Regulation 27	The registered provider shall ensure that residents who may	Substantially Compliant	Yellow	20/03/2022

	be at risk of a healthcare associated infection are protected by 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.	Not Compliant	Orange	24/03/2022
Regulation 05(6)(c)	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 assess the effectiveness of the plan.	Substantially Compliant	Yellow	23/03/2022
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that	Substantially Compliant	Yellow	20/03/2022

	resident's personal plan.			