



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

Issued by the Chief Inspector

Name of designated centre:	Renua Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	07 June 2023
Centre ID:	OSV-0002618
Fieldwork ID:	MON-0031148

About the designated centre

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

Renua provides full-time residential services to three male and female adults with a low to moderate intellectual disability over the age of 18 years. The centre is run by the Health Service Executive (HSE) and is located on the outskirts of a town in Co.Sligo. This centre comprises of a bungalow dwelling where residents have their own bedroom and also have access to a large kitchen dining room two sitting rooms, utility room and two bathrooms. Residents also have access to a well-maintained garden space both to the front and rear of the centre. Residents are supported day and night by staff working at the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 (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 7 June 2023	10:00hrs to 17:00hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

This was an announced inspection for the registration renewal of this centre as required by the regulations. In preparation for the inspection, the inspector contacted the person in charge and discussed the arrangements for the day due to the residents' assessed needs. The inspector sent on the service user friendly document called "nice to meet you" to assist the staff in advising residents of the planned visit. Overall, the inspector found that this was a centre that very much ensured the resident's received the care and support they required but also had a meaningful person centred service delivered to them.

From speaking with the person in charge and staff it was clear that many measures were in place to care and support residents as per their assessed needs while also ensuring that they benefited from a quality of life. It was also evident that the person in charge and staff helped the residents on a daily basis to understand and manage their schedule effectively, through a person centred approach and with the use of communication tools available in the centre, which included photos, gestures and objects of reference. Residents participated in weekly meetings to discuss and plan their events and gather their views on the centre and everyday life, which reflected their choices and preferences in relation to their aging profile. Staff engaged with residents in a warmly and comfortable manner throughout the inspection. The inspector also noted that from observation of the interaction between staff and one resident, the resident was very clear on their choices and preferences at all times.

This centre comprised of one house which was located in a large town in county Sligo and had good access to a wide range of facilities and amenities. The centre had a well-equipped kitchen and dining area, an office and staff sleepover facility, and laundry facilities. All residents had their own bedroom and had access to suitable bathroom facilities. The inspector noted that this house was very personalised and reflected the residents choice, preferences and activities they enjoyed. Furthermore, the inspector saw and noted that actions for the previous inspection had been addressed satisfactorily as the management team had ensured that renovation works were completed to address all areas for improvement.

The inspector met two residents at the start of the inspection and was able to move to another room to complete the review of various documentation without disturbing the residents. At the start of the inspection, two residents were relaxing in their comfort chairs while watching morning television and another resident was getting up at their own pace. As said the aging profile of residents in this centre was supported and activities were relevant to their interests and choices. This included eating out, enjoying spins on the transport provided and one resident talked about their planned shopping activity and meeting the other residents for a meal afterwards. The inspector enjoyed a chat and discussion with the residents and found that they were very comfortable, knew all the staff and management team well. It was clear that these residents were enjoying a focused person centred

programmes based on their aging profile.

Overall, it was evident from observation in the centre, conversations with staff and information viewed during the inspection, that residents had choices in their daily life, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was clear that the person in charge and staff prioritised the wellbeing and quality of life for the residents.

Capacity and capability

There were robust management arrangements in place which ensured that there was a good level of compliance with regulations, and that a good quality and safe service was provided for the resident who lived in this centre.

Audits were being carried out by the person in charge and staff to review the quality and safety of the service. A monthly audit plan for 2023 had been developed and specific audits were identified to be carried out each month. These included audits of fire safety, finances, health and safety, medication, infection control compliance, and restrictive practice. The required audits had been completed to date. The provider was aware of the requirement to complete unannounced audits on behalf of the provider twice each year, and these processes were in place and completed. Two unannounced audits had taken place in 2022 and 2023, and the provider had identified areas of good practice and areas for improvement, such as activity sampling. The annual review of the service was completed and due for an update this year. The inspector noted that it identified areas of good practice, areas for improvement and actions were identified at the end of the report with persons responsible for completing the actions.

The centre was well managed, with good systems and levels of oversight to ensure that the residents' needs and well-being were being prioritised. There was a strong management presence in the centre with a clearly defined management structure led by the person in charge. There was a schedule of audits in place that ensured that the centre's information and practices were being effectively monitored. The inspector reviewed audits that had taken place and found them to be thorough and that the actions and their completion dates were documented. The person in charge was delegating audit tasks to the staff team and was supporting them to complete them, and in doing so was creating a learning environment. The person in charge knew the resident and their support needs. The person in charge worked closely with staff and the wider management team. Regular management meetings took place, which were attended by the person in charge and the management team and the person in charge kept the regional services manager aware of service needs or issues. The person in charge held monthly team meetings with the staff in the centre at which a range of information was shared and discussed such as care planning, health and safety, risk management, policies and procedures, and

notifications. In addition, The inspector noted that staff adhered to a cleaning schedule in place and ensured that all jobs were completed and recorded at the time of inspection. The inspector noted that the person in charge also reviewed and monitored these records and had an audit schedule in place to guide their practice.

There were robust management arrangements in place which ensured that there was a good level of compliance with regulations, and that a good quality and safe service was provided for the resident who lived in this centre.

There were sufficient staff rostered for duty to support the residents' assessed needs. There was adequate staffing arrangements in place which enabled the residents to take part in the activities that they enjoyed and preferred. There were also measures to ensure that staff were competent to carry out their roles. The staff team supporting the resident had access to appropriate training as part of their continuous professional development. The inspector reviewed the staff team's supervision schedule and saw that staff members were receiving this regularly. A sample of staff members' supervision records were examined and were found to be promoting learning.

There was an effective complaints procedure that was accessible to the resident. The inspector reviewed the centre's complaints log and noted that there were systems to respond to complaints in a prompt manner. Staff spoken with were clear that if the resident was unhappy or had an issue they would clearly indicate their annoyance and if it was not addressed this would result in a behavioural issue as outlined in the behaviour support plan. There were no active complaints at the time of this inspection.

Overall, the inspector found that the oversight of day-to-day care practices was of a good standard and provided the residents with a good quality of care.

Registration Regulation 5: Application for registration or renewal of registration

All the required documentation to support the application to renew the registration of the designated centre had been submitted.

Judgment: Compliant

Regulation 15: Staffing

The staffing numbers and skills mix were appropriate to the number and assessed needs of the residents. In addition, the management team had provided for additional support hours to meet the residents needs, such as one individual who enjoyed shopping activities and eating out.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of all mandatory training and additional training specific to the needs of residents, and were appropriately supervised. Training included manual handling, safeguarding, first aid, medication and positive behaviour support. In addition bespoke training was also available such as epilepsy and diabetic support.

Judgment: Compliant

Regulation 19: Directory of residents

The person in charge had established an effective directory of residents that contained all of the required information as specified in the regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that appropriate insurance arrangements were in place for the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place which identified the lines of accountability and authority. There were effective monitoring systems in place. The management team showed that they were actively involved and aware of all aspects of this service.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose included all the required information and adequately described the service. On the day of the inspection an amendment was required and the person in charge attended to this immediately and submitted the updated document as required.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place. A complaints log was maintained, and complaints and complements were recorded and acted on appropriately. All staff spoken with were clear that residents would indicate clearly if they were unhappy with an activity, staff or during an outing and they would make their preference clear or it could result in an adverse event.

Judgment: Compliant

Quality and safety

There was suitable care and support provided in the centre to allow residents to enjoy preferred activities and lifestyle and to receive a good level of care and support as per their assessed needs.

The provider had ensured that each resident had a person centred individualised programme in place which provided access to recreation, meaningful day-to-day activities for the aging profile living in this centre. Residents enjoyed activities such as, table top activities, drawing and enjoying walks in scenic areas as well as individualised activities for some residents. Residents also enjoyed short walks in local areas of interest, eating out and beverages in local places of interest. Some of the residents also had a good family support system and was supported with goals or appointments by family members, who engage with staff regularly to ensure that residents were receiving relevant and appropriate care.

The provider and person in charge were also ensuring consistency for residents as this was paramount to maintaining residents wellness and ensuring a person centred programme was in place and they had regular access to their local community. In addition, the inspector reviewed the induction documentation to guide all staff in their practice and the inspector found it was very detailed and clearly outlined how the residents liked to be supported during the day and programmes in place.

The systems for the protection the residents from abuse were satisfactory in all areas in the centre. The inspector found that appropriate policies and procedures

were in place. These included safeguarding training for all staff, a safeguarding policy, development of personal and intimate care plans to guide staff and the support of a designated safeguarding officer in the region. The provider had systems in place to ensure that this resident was safe from all risks. These included a risk identification and control, a health and safety statement and a risk management policy. Both environmental and individualised risks had been identified and were reviewed frequently by the person in charge and management team.

Residents had a communication assessment in place which was monitored and reviewed by their keyworker and the person in charge. This was detailed, showed the residents' likes and dislikes and their preferred communication style.

Residents' rights were promoted by the measures and actions which were implemented by the provider, person in charge and the staff team. The provider ensured that the centre was well resourced and that residents could freely access their local community, nearby towns and shopping areas. The person in charge displayed information on rights and reviews which were facilitated in the centre aimed to promote residents' welfare and wellbeing. In addition, the inspector observed staff interacting with residents in a kind and respectful manner and daily notes which were reviewed indicated that the best interests of residents was to the forefront of care. In addition, staff spoken with discussed about a residents right to decline a medical procedure through informed consent and this was monitored by the medical team to offer further choice if the resident wished to change their mind.

Overall, the inspector found that residents were well supported in this centre and they were supported by a staff team who knew their needs and care preferences which were focused on the aging profile in this centre.

Regulation 11: Visits

The centre had a visiting policy and had maintained a system of checks in relation to visitors attending, furthermore there was ample room in the centre to facilitate residents and visitors privately.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had appropriate systems in place to effectively manage the residents finances. This included appropriate finance policy and procedure in place to guide staff in their practice.

Judgment: Compliant

Regulation 13: General welfare and development

As said the residents enjoyed activities that were of interest to them in relation to their age profile and they had regular access to their local community and also enjoyed days out with staff to activities of interest.

Judgment: Compliant

Regulation 17: Premises

The centre met the requirements of schedule 6 and the provider had recently completed extensive works in the centre in response to the previous inspection report in 2022.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to have a nutritional diet, and to have choice of meals and snacks. Information was made available to residents in a format accessible to them.

Judgment: Compliant

Regulation 20: Information for residents

Residents had access to all relevant information in the centre and this was also provided in an accessible format where required. This included the residents guide, statement of purpose and information about the local community.

Judgment: Compliant

Regulation 26: Risk management procedures

Appropriate processes were in place to assess and mitigate identified risks.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had completed actions from the previous inspection in relation to infection prevention and control measures which had further improved the quality of the service delivered to residents in this centre.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate healthcare as required which included general practitioner, chiropody, physiotherapy and occupational health, and a wide range of allied health professionals. Annual health checks were completed and in place, as well as comprehensive care plans to guide staff in their practice to support residents.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had a policy and procedure in place to promote good practice and staff respected residents rights and spoke about enabling a resident with the support of their medical team to decline consent for a medical procedure, but this was monitored to allow the resident the choice of this procedure if they changed their mind at a later stage. Staff were commencing the training in human rights and this was at the early stages at the time of this inspection.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant