



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

Issued by the Chief Inspector

Name of designated centre:	Orchid Lane
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	04 April 2023
Centre ID:	OSV-0005052
Fieldwork ID:	MON-0036313

About the designated centre

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

Orchid Lane is a designated centre for people with intellectual disabilities and is operated by Sunbeam House Services Company Limited by Guarantee. The centre is located in a town in County Wicklow. The centre comprises of four single occupancy apartments within a residential complex that also consists of other apartments and day services. The centre is managed by a full time person in charge who also has responsibility for another designated centre. The person in charge reports to a senior services manager who has operational oversight of a number of designated centres and other support services within Sunbeam House Services. Two social care workers support residents during the day with a walking night staff supporting residents at night time.

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
Tuesday 4 April 2023	09:30hrs to 17:10hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

The designated centre comprised four individual apartments on a large complex that also contained day services and other apartments operated by different providers. The complex has numerous entrance points and exit gates around the grounds, which are located within a larger setting with other external companies also located within it. The staff office of the designated centre is located in a separate building to the apartments across a courtyard which is shared with day services.

Orchid Lane designated centre's location is near a large town and close to many amenities and services, such as cafés, shops, and public transport. Residents living in Orchid Lane have varied care and support needs which determine the level and type of supports they received, for example, some residents are more independent in social activities, while others require more enhanced staff support and supervision. The centre provides a transport vehicle to support residents in accessing community activities, residents also use public transport services such as buses and taxis.

The inspector met all four residents that live in the centre on the day of inspection. One resident briefly met the inspector when they returned from their day service which they said they enjoyed. They declined to tell the inspector their views on the service as they were keen to leave to go on an outing with staff. Another resident told the inspector that they liked living in the centre and enjoyed having their own apartment. They were satisfied with the space and facilities in the apartment. They told the inspector that staff did most of the cooking and cleaning, and they were happy with this arrangement. They were aware of the fire evacuation arrangements, and spoke about some of the recent enhancements to the fire safety systems in the apartment. Parts of the apartment required painting following completion of the fire works. They got on well with the other residents in the centre and looked forward to their weekly Sunday dinners together. They showed the inspector photos from a foreign holiday that they enjoyed last year with another resident and staff. Overall, they were happy with the supports they received, and had no concerns, however, said they knew they could raise concerns with the person in charge if they needed to.

Another resident said they were happy living in the centre. They attended different social clubs and services, and enjoyed activities such as bowling, football, walking, arts and crafts, and meeting friends. On the day of inspection, they had been swimming and had their lunch out. They got on well with staff and were happy with the supports they received. Their apartment was homely, clean, and nicely decorated. It was undergoing renovation on the day of the inspection to enhance the fire safety arrangements. The resident told the inspector that they knew where the fire assembly point was.

Another resident told the inspector that they were not always happy living in the centre, and this was mostly due to noise from other apartments. They had made

complaints about the noise, however the issue had not yet been resolved. The resident said they liked their apartment, but wanted to make some enhancements, such as better clothes drying facilities and installing a new light fixture in the living area. They also told the inspector that they would like more support from staff in relation to social activities, cooking and cleaning. They were also keen to pursue paid employment. The inspector relayed the resident's concerns to the provider before the inspection concluded.

There were regular resident meetings. The inspector viewed the minutes from a recent meeting which discussed topics such as rights, safeguarding, advocacy, health and safety, complaints, fire drills and evacuations, premise maintenance, infection prevention, and social activities. Residents also had access to easy-to-read information on the complaints process, independent advocacy services, and rights.

The opportunity did not arise for the inspector to meet any residents' representatives. As part of the recent annual review, survey were sent to residents' representatives, however no feedback was received.

The inspector met with different members of staff including the deputy manager, social care workers, and behaviour support workers. The inspector observed residents to be familiar and comfortable with staff. The deputy manager facilitated the inspection in the absence of the person in charge.

The deputy manager demonstrated a good understanding of the residents' needs. They described the quality and safety of the service provided to residents as being very good which they attributed to a strong staff team, recent enhanced safety systems, and resources such as access to multidisciplinary team services. However, there were some staffing deficits which posed a risk to the service, and are discussed further in the report. Overall, the deputy manager felt that residents' needs were being met in the centre which was leading to a better quality of life for them, for example, behaviours of concern had reduced. They had completed human rights training and spoke about how they applied their learning, for example, supporting residents to take positive risks and make informed decisions about their lives. The inspector also observed easy-to-read information on rights and independent advocacy services for staff and residents to refer to, and similar topics were regularly discussed at residents' meetings.

A social care worker said that residents received a very person-centred serviced that was tailored to their individual needs. They spoke about the fire safety precautions, such as staff training, discussions at residents' meetings, and checks of fire equipment. They also spoke about the aforementioned staffing deficits and a resident's concerns regarding noise. They told the inspector that they were happy with the supervision they received from the management team.

The inspector briefly spoke with a behaviour support worker supporting residents in the centre. They were involved in the assessment of behaviours of concerns, and the development and review of associated plans. They told the inspector that the plans were being implemented by staff and had been effective in reducing behaviours of concerns. The plans also supported residents to build their skills and

independence.

The inspector carried out an observational walk around of the centre in the company of the deputy manager. Some of the residents also facilitated the inspector in carrying out observations of their individual apartments. The apartments were decorated in accordance with the residents' personal tastes. Since the previous inspection, improvements had been made to address deficits in the fire safety systems such as repairs to fire doors and mitigation of inner rooms. The vast majority of the works had been completed, however, some of the improvements were still being carried out during the inspection, for example, the fitting of an additional exit door. The inspector observed other good fire arrangements, and these are discussed further in the report.

The standard of cleanliness and infection precautions in the apartments varied. Some apartments were clean and tidy, while others were dirty and cluttered. Some of the hand hygiene facilities required improvement, for example, hand sanitiser was not readily available. Overall, the provider's arrangements for maintaining the cleanliness of the centre required improvement.

The inspector observed some environmental restrictions. One resident told the inspector that they understood the rationale for restrictions, but would prefer if they were lifted. Restrictive practices are discussed further under regulation 7.

Overall, the majority of residents were satisfied with their living environments and the support they received from the staff team, however some had unresolved concerns which the provider was aware of. The inspector found that the quality and safety of the service had been improved since previous inspections, however further improvements were required in some areas including staffing.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems in place in the centre to support the delivery of a service that was safe, consistent and appropriate to residents' needs. However, the staffing arrangements were not adequate and required improvement to ensure consistency of care for residents.

The management structure in the centre was defined with associated responsibilities and lines of authority. The person in charge was full-time and responsible for two designated centres. They reported to a senior manager and were supported in managing the centre by a deputy manager. The deputy manager facilitated the inspection as the person in charge was not on duty the day of the inspection. They were found to have a good understanding of the residents' care and support needs.

In the absence of the local management team, staff could contact the senior manager or use the provider's on-call system during out of normal office hours.

The person in charge maintained planned and actual rotas showing staff working in the centre, however the inspector found that minor enhancements were required to ensure that the hours worked by staff were clearly documented on the roster. The skill-mix in the centre comprised social care workers. At the time of the inspection, the centre was operating with four full-time staff vacancies. These vacancies were being covered by agency workers.

While the provider was endeavouring to fill the vacancies permanently, the high reliance and use of agency staff posed a risk to the continuity of care provided to residents. Improvements were also required to demonstrate that the provider had verified that agency staff working in the centre had completed all training relevant to the residents' needs.

The provider's staff completed relevant training as part of their continuous professional development. The training supported staff in their delivery of appropriate care and support to residents. The person in charge and deputy manager provided support and formal supervision to staff working in the centre. Staff spoken with said that they were satisfied with these arrangements. Staff also attended team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The inspector viewed the most recent team meeting minutes which reflected discussions on safeguarding, audits, infection prevention and control, and changes to residents' needs.

The provider had good arrangements for monitoring the quality and safety of service in the centre, such as annual reviews, six-monthly reports, and audits.

The statement of purpose had been recently reviewed and was available to residents and their representatives to view.

Written agreements had been prepared for residents using the centre which outlined the associated fees and details of the service. However, the inspector found that some of the agreements were not signed by residents or their representatives to indicate that they agreed with the matters as set out in their contracts of care.

Regulation 14: Persons in charge

The person in charge was full-time, and had commenced in their role in February 2023.

The person in charge was responsible for this designated centre and another designated centre located nearby. There were suitable arrangements in place for the operational management of the centre in the absence of the person in charge.

The provider had ensured the person in charge appointed to manage the centre met the regulatory requirements of Regulation 14 in relation to management experience and qualifications, for example, the newly appointed person in charge's previous management experience included working as a deputy manager in the centre.

Judgment: Compliant

Regulation 15: Staffing

The staff skill-mix in the centre consisted of social care workers which the provider had determined was appropriate to the needs of the residents. Two staff worked during the day and there was one waking staff at night time.

There were four whole-time equivalent social care worker vacancies which the provider was actively recruiting for. The vacancies accounted for approximately 50 percent of the staffing complement. The vacancies were being filled by agency workers.

The March 2023 rota showed that approximately 50 shifts were covered by agency staff, and the April 2023 rota planned for approximately 40 shifts to be covered by agency workers.

The provider was endeavouring to reduce the impact on residents from the high reliance on agency staff by ensuring that a permanent staff member was always on duty during the day time and by utilising regular agency staff whom residents were familiar with. However, the reliance on agency staff did not ensure consistency of care for residents, and staff spoken with expressed concerns that it could contribute to an increase in behavioural incidents.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents. The inspector reviewed a log of the staff training records provided by the deputy manager. Staff had completed training in areas such as, fire safety, safeguarding of residents, management of aggression, infection prevention and control, manual handling, feeding and drinking, medication management, autism, and epilepsy management. Some staff had also completed training in human rights.

The person in charge and deputy manager provided informal and formal supervision to staff. Formal supervision was scheduled three times per year as per the provider's

policy, and supervision records and schedules were maintained. In the absence of the local management team, staff could contact a senior manager for support and direction, and there was also an on-call service for outside of normal working hours. Staff spoken said that they were happy with the support and supervision arrangements.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure with associated lines of authority and accountability. The deputy managed supported the person in charge in managing the centre. They were found to have a good understanding of residents' needs and of the service to be provided in the centre. The person in charge reported to a senior manager.

The provider had implemented good systems to effectively monitor and oversee the quality and safety of care and support provided to residents in the centre. Six-monthly reports and annual reviews had been carried out by the provider. The annual reviews had consulted with residents and their representatives.

Audits had also been carried out in the areas of infection prevention and control, housekeeping, documentation, health and safety, and medication. Actions from audits and reviews were monitored by the management team to ensure progression and completion.

There were effective arrangements for staff to raise concerns. In addition to the supervision arrangements, staff could informally raise concerns and there were on-call arrangements for them to contact in the absence of the local management team. Staff spoken with advised the inspector that they were confident in raising any potential concerns.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had prepared admission policies and procedures to govern the admission of residents to the centre.

The provider had prepared written agreements for residents and their representatives which outlined the associated fees and details of the service. The inspector viewed two of the agreements, and found that one was not signed by the resident or their representative to indicate that they agreed.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose was last revised February 2023, and was available in the centre to residents and their representatives.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was generally maintained by a good standard of care and support. Most residents spoken with were happy using the centre, however some were dissatisfied with aspects of the service, and the compatibility of residents required ongoing consideration by the provider.

Assessments of residents' care needs had been carried out which informed the development of personal plans. The care plans viewed by the inspector were up to date and most provided sufficient guidance for staff in order to effectively support residents with their needs, however one required some more detail.

Staff completed training to support residents with behaviours of concern, and there was also written guidance to support them in responding to these behaviours. Residents were supported by behaviour specialists were required. There were some restrictive practices implemented in the centre for the safety of residents. There were arrangements to govern the implementation of the restrictions, however the recording of the use of restrictions required improvement to demonstrate that they were used for the shortest duration necessary.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns.

The fire safety systems to protect residents from the risk of fire had been improved upon since the previous inspection. Fire detection, fighting and containment equipment, and emergency lighting was in place, and was being regularly checked. The provider was also mitigating the risk associated with inner rooms. Some of the associated fire documentation such as evacuation plans and risk assessments required revision following the completion of fire upgrades.

There were good infection prevention and control (IPC) measures and arrangements to protect residents from the risk of infection. The provider had prepared written IPC policies and procedures, and there was good oversight of the implementation and effectiveness of the measures. However, the arrangements for maintaining the cleanliness of the centre required improvement.

Regulation 27: Protection against infection

The registered provider had implemented good infection prevention and control (IPC) measures and procedures, however some improvements were required to meet compliance with the associated national standards.

Residents were supported to avail of immunisation programmes, and there was easy-to-read information on vaccines and COVID-19.

The provider had also prepared a written IPC policy and associated procedures. The person in charge had completed a self-assessment tool to assess the effectiveness of the IPC measures which they were satisfied with.

Risk assessments had been completed on IPC hazards and risks in the centre.

A detailed IPC audit had been recently carried by an external contractor. Good practices were identified as well as some areas for improvement. Regular housekeeping inspection audits were also completed which covered aspects of IPC such as hygiene and waste arrangements.

Staff had completed relevant IPC training to inform their practices. Social care staff completed cleaning duties in addition to their primary roles. There was a supply of cleaning equipment, and chemicals with associated safety data sheets. There was also spills kits to be used for cleaning bodily fluid spills.

Parts of the centre required cleaning such as bedroom and living room floors, fridges, cutlery drawers, and washing machines. There were cleaning schedules, however they required enhancement to ensure that all required cleaning duties were included. The accessibility of hand hygiene facilities in some apartments also required improvement.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had implemented good fire safety systems in the centre, which were

being enhanced since the previous inspection, such as additional emergency lighting, adjustments to fire doors, and mitigation of fire containment hazards.

There was fire detection, containment, and fighting equipment, and emergency lights in the centre.

The fire panel had also been upgraded and was addressable.

The inspector viewed a sample of the servicing records in the house, and found that the fire extinguishers, alarms, and emergency lights were up to date with their servicing. Staff in the centre also completed daily, weekly and monthly fire checks of escape routes and fire equipment.

The inspector tested several of the fire doors including bedroom and kitchen doors, and they closed properly when released.

The provider had reconfigured some of the apartments to mitigate inner bedrooms to support the evacuation of residents in the event of a fire.

Individual evacuation plans had been prepared to guide staff on the supports required by residents. There were regular fire drills, including drills reflective of night-time scenarios.

The fire evacuation plan and associated risk assessment required some revisions, and the deputy manager advised the inspector that this would be done once the fire upgrades were fully complete.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' care needs were assessed which informed the development of personal plans.

The inspector reviewed a sample of residents' health, social and personal care plans. The plans provided information to inform staff on the supports and interventions required for residents, and reflected input from multidisciplinary team services, such as psychiatry, behaviour support, physiotherapy, social work, and psychology.

However, one of the personal care plans viewed by the inspector was found to require more detail. The plans were up to date and regularly audited by the person in charge.

The centre was found to be suitable for the purposes of meeting the needs of most residents. However, one resident expressed dissatisfaction about living in the centre. They were being supported by the provider with these issues.

However, there remained resident incompatibility risks which required ongoing consideration and assessment from the provider.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff working in the centre had up-to-date knowledge and skills to respond to and appropriately support residents with behaviours of concern.

Permanent staff had also received training in the management of aggression, and the provider had prepared a policy on positive behaviour support for them to refer to.

Behaviour support plans had been prepared to guide staff practice, and there was also regular input and guidance from the provider's behaviour support team.

The person in charge maintained a restrictive practice register which listed restrictive practices in the centre. The rationale for restrictions was clear, and had been approved by the provider's oversight group. Residents had also been involved in the decision to implement restrictions.

The recording of some restrictions required improvement to demonstrate they they were used for the shortest duration necessary.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The systems were underpinned by policies and procedures. Permanent staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

Recent safeguarding concerns in the centre had been appropriately reported and corresponding safeguarding plans were developed.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Orchid Lane OSV-0005052

Inspection ID: MON-0036313

Date of inspection: 04/04/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: 1 x full-time (169hr) post has been successfully recruited. Staff member due to commence work on the 29th May. Agency use in the month of June has reduced to approx. 25 shifts.</p> <p>The Provider implemented the below strategies in relation to the recruitment of staff.</p> <ul style="list-style-type: none"> Regarding recruitment, the Provider ran an open day on the 8th of November 2022. SHS. Three open days had been organised in 2023 as follows: Dublin: Saturday: 25th March- PIC in Orchid Lane attended job fair. Glasgow: Saturday 22nd April Manchester Thursday 18th May SHS ran recruitment advertisements on local radio and multimedia formats in November 2022. Recruitment advertisement campaign implemented in March 2023. Advertisement place in indeed.com and irishjobs.ie The human resource department is attending college Open Days in 2023. PICs and clients have been attending local schools and colleges. <p>Where possible, regular agency staff is being sourced.</p> <p>Agency handover folder in place for new staff from 8.05.23. Signed check list implemented from 8.05.23 to ensure that full handover is given to new staff coming on shift. There is also an overlap in shifts to ensure a full handover and induction in the case of unfamiliar agency staff, however, when requesting agency cover, PIC will specify that it should be someone who is familiar with the location to ensure continuity of care.</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:	

<p>PIC has carried out full audit on resident's documentation on week beginning 24th April and can confirm that all contracts of care are now signed by clients and representatives where necessary.</p>	
<p>Regulation 27: Protection against infection</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>PIC has amended cleaning schedules from week commencing 8.05.23 to ensure that all required cleaning duties are included specific to each apartment. From 06.04.23 PIC/DCSM carries out twice a week spot-checks on Thursday and Monday to ensure staff are completing required cleaning to a high standard.</p> <p>Stock check of PPE takes place on 1st week of each month to ensure that there is adequate stock on location including hand sanitizer. Daily enhanced cleaning sheets in place which includes section that asks about appropriate supports for hand hygiene being present in each apartment.</p>	
<p>Regulation 28: Fire precautions</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>PIC has completed new PEEPs on 05.04.23 for apartments 2, 5 and 6 that underwent changes to reduce the impact of inner rooms.</p> <p>While there is an overarching fire risk assessment in place for Orchid Lane, the PIC acknowledges that due to the unique layout of Orchid Lane, each apartment should have an associated individualised risk assessment. PIC has completed same on 08.05.23</p>	
<p>Regulation 5: Individual assessment and personal plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The inspector has identified the need for more detail for one client care plan. DCSM has completed an intimate care plan with associated risk assessment. Staff to complete Hseland - AMRIC Managing blood and body fluid spills – training by 8th May 2023.</p> <p>Staff are available for resident in a 1:1 capacity for two hours every evening, at a time of their choice when they return from day service, to provide support for cooking/cleaning and any social outings requested. Staff are available for extra support outside this time as required. Resident attends day service daily until 15:30.</p> <p>PIC will engage to discuss job supports with day services manager by 30.5.23.</p> <p>Outdoor rotary clothes line will be purchased for resident on 10.5.23 to provide extra clothes drying facilities.</p> <p>Light fixtures are provided by SHS, however, upgrades are purchased by the resident as per contract of care. Savings plan has been discussed with resident and was implemented from 19.4.23 for items such as decorations for apartment.</p>	

Ongoing incompatibility issues have been identified; client is in the priority list of the SHS internal referral committee.

All residents are familiar with local complaints procedures which include noise complaints.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

The rights restriction identified in the report has been amended on 07.04.23 to ensure that the restriction is only in place for the shortest duration possible. The night-time checklist has been amended to include times to lock and unlock gates. This was also communicated to all staff on 07.04.23 to ensure that this is exercised accurately.

Furthermore, combination locks have been requested from SHS maintenance department the codes of which will be distributed to all residents living at the location by the 30.05.23 to ensure that no-one has restricted access in and out of the premises. The rights restriction will be removed once combination locks are placed. The closing of gates is a safety measure due to the presence of antisocial behaviour on the grounds from members of the wider community.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/09/2023
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	08/05/2023
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their	Substantially Compliant	Yellow	24/04/2023

	representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.			
Regulation 27	The registered provider shall ensure that residents who may 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.	Substantially Compliant	Yellow	08/05/2023
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	08/05/2023
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	08/05/2023
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident	Substantially Compliant	Yellow	24/04/2023

	is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).			
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	30/05/2023