



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:	10 May 2022
Centre ID:	OSV-0005052
Fieldwork ID:	MON-0036873

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 self-directed living apartments and day services. The designated centre currently provides designated centre supports for four adults with intellectual disabilities. The centre is managed by a full time person in charge who shares their role with another designated centre. The person in charge report 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 the 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:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 10 May 2022	10:45hrs to 16:45hrs	Gordon Ellis	Lead

What residents told us and what inspectors observed

The inspector was met by the person in charge in the staff office, on behalf of the registered provider, who facilitated the inspection.

Following an introductory meeting, the person in charge accompanied the inspector on a tour of the centre.

The designated centre is comprised of four individual apartments, on site with an apartment operated by another provider and three apartments used by people with self-directed supports who are not part of the designated centre. There was a day service workshop and day service communal space with canteen facilities provided.

The premises had numerous entrance points and exit gates around the grounds, which were set within a larger setting with other external companies. A staff office was located in a separate building to the apartments across a courtyard. The inspector noted the staff office walls were clad in wooden panelling and required assurances on the fire rating of the cladding used. Some minor holes and utilities were noted to have breached a fire rated ceiling and required sealing up. The fire alarm panel was located in the staff office.

The inspector carried out a walk through of each apartment within the centre. At the time of the inspection, most residents were out for different appointments and activities.

The layout and use of two out of four apartments required an immediate review by the registered provider. The inspector noted an inner room scenario for the residents. (An inner room is a room that is not accessed from a circulation space, such as a corridor, and the only way in or out of the room is through another room [termed an 'access room']). This is discussed further in the quality and safety section of this report.

The Inspector spoke with one resident who showed the inspector their living space and spoke about their experience living there. At the time of the inspection a builder was on site completing works to rectify an inner room scenario to this apartment that was identified on the previous inspection. The resident told the inspector they were happy with their apartment and the reconfigured layout. A ramp was recently installed for the resident to access their apartment more easily. The resident also spoke about fire safety in respect of being involved in fire drills and was aware of what to do in the event of the fire alarm being activated.

The inspector noted minor breaches in the fire rated ceiling of one apartment that required sealing up. Assurances were required in respect of the fire rating of ceiling access hatches into various attic spaces.

Staff spoken with demonstrated a good knowledge of the evacuation procedure in

place. External routes were mostly kept clear and provided escape away from the building. Some routes were noted to require additional emergency lighting coverage. This is discussed further in the quality and safety section of this report.

During the walk through, the inspector saw examples where the provider had implemented measures to enhance fire safety in the centre. For example, the inspector saw floor plans displayed in each apartment that indicated means of escape and a fire exit for each resident. A fire blanket and fire extinguisher were present in kitchen areas.

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

This was an unannounced inspection carried out to:

- Review fire precautions in the designated centre,
- To support the providers application to renew registration of the designated centre and,
- To follow up on non-compliances in relation to regulation 28: fire precautions from the previous inspection in January 2022.

The previous inspection of Orchid Lane in January 2022 found that each of the apartments, had one fire exit which was the front door. In three of the four apartments, the provider had not demonstrated that an adequate means of escape was provided for residents where inner rooms were being used as bedrooms. Also a self-closing device on a fire door was broken compromising the centres fire containment measures.

During this current inspection, it was noted the situation in one apartment was in the process of being addressed in respect of the inner room risk to the resident. However in the remaining two apartments, the situation remained unchanged, the previous non-compliances in respect of the inner room scenario had not been addressed by the registered provider. As a result the inspector was not assured that residents would be able to safely evacuate themselves or with the assistance of staff to a safe place if a fire developed in their apartment.

Fire precautions were assessed with a particular focus on the fire safety management practices in place and the physical fire safety features in the centre.

Improvements were required in the review of external emergency lighting. The provider was required to have a competent person review the inner room risks in two apartments and propose a solution in consultation with a competent fire

consultant in order to rectify the risks to resident's safety.

While inspectors found that there was good oversight in respect of the provider's ability to operate the designated centre, the provider had failed to ensure adequate means of escape and safe evacuation was provided to all residents. This had an impact on the safety and well being of residents and staff. Improvements are required in relation to fire safety in the centre and these are set out in the next section of this report and in the Quality and Safety section of the report.

Regulation 23: Governance and management

While effective governance and management systems supported a high standard of maintenance of effective fire safety systems, the provider had not recognised or progressed works to rectify some of the risks found on the previous and current inspection. For example:

- Minor breaches in the fire rated ceiling of one apartment were identified on the current inspection
- The inspector was not assured by the fire rating of ceiling access hatches into the attic spaces.
- A hold open device for a resident's bedroom door was not functioning properly
- The previous non-compliances in respect of the inner room scenario had not been addressed by the registered provider for two out of the four apartments.

Judgment: Not compliant

Quality and safety

Fire safety systems and the fire safety aspects of the physical premises were maintained to a good standard. However improvements were required for the following:

- The adequate provision of means of escape and evacuation of resident's from two apartments due to an inner room scenario.
- The provision of emergency lighting to external escape routes.

The provider had put in place measures and procedures to prevent and manage fire in the centre.

The inspector reviewed the fire safety register and noted that it was well organised and comprehensive. There was a fire safety management plan and emergency fire

action plan in place. These were found to be comprehensive and informed robust fire safety management in the centre.

The inspector noted many good practices in relation to fire precautions. There was suitable fire prevention and fighting equipment in place such as fire doors, detection and alarm system and fire extinguishers. The in-house periodic fire safety checks were being completed and logged in the register as required on a weekly and monthly basis. Service records were available for the various fire safety and building services and up to date. Staff had completed fire safety training, the contents of which was subsequently submitted to the inspector.

Of the fire doors reviewed, the inspector noted most were well fitted and appeared to be effective to contain the spread of fire and smoke. However, a fire door to the resident's bedroom required attention as it did not close fully when released to prevent the spread of smoke and fire. A smoke seal to a resident's bedroom fire door was partially missing and needed attention. (A smoke seal is a seal that goes around a door, or a door frame, to act as a smoke barrier, helping block smoke and preventing smoke from seeping around door frames).

The inspector noted a hold open device for the resident's bedroom door was not functioning properly. This was brought to the attention of the person in charge who gave assurance that this would be addressed.

The layout and use of the two apartments required a review by the registered provider. The resident's bedroom in these apartments entered into the main living/kitchen space of the apartment, which needed to be walked through to get to the only fire exit in the apartment, this created an inner room scenario for the resident. This posed a risk if a fire developed in the living/kitchen, staff would be unable to aid in the evacuation of a resident from their bedroom and the residents would be unable to safely access a means of escape from this area.

This risk impacted on the safety of the resident and was brought to the attention of the registered provider in the previous inspection in January 2022.

The means of escape from the bedroom of an apartment was further compromised as the width of the escape route was narrowed by a column that created a pinch point. This would impact on a residents evacuation depending on the type of evacuation aid needed. The inspector was informed that this apartment was vacant and a resident was not living in it at the time of the inspection.

The inspector observed inappropriate storage of refuse bins and a cleaning cupboard next to the fire exit in the escape route from this apartment. Furthermore a washing machine was located in the escape route and was in use to facilitate the resident's laundry. This required a review by the registered provider as it created a risk to the resident's means of escape and could compromise their evacuation along this route to the final exit.

The external escape routes to the fire assembly point required additional escape lighting to ensure safe evacuation away from the apartments during the hours of

darkness was provided.

Residents had individual evacuation plans to guide staff on supports that residents required in the event of a fire or emergency. However two out of the three evacuation plans did not specify the location of the resident or which apartment they resided in. This could cause confusion for staff.

The person in charge had carried out regular fire drills including night time drills. The provider had addressed areas of concern regarding deep sleep of residents and residents who were hard of hearing, through the use of vibrating pillow pads to reinforce fire alarm awareness.

Regulation 28: Fire precautions

Improvements were required by the registered provider to meet the regulatory requirements on fire precautions in the centre. The provider must make significant improvements in order to comply with the regulations in the following areas:

The inspector observed inappropriate storage of refuse bins and a cleaning cupboard next to the fire exit in an escape route from an apartment. Furthermore a washing machine was located in the escape route and inspector required assurances on the fire rating of wooden cladding found in a staff office.

To ensure adequate means of escape, the provider was required to review the following:

- The external escape routes to the fire assembly point required additional escape lighting to ensure safe evacuation away from the apartments during the hours of darkness was provided.
- In two apartments, the provider had not demonstrated adequate means of escape was provided for residents were their bedrooms were classed as inner rooms.

The inspector noted areas where improvements were required to ensure adequate containment of fire. The inspector saw a number of areas where utility services penetrated fire rated ceilings; these required sealing up. Assurances were required in relation to ceiling access hatches to the attic areas.

There were minor adjustments required to some fire doors. For example, a fire door did not close fully when released and a smoke seal to a resident's bedroom fire door was partially missing.

The inspector was not assured that adequate arrangements were in place to evacuate, where necessary all persons in the event of a fire due to two separate bedrooms which were in use as inner rooms.

Judgment: Not 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 23: Governance and management	Not compliant
Quality and safety	
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Orchid Lane OSV-0005052

Inspection ID: MON-0036873

Date of inspection: 10/05/2022

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Minor breaches in the fire rated ceiling will be rectified by 30th October 2022. • The inspector was not assured by the fire rating of ceiling access hatches into the attic spaces. This will be reviewed and addressed by 30th October 2022. • A hold open device for a resident's bedroom door was not functioning properly. This will be completed by the 30th October 2022. • In respect of the inner room scenario, the works to rectify the inner room scenario will be completed by 30th November 2022. • Wood cladding in office will be treated with fire retardant paint and works will be completed by 30th October 2022 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The refuse bins have been moved and the washing machine and cupboard will be relocated by 30th October 2022. • Additional external escape lighting will be installed by 30th September 2022. • In respect of inner room, the works to rectify the inner room scenario will be completed by 30th November 2022. • Where utility services penetrate fire rated ceilings, these will be sealed up to ensure adequate containment of fire. This will be completed by 30th October 2022. • Adjustments to fire doors will be completed by 30th October 2022. • Ceiling works in all areas will be completed by 30th October 2022. • Door seals will be completed by 30th October 2022. • Wood cladding in office will be treated with fire retardant paint and works will be completed by 30th October 2022. 	

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 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.	Not Compliant	Orange	28/02/2023
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Substantially Compliant	Yellow	31/10/2022
Regulation 28(2)(b)(ii)	The registered provider shall make adequate	Substantially Compliant	Yellow	31/07/2022

	arrangements for reviewing fire precautions.			
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/10/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/09/2022
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	28/02/2023