



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

Issued by the Chief Inspector

Name of designated centre:	The Orchard
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Dublin 22
Type of inspection:	Unannounced
Date of inspection:	15 September 2021
Centre ID:	OSV-0005516
Fieldwork ID:	MON-0029135

About the designated centre

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

This centre provides a residential services for a maximum of four young people under the age of 18 years with diagnosis of autism spectrum disorder and an intellectual disability. The centre is located in a suburb, close to a village and a range of community amenities. The premises consists of a large dormer bungalow with a large recreational garden area to the rear. The house has three bedrooms and two bathrooms upstairs. Downstairs there is a separated apartment with one bedroom and kitchen/living area. There are a number of communal areas downstairs including a sensory playroom, sitting room and kitchen/dining room. There is a large garden to the rear of the centre with play equipment. The centre is staffed over the 24 hour period by social care workers, assistant support workers and the person in charge. There are sleepover and waking staff on duty at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 15 September 2021	10:10hrs to 18:20hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

Through meeting with the young people living in the designated centre, speaking with staff, and reviewing personal planning documents, the inspector observed evidence that residents were supported to be safe and content in the house. The inspector found that the person in charge and the staff team were familiar with the residents, their likes and dislikes, and how best to meet their support needs.

At the time of the inspection, staff were getting to know a resident who had recently moved into the service. The inspector observed patient and caring interactions between them, and examples of where staff were learning how to most effectively communicate with the resident and support them when they were feeling anxious. During the day, the inspectors observed positive interactions with staff encouraging the young people to talk about their interests, continue their planned routine, activities, outings and schoolwork.

The premises was designed and decorated to be suitable for children, with colourful environments and good use of pictures to support residents. One room was set up as a sensory play area with foam and textile walls, soft play features and plush toys, which could be used as a relaxing area or somewhere quiet where residents could work on their schoolwork. A large garden was available at the back of the house which was equipped with a climbing frame, swing set, trampoline, and chalk wall. This space was large and had been used to celebrate birthdays and school graduations in the summer. Each resident had their own bedroom which was highly personalised with the residents' posters, artwork, action figures and video games. There was a large living room where residents could watch videos online or from their collections of movies and television shows.

There was useful information for residents on the walls and notice-boards of the service, including planned routines for the day and week, important contacts for residents to use if they felt upset or unsafe, and a picture board of which staff were on duty that day. The board of staff on duty included two pictures for each staff member, so that residents could recognise them with and without their face covering on. There were flashcards, ear protectors and fidget toys available for children who required them, and the inspector observed staff using these to support a resident who was upset by the noise from some maintenance work going on in the morning.

The provider carried out satisfaction surveys with the young people as part of their centre audit in May 2021. In this, residents commented that they liked the staff and would be comfortable telling them if something was wrong. Residents described their favourite things to do in the house, at social and sports clubs, and where they liked to go on drives. The audit reports of the service highlighted resident achievements in the centre, including how well residents coped with social restrictions due to the COVID-19 pandemic, and where residents had achieved goals

related to life skills, healthy eating and school work.

The next two sections of this report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the safety and quality of the service being provided.

Capacity and capability

The inspector found that the registered provider had resourced the service with a strong team of staff who were appropriately trained and knowledgeable to deliver on the residents' support needs. The service was subject to regular reporting and oversight by the provider entity and where areas for improvement were identified, actions plans were developed with responsible parties and time frames by which they were to be completed. Some areas for improvement were identified regarding the completion of staff recruitment and training, as well as areas of documentation which were not accurate when reviewed on inspection.

The provider had published their annual report of the service in April 2021 and the report from an unannounced provider audit in July 2021. In these they acknowledged where improvements from the previous reporting cycle had been achieved. Where areas for development were identified, a time-bound action plan for addressing these was set out. These reports incorporated feedback, suggestions and commentary from the residents. Ongoing governance meetings took place which trended and analysed adverse events and findings from audits. This included analysing events related to accidents and incidents, medication errors, resident finances, staff training, complaints, and the results of fire drills. The person in charge met regularly with the director of operations to ensure that they were advised of actions required and how these could be achieved in this designated centre.

At the time of the inspection, the service was in the process of recruiting to consistently fill 4.5 whole time equivalent posts resulting from staffing vacancies and personnel on long-term leave. In the interim, the service used a relief support panel of personnel, who were exclusively deployed to this service at the time of inspection. The inspector met some members of this relief panel and found them to be knowledgeable to the residents' support needs, routine and communications styles. The support panel was consistent to provide some continuity of support for residents, with approximately half of the personnel on the relief panel working full-time hours. Despite this, the amount of staffing vacancies, combined with annual and sick leave, meant that the regular and relief personnel were not always sufficient to ensure all shifts were filled as per the assessed resource requirements of the designated centre.

The inspector reviewed a sample of staffing rosters and found that in the two weeks prior to the inspection, nine shifts went unfulfilled on the roster. While there was

always at least two people in the designated centre, the gaps resulted in there being reduced staff during the night shifts and only one staff member assigned to a resident who was assessed as requiring two people to support them. In other weeks reviewed on the worked rosters, it was unclear if the shifts marked as unfulfilled were actually worked by someone or not, as some of the records were marked with a tick or a circle instead of reference to any names or hours.

The provider had identified timelines and refresher cycles for mandatory training as well as training required to meet the specific needs of the residents in this designated centre. Staff were up to date on training in infection control, positive behaviour support, moving and handling, safe administration of medication and supporting children with autism or Asperger's syndrome. Some gaps were present in staff having attended formal training in fire safety and safe evacuation procedures in the centre. It was also identified that getting out into the community could be improved through more staff members learning to drive the cars available to the centre. The inspector reviewed a sample of supervision and induction records and found these to be happening in accordance with centre policy and with discussion of topics which were meaningful to support staff to most effectively carry out their duties, raise concerns, or undertake additional training or courses.

The provider had composed their statement of purpose for the designated centre, against which the service was registered. This outlined the services and facilities provided for residents, however the document was not accurate, insofar as it did not accurately describe the purposes of the rooms in the building and also did not accurately reflect the staffing complement and skill mix of the service.

Regulation 14: Persons in charge

The person in charge worked full-time, and was suitably qualified and experienced for their role.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that while the core and relief staff were knowledgeable and had a good relationship with the residents, the staffing complement was not sufficient to meet the assessed needs of the residents as determined by the provider. Improvement was also required in worked rosters as they were not always clear on shifts covered, when and by whom.

Judgment: Not compliant

Regulation 16: Training and staff development
Some gaps in training had been identified as required, including in fire safety and in the use of centre vehicles.
Judgment: Substantially compliant
Regulation 19: Directory of residents
The provider had a directory of residents in place which contained the information required under Schedule 3 of the regulations.
Judgment: Compliant
Regulation 23: Governance and management
The local management of the designated centre and the management at provider level met regularly and discussed incidents and trends, for the provider to maintain oversight of the designated centre. Where areas were identified as in need of development or improvement, the provider set out improvement plans which identified actions required and the time by which they were to be progressed.
Judgment: Compliant
Regulation 3: Statement of purpose
The statement of purpose was not accurate in describing the layout of the designated centre, nor the staffing complement of the personnel.
Judgment: Not compliant
Quality and safety
The inspector viewed the premises of the designated centre and found it to be

clean, homely, comfortable and suitably decorated. The provider kept the premises in a good state of maintenance, and during the inspection some work was being carried out to repair and replace kitchen cupboards and damaged door frames. At the rear of the premises was a large garden and yard with playground equipment. The house was of a size that allowed each resident to pursue their own routine alone or with support from the staff, and there were multiple communal spaces in which residents could spend time away from the busy areas of the house.

There was sufficient equipment and features onsite to allow for good infection prevention and control practices. Staff observed correct use of personal protective equipment and hand hygiene, and a station had been set up at the rear entrance to allow people to test their temperature, sanitise their hands and shoes, and don face coverings on arrival. The provider had kept their contingency procedures for managing and responding to risks related to COVID-19 updated to reflect the most recent national evidence and guidance as well as take into account the rollout of staff vaccinations.

The house featured infrastructure to provide effective fire containment measures, with all room doors equipped to close automatically and seal in flame and smoke in the event of a fire. The building was also equipped with an addressable fire detection system, fire extinguishers and emergency lighting which was routinely checked and subject to regular service and certification. Staff and residents participated in practice evacuation drills, including night-time scenarios, to provide assurance that staff and residents could exit to a place of safety in a timely fashion. The reports of these drills were used as learning opportunities to identify where there may be potential delay during an emergency evacuation. In a review of staff records, a number of staff had no record of having attended formal, centre-specific training in fire safety procedures.

The inspector reviewed a sample of assessments of support needs which informed the creation of personal plans to meet the assessed healthcare, social care and personal development goals of the service users. Overall, the staff guidance on meeting residents' need was person-centred, tailored to each resident and informed and updated through engagement with the relevant healthcare professionals. Each support had a desired outcome to be achieved, and the inspector found examples of where plans had been amended or discontinued, based on the progress of the intended objective. Where relevant, the staff and keyworkers had composed pictorial versions of support needs to facilitate the resident to understand and consent to the supports. Support planning was written in a dignified and respectful manner, including in plans regarding sensitive matters such as personal hygiene and sexual health. Support plans were clear on how to best support the resident, including highlighting where residents required no support, to ensure that independence was encouraged.

Where residents expressed frustration or anxiety in a manner which posed a risk to themselves, others, or property, staff were provided detailed and person-centred guidance on how to maintain a stress-free environment and support a resident to regulate their expressions. As a last resort measure, some residents were prescribed physical intervention measures, to be utilised when all other strategies had not been

successful. However the guidance in the support plans on the specific responses to each behaviour presented required strengthening. Each child's plan needed to ensure that it was clear on which behaviours required last resort physical intervention and which did not, and which physical interventions were suitable to use with the children and effective in deescalating each specific behaviour. The staff guidance listed a collective response for all behaviours up to and including maximum holds, rather than a separate assessed strategy for each identified behaviour, including self-injury, property damage, aggression towards others, and shouting.

Each resident had a keyworker who ensured that resident personal development goals were attained and kept under revision. The inspector reviewed residents' goals and found examples of where they had been met and were replaced with new objectives. Where goals were not progressing as planned, the steps were amended to be more suitable for the residents or more realistic to carry out during social restrictions. Examples of these included: residents adhering to routines around meal preparation and household chores, gaining confidence in using public transport, and developing social skills to prepare for adulthood. Residents were also supported in personal and recreational goals such as exercise, sports, social clubs, and building action figure collections each week.

The provider was supporting residents to access meaningful opportunities for education. At the time of inspection, one resident was at school and the centre staff engaged on a regular basis with the school to get updates on their progress. Another resident was receiving individual tuition in the designated centre, and the inspector briefly observed the resident working well with the tutor on their maths and language skills.

The inspector reviewed a sample of records and supplies for residents' medicines. There was clear instruction for staff to follow the prescriptions of the residents in dose and frequency, and all residents had been assessed to determine the level of support required to ensure medicines were taken correctly. The centre management retained oversight of medication administration records, and established any trends in medication errors for prompt review. Medicines were stored securely, with additional security and stock-take measures for medicines on the controlled drugs register. The recorded count for controlled drugs matched the actual stock present when reviewed. However, when sampling the PRN (administered when required) prescriptions, some of the items listed were not readily available in the resident's stock.

Residents were comfortable in the designated centre and were at ease with staff, with whom they had a good relationship. The inspector reviewed a sample of incidents in which there were alleged or suspected episodes of abuse or safety risk to the residents. These incidents were reported in detail, referred to the appropriate external parties and safeguarding bodies, and investigated by the provider with actions and learning taken where relevant, to ensure residents were safe in their home. Residents commented that they would feel comfortable approaching staff if they felt upset or afraid over something.

Regulation 10: Communication

Residents were supported to communicate in line with their assessed needs, through pictures and simple language explanations where required.

Judgment: Compliant

Regulation 13: General welfare and development

The residents were provided with appropriate supports related to their social, recreational and personal development opportunities based on their assessed need and interests. Residents were supported to access opportunities regarding their education, as well as opportunities to play.

Judgment: Compliant

Regulation 17: Premises

The premises was suitable in design and layout for the number and needs of the residents, with appropriate private and shared spaces, and the house was kept in a good state of maintenance.

Judgment: Compliant

Regulation 27: Protection against infection

The premises was clean and included features to give effect to good infection prevention and control protocols. Staff observed correct infection control practices, including hand hygiene, sanitising, and checking temperatures regularly.

Judgment: Compliant

Regulation 28: Fire precautions

The premises was equipped to detect, contain and extinguish fire and smoke. All fire safety equipment was regularly serviced, and staff and residents were practiced in

carrying out a safe and efficient evacuation in an emergency. However there were gaps in staff training on fire safety procedures.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Some items prescribed as being administered as and when required were not readily available in the designated centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Personal plans and staff support guidance was person-centred, tailored to each resident, and informed by comprehensive assessments of need. Plans were kept under review based on evidence and progression of goals and desired outcomes.

Judgment: Compliant

Regulation 7: Positive behavioural support

Improvement was required to ensure that staff guidance if required to use last resort physical interventions was person-centred, evidence-based, and detailed to ensure staff followed the most effective protocol for each resident and each expression of risk, using the least restrictive measure for the shortest duration necessary.

Judgment: Substantially compliant

Regulation 8: Protection

Resident were supported to stay safe and protected from potential or actual abuse. Where safeguarding concerns arose, the provider carried out thorough investigations, referred to the relevant external bodies, and used incidents as opportunities for ongoing improvement of service.

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 - 2015 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	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Orchard OSV-0005516

Inspection ID: MON-0029135

Date of inspection: 15/09/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ol style="list-style-type: none"> 1. The Person in Charge (PIC) shall ensure that 'planned' and 'actual' staff rosters will be reviewed and maintained in the Centre daily showing Staff on duty during the day and night and that all information is correct and in line with residents assessed needs. 2. The PIC shall review and update the Centre's Statement of Purpose as required to ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents. 	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> 1. The PIC will conduct a full review of the Designated Centre's Staff Team fire safety training. Fire Safety Training will be held for identified Staff Members that require training and will be held on 23/11/2021. 	
Regulation 3: Statement of purpose	Not Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of	

<p>purpose:</p> <p>1. The Designated Centre's Statement of Purpose will be reviewed as required by the Person in Charge (PIC) in consultation with the Director of Operations (DOO) to ensure all information is accurate as set out in Schedule 1(2) & (6) and submitted by the authority on 24/11/2021.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>1. The Person in Charge (PIC) will ensure that all Staff in the Designated Centre receive appropriate training specific to the Centre and to the individual Service Users' emergency evacuation plans and procedures at least annually or as required.</p> <p>2. Annual Centre Specific Fire training will take place on 23/11/2021 to ensure all staff have completed training specific to the Centre.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>1. The Person in Charge (PIC) will ensure practice relating to the ordering and receipt of medicines is appropriate and that a record for PRN (administered when required) is maintained and regularly monitored to ensure Service Users' stock is readily available.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>1. The PIC shall continue to monitor restrictive practices in conjunction with the Behavioural Specialist and in line with the Centre's Policy and Procedure on Restrictive Procedures [PL-C-005] to ensure such practices are applied, adopted and recorded in the least restrictive manner for the shortest duration of time.</p>	

2. The PIC will conduct a full review of all restrictive practices in the Centre to ensure they are the least restrictive for the shortest duration necessary.
3. The PIC in consultation with the Behavioral Specialist will ensure that section 5 (proactive and reactive strategies) of the Personal Plan is reviewed for each Service User.
4. The PIC will ensure Individual Risk Management Plans continue to be reviewed as and when required and all Staff are briefed on any updates through the Centre's daily handovers and monthly team meetings.

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	31/01/2022
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	31/01/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Substantially Compliant	Yellow	23/11/2021

	as part of a continuous professional development programme.			
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	23/11/2021
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	07/12/2021
Regulation 03(1)	The registered provider shall	Not Compliant	Orange	24/11/2021

	prepare in writing a statement of purpose containing the information set out in Schedule 1.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/11/2021
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	30/11/2021