



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:	Short Notice Announced
Date of inspection:	18 March 2021
Centre ID:	OSV-0005052
Fieldwork ID:	MON-0032297

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:	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 - 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
Thursday 18 March 2021	09:30hrs to 16:15hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents in the designated centre were supported to enjoy a good quality life which was respectful of their choices and wishes. The provider and management ensured the delivery of safe care whilst balancing the rights of residents to take appropriate risks. Overall, residents had the opportunity to live an independent life without undue restrictions because of the way risk was managed in the centre.

The designed centre comprised of four one bedroom apartments. On this occasion, the inspector did not enter any of the residents' homes but instead met with the residents in a large hall which was across the way from their apartments. All four residents were invited to meet with the inspector and to complete a Health Information and Quality Authority (HIQA) questionnaire if they wanted to. On the day of the inspection, three of the four residents sat down with the inspector and relayed their views on the service provided to them. Conversations between the inspector and the residents took place from a two metre distance, wearing the appropriate personal protective equipment and was time limited in adherence with national guidance.

In January 2020 there had been an infectious disease outbreak in the designated centre. On the day of the inspection, residents that were affected had fully recovered and appeared well and healthy. The inspector found that residents were provided with good quality healthcare during this period. Residents advised the inspector of the care and support they received during this time and how their health and wellbeing was supported during their time in self-isolation. One resident went to the hospital but had now returned to their apartment. They told the inspector that staff were supporting them recuperate back to full health.

The inspector reviewed the HIQA questionnaires completed by three of the residents. Some residents expressed that living in their apartment independently was very important to them and that they enjoyed being able to do their own thing when they wanted to. Residents advised that they were happy with the relationships they had with other residents living in the apartments next to them.

Residents also expressed that they were happy with the amount of choice and control they have in their daily life and said that where appropriate, staff encouraged and supported them to make good choices. All resident questionnaires demonstrated that residents knew who to go to should they need to make a complaint. Residents expressed that they enjoyed the company of staff and that staff were easy to talk to and were aware of their likes and dislikes.

The inspector observed that the residents and their families were consulted in the running of the centre and played an active role in the decision making within the centre. The inspector reviewed feedback that had been submitted by two families as part of the annual report consultation process. The families expressed that they

were satisfied with the quality of care and support provided to their family member. Families said that they were happy with the level of communication between them and the staff, they were happy with the choice provided to their family member and they felt the needs of their family member were being met.

Families played an important part in the residents' lives and the management and staff acknowledged these relationships and where appropriate, actively supported and encouraged the residents to connect with their family on a regular basis. During the current health pandemic, this had primarily been through telephone, video calls and in some instances home visits.

The inspector found that the provider promoted positive risk taking whilst balancing the rights of residents. During the current health pandemic restrictions, arrangements had been made in a safe way for some residents to visit their family's home. One resident had been supported to visit their family at the garden gate of their family's residence and on special occasions such as Mother's day, were supported to bring cards and flowers.

To support another resident's sense of health and well-being, the person in charge had put arrangements in place to support them meet their family in their family home and for their family to visit them in the designated centre. The inspector found that there were appropriate safety checks in place in advance of, and post visits. Furthermore, risk assessments had been completed to ensure the safety of the resident (and other residents and staff) during these occasions.

The inspector observed that overall, residents' rights were upheld in this centre. Residents were made aware of the National Advocacy Service. They were supported through education and information conversations with the person in charge and their keyworkers to be informed about the advocacy supports available to them. On an annual basis, residents were supported to engage in a rights assessment which was a mandatory part of their personal outcomes process. Furthermore, rights, including information on advocacy services, were a regular feature on the agenda of the residents' meetings.

The provider, person in charge and staff were fully cognisant that the designated centre was the residents' home and supported residents to define their service and make requests as part of the normal running of the centre. Where a resident recently informed the person in charge that they would like to change service, this was followed up promptly and meetings with the appropriate allied health professionals were set up to support the resident with their decision making around this matter.

The inspector observed staff facilitated a supportive environment which enabled the residents to feel safe and protected. There was an atmosphere of friendliness, and the residents' modesty and privacy was observed to be respected. The residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents were each provided with a 'safeguarding passport', which was an easy-to-read document that explained the different types of abuse to be aware of, who residents can talk to if

they have a concern and information on an independent advocate. The passports were signed by the resident and the person in charge. Residents who spoke with the inspector advised that they knew who to go to if they were unhappy about something.

Residents were encouraged and supported around active decision making and social inclusion. Residents participated in weekly residents' meetings where safeguarding, advocacy, household tasks, maintenance of their apartments, activities and other matters were discussed and decisions being made. Where appropriate, residents were encouraged to complete household tasks in their apartment. Residents were supported and encouraged to report any maintenance required in their apartment. One of the residents told the inspector that they had submitted a complaint about the uneven surface of the ground outside their apartments in February 2020. The person in charge had followed up on this issue and on the day of inspection, advised the inspector, and the resident, that work on the uneven surface was due to commence in two weeks' time.

The inspector found that the health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents were supported to buy their own grocery shopping and where appropriate cook their own meals. One resident who was recuperating after a stay in hospital told the inspector that they were supported by staff to go for a walk twice a day to help rebuild their level of fitness.

Residents were supported to access appropriate health information and education both within the centre and in the community. During conversations with the inspector the three residents wore a face mask and kept a distance of two meters. The inspector found that they were knowledgeable in matters relating to the current health pandemic and how to keep themselves safe. Residents had been provided with easy-to-read information regarding COVID-19 and had recently sat down with their keyworkers for education sessions regarding the vaccination process. They were provided information on the different vaccinations, what the process entailed and what the vaccine meant for them. There was also easy-to-read information on the consent process for vaccines made available to residents.

In summary, the inspector found that overall, residents' well-being and welfare was maintained to a good standard and that there was a strong and visible person-centered culture within the designated centre. The inspector found that there were systems in place to ensure residents were safe and in receipt of good quality care and support. Residents were supported to be as independent as they possibly could be and were supported to be educated and knowledgeable in matters that kept them safe and informed of current affairs. Through speaking with residents and staff, through observations and a review of documentation, it was evident that staff and the local management team were striving to ensure that residents lived in a supportive and caring environment where they were empowered to have control over and make choices in relation to their day-to-day lives.

The next two sections of the 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 quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

For the most part, the provider had satisfactory governance and management systems in place within the designated centre to monitor the safe delivery of care and support to residents. The inspector found that the care and support provided to the residents was person-centred and promoted an inclusive environment where each of the resident's needs and wishes were taken into account. The provider had ensured that the centre was adequately resourced and that there was a clearly defined management structure in place. Staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was lead by a capable person in charge, supported by the provider, who was knowledgeable about the support needs of the residents and this was demonstrated through good-quality safe care and support. The inspector found that improvements from the last inspection had been completed and had resulted in positive outcomes for residents. The inspector found that there were some improvements required on this inspection however, these are discussed in the quality and safety section of the report.

This risk-based inspection was completed as there had been no inspection carried out in this centre since March 2019 and an update was required in advance of the designated centre's registration renewal.

The governance and management systems in place were found to operate to a good standard in this centre. The provider had completed an annual report in February 2021 of the quality and safety of care and support in the designated centre and there was evidence to demonstrate that the residents and their families were consulted about the review. There was a robust local auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for residents.

Two six monthly reviews of the quality and safety of care and supported had been carried out during 2020 however, the reviews were not based on site and were not unannounced as per the regulatory requirement. The inspector found that completing the reviews this way impacted on the effectiveness of the review. For example, issues identified in the centre's health and safety audit had not been identified or addressed in the six monthly reviews and this had impacted negatively on residents; one resident told the inspector that when the ambulance service came to bring them to the hospital, the crew had found accessing the resident's apartment challenging due to the uneven surface leading up to their apartment. On the day of inspection, the inspector was advised that the provider was aware of the limitations of the six monthly reviews and had commenced arrangements to ensure that going forward they were in line with the regulatory requirement.

A new person in charge had commenced their role in the designated centre on February 2020. They divided their role between this centre and one other. The inspector found that the the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. The person in charge was familiar with the residents' needs and ensured that they were met in practice. The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of the residents living in this centre. Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose.

There was a staff roster in place and overall, it was maintained appropriately. The staff roster clearly identified the times worked by each person. On the day of inspection the the person in charge was addressing a change required to the roster so that it clearly recorded when the person in charge was present in the centre.

The centre's roster demonstrated that there was sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents living in the centre. The inspector found that there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted. A core team of staff were employed in this centre. Two new staff had been employed in January 2021 and another new staff member was due to commence the week following the inspection. Where relief staff had been required, the person in charge had endeavoured to employ staff who were familiar to the residents and were knowledgeable of the residents' assessed needs.

All staff were provided with a robust induction which included information on the safety measures in place during the current health pandemic. The person in charge carried out 'knowledge check' audits with a sample of staff on a regular basis. Staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents living in this centre. The inspector observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the residents. Good quality supervision meetings, to support staff perform their duties to the best of their ability, were taking place following a new supervision policy and system recently implemented in the centre.

Staff were provided with mandatory training in fire safety, managing behaviours that challenge, safe medicine practices and food hygiene but to mention a few. Overall, staff training was up-to-date however, a number of staff refresher training courses were overdue. For the most part, staff had been provided training that was specific to the assessed needs of residents, however, improvements were warranted to insure that autism specific training was provided to all staff.

The provider had completed the Health Information and Quality Authority (HIQA) preparedness and contingency planning self-assessment for designated centres for

adults and children with a disability for a COVID-19 outbreak. In addition the provider completed a risk assessment for the centre relating to COVID-19 risks and a contingency plan specific to the designated centre.

A new weekly location COVID-19 check list had been put in place alongside a monthly COVID-19 audit which included the review of the centre's contingency plans, infection prevention control systems and a review of individualised self-isolation plans and risk assessments. There was an overall self-isolation plan in place in the centre and the person in charge had commenced work on completing individualised self-isolation plans for each resident.

Overall, the inspector found that the registered provider strived for excellence through shared learning and reflective practices and was proactive in continuous quality improvement to ensure better outcomes for residents. Findings from inspections from other centres run by the same provider had been reviewed and shared, with many of the improvements addressed or in the process of being addressed. This had resulted in improvement to COVID-19 self-isolation plans and staff rosters.

Regulation 14: Persons in charge

The person in charge was familiar with the residents' needs and ensured that they were met in practice. The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of the residents living in this centre.

The inspector found that there was a robust auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for the residents.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents living in the centre. There were clear lines of accountability at individual, team and organisational level so that staff working in the centre were aware of their responsibilities and who they were accountable to.

Judgment: Compliant

Regulation 16: Training and staff development

The training needs of the staff were regularly monitored and addressed to ensure the delivery of a quality safe and effective service for the residents. However, a number of staff refresher training was overdue and a training course specific to residents' assessed needs had not been provided to all staff.

Good quality supervision meetings, to support staff perform their duties to the best of their ability, were taking place following a new supervision policy and system recently implemented in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The governance and management systems in place were found to operate to a good standard in this centre. The inspector saw that the person in charge carried out a schedule of local audits throughout the year, including audits relating to the care and support provided to the residents living in the centre.

The provider six monthly reviews were not based on site and were not unannounced as per the regulatory requirement. The inspector found that completing the reviews this way impacted on the effectiveness of the review.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in the associated schedule. A copy of the statement of purpose was available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

Overall, the provider had systems in place to record and follow up on incidents in the centre and to notify them to the Chief Inspector in line with the requirements of

the regulations.

Judgment: Compliant

Quality and safety

The inspector found that overall, residents' well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality. However, to ensure continuous positive outcomes for residents, the inspector found that some improvements were required to the area of risk management, positive behaviour supports and premises.

The inspector review a sample of residents' personal plans. Residents were provided with personal plans that reflected their continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. The inspector found that the residents' personal plans demonstrated that the residents were facilitated to exercise choice across a range of daily activities and to have their choices and decisions respected.

Appropriate healthcare was made available to residents having regard to their personal plan. Plans were regularly reviewed in line with the residents' assessed needs and required supports. Residents' healthcare plans demonstrated that each resident had access to allied health professionals including access to their general practitioner (GP). Where appropriate, residents were facilitated to attend health screenings. Where a resident had refused medical treatments or services, the resident's choice was taken into account in a safe way to ensure their health and wellbeing. The inspector saw that refusals had been followed up with the appropriate health professional and details of this were recorded in their personal plans.

There was an up-to-date safeguarding policy in the centre and it was made available for staff to review. Staff were provided with safeguarding training and where new staff were employed, a follow up questionnaire and action plan was included in their training to ensure they were fully knowledgeable and skilled in this area and to further ensure the safety of residents.

The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity.

The person in charge had systems in place to ensure residents were safeguarded from financial abuse. Where appropriate, the person in charge carried out a monthly audit of residents' financial records to ensure that the systems in place to keep

residents' money safe, were effective.

There had been a significant reduction in behavioural incidents in the centre in the last year. Overall, the provider and person in charge promoted a positive approach in responding to behaviours that challenge. Arrangements were in place to support and respond to residents' assessed support needs. This included the ongoing review of behaviour support plans and adverse incidents. Where residents were provided with positive behaviour support plans the inspector found that they included clear guidance and information to support staff appropriately and safely respond to residents' assessed support needs.

The provider had recruited a new behavioural support specialist who was available to residents living in the centre. The behaviour support specialist, senior management and the person in charge provided staff with group supervision meetings to support further learning and training on residents' behavioural support plans. On speaking with staff, the inspector found that they were familiar with residents' needs and the various supports in place to meet those needs. The inspector found that staff were provided with the appropriate training in the management of behaviours that is challenging including, de-escalation and intervention techniques and this enabled them to provide care that reflected up-to-date, evidence-based practice.

There were a number of restrictive practices in place in the centre. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the individual. For the most part, the restrictive practices were supported by appropriate risk assessments which were reviewed on a regular basis. However, where a restrictive practice had recently been put in place for one resident, the required informed consent and risk assessment had not been carried out. As a result the resident's rights were not fully promoted in this instance.

Individual and location risk assessments were in place to ensure that safe care and support was provided to residents. There were risk assessments specific to the current health pandemic including, the varying risks associated with the transmission of the virus and the control measures in place to mitigate them. However, to better ensure the safety of residents during an outbreak, specific individualised risk assessments to assist residents' self-isolation plans, were required.

The inspector found that overall, the day to day infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. The inspector reviewed cleaning records which demonstrated that a high level of adherence to cleaning schedules was taking place. On speaking with residents, the inspector was informed that staff supported them to keep their apartments clean and tidy. Staff had completed specific training in relation to the prevention and control of COVID-19. Staff who spoke with the inspector demonstrated good knowledge on how to protect and support residents keep safe during the current health pandemic.

On this occasion the inspector did not enter any of the the apartments however,

three of the residents advised the inspector that they were happy with the design and layout of their apartment and that they enjoyed living in them by themselves and felt safe and comfortable in their homes. On review of the health and safety audit the inspector saw that for the most part, where maintenance issues had been identified they had been completed. However, two issues were outstanding; repair work to a resident's bathroom floor and uneven surface on the grounds outside the residents' apartments. The inspector found that this maintenance work had not been addressed in a timely manner and for one of the issues this had led to negative outcomes for one resident. However, on the day of inspection, the inspector was informed that work on both areas would commence in the next two weeks.

Regulation 17: Premises

Residents advised the inspector that they were happy with the design and layout of their apartment.

On the day of inspection two maintenance issues were outstanding; repair work to a resident's bathroom floor and uneven surface on the grounds outside the residents' apartments.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had carried out a number of risk assessments associated with the current health pandemic however, the inspector found that residents were not provided with individualised risk assessments around the risks relating to self-isolation.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had policies, procedures and guidelines in place in relation to infection prevention and control. Staff had completed appropriate training in relation to the prevention and control of COVID-19. Residents were supported to be aware and knowledgeable in matters relating to the current health pandemic so that they were protected and kept safe from the risk of transmission of COVID-19.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were provided with personal plans that reflected their continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to live an active and healthy life. Overall, the residents' care plans were updated and reviewed at regular intervals and in line with residents' assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. Staff were provided with the appropriate training in the management of behaviours that is challenging including, de-escalation and intervention techniques.

The inspector found that where a restrictive practice had recently been put in place for one resident, the required informed consent and risk assessment had not been carried out.

Judgment: Substantially compliant

Regulation 8: Protection

Overall, the residents were protected by practices that promoted their safety. Residents were supported to develop the knowledge, self awareness, understanding and skills needed for self-care and protection. The person in charge carried out audits of residents' finances to ensure that the systems in place to keep residents'

money safe, was effective.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed there to be many examples of where the residents' rights were promoted. Residents were consulted in the running of the centre and in decision making through resident meetings and through the annual report consultation process. Personal care plans and intimate care plans demonstrated that residents were treated with dignity and respect. Residents were provided with lots of choice around activities, meals and the environment they lived in. The inspector observed communication and interactions between staff and residents and found it to be caring and respectful. Residents were supported through education and key working one to one sessions to be aware of their rights, know how to make a complaint and be knowledgeable of the advocacy services available to them.

The matter relating to rights and informed consent have been addressed in Regulation 7.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Orchid Lane OSV-0005052

Inspection ID: MON-0032297

Date of inspection: 18/03/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training Analysis carried out by PIC and staff have now been booked in for refresher training for relevant courses.</p> <p>Food Hygiene, Personal Outcomes – This will be available to staff by 30-6-21.</p> <p>A training course specific to residents’ assessed needs has been sourced online and all staff have now complete same.</p> <p>SHS Behavioral Support Specialist continues to work with staff to provide coaching and training for resident’s specific needs along with oversight of 2 Behavior support plans.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The provider six monthly reviews were not based on site and were not unannounced as per the regulatory requirement. The inspector found that completing the reviews this way impacted on the effectiveness of the review.</p> <p>On-Site Provider Audits have now resumed.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: On the day of inspection two maintenance issues were outstanding; repair work to a resident's bathroom floor: This work has been costed by a contractor and will be complete by 10/05/2021.</p> <p>Uneven surface on the grounds outside the residents' apartments: Works have commenced on the grounds of Orchid Lane. Further works to grounds has been costed and will be complete by 31/05/2021.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Individualised Isolation Plans and associated Risk Assessments have been devised for each resident in Orchid Lane. Individual risk assessment are kept in the Orchid Lane Covid Folder, Residents profile folder and logged on Orchid Lane Risk Register with monthly reviews in place by the PIC.</p> <p>These risk assessments highlight the risks associated with residents isolating for a two-week period. The isolation plans highlight the individual supports that are required for each resident throughout this isolation period.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: “My PRN Psychotropic Medication” easy read information sheet has been devised and discussed with resident. Resident has received an educational session using this information sheet and there is a plan in place to have ongoing educational sessions on this topic during monthly key working sessions.</p>	

"PRN Psychotropic Medication Consent Form" devised and discussed with resident and consent gained. This will be reviewed monthly by PIC.

A risk assessment has been devised in relation to administration of PRN medication and existing control measures identified in this assessment. Risk assessment also added to the Orchid Lane Risk Register. There is an ongoing monthly review of this risk assessment by PIC.

SHS Human Rights Committee continue to review current Rights Restrictions regularly and client and family have been invited to these reviews.

This chemical restraint has been identified on the Orchid Lane Restrictive Practice Log with ongoing review of same by PIC.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/05/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/05/2021
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least	Substantially Compliant	Yellow	22/04/2021

	once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	20/04/2021
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	20/04/2021