



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

Issued by the Chief Inspector

Name of designated centre:	Delta Evergreen
Name of provider:	Delta Centre Company Limited by Guarantee
Address of centre:	Carlow
Type of inspection:	Unannounced
Date of inspection:	24 August 2023
Centre ID:	OSV-0004708
Fieldwork ID:	MON-0039064

About the designated centre

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

Delta Evergreen is a residential designated centre situated in Carlow town. Residents living in the centre are male and female adults and have an intellectual disability. All residents need a level of support. The centre comprises of two houses Tintean Blackbog and Tintean Coille 1&2. The centre strives to ensure that the rights of each individual resident are upheld, including a right to equality, dignity, respect, privacy and safety. The centre also strives to ensure that each resident can be supported to maintain a sense of individual identity and ownership of their own lives. The service is available 24/7. Staffing consists of senior social care workers, social care workers and care assistants. Nursing care is also available when needed. All of the residents living within these community residential settings have daily access to Delta Centre Ltd campus in Carlow. Residents also have access to a wide range of community based social activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
--	---

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
Thursday 24 August 2023	09:00hrs to 15:30hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This inspection was unannounced and the purpose of the inspection was to monitor the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). On arrival at the centre, a staff member carried out temperature checking and symptom monitoring for COVID-19 with the inspector. There was hand sanitiser available to ensure appropriate hand hygiene could be completed.

There were two homes associated with the designated centre. The homes were approximately located five kilometers from each other. The centre had capacity to accommodate 10 residents, five residents in each home. Nine of the bedrooms were assigned to full-time residential care and one bedroom was assigned to be used for respite stays. On the day of inspection there was six residents living in the designated centre.

The first home visited by the inspector was providing care and support to four individuals. In this home one bedroom was allocated for respite. On the day of inspection there was no one availing of this service. The inspector had the opportunity to meet with two residents that lived in this home. The other two residents were not present. A resident had left to get public transport to their day service and the other resident was at their family home. There were two staff present to support the two residents present. A resident was sitting in the sitting room, watching television. They had their bag packed for their day service and were waiting to leave. They answered some direct questions and with support from the staff member told the inspector about a recent holiday they had been on. The other resident that came down to the sitting room once they had completed their morning routine. A staff member remained present to support resident interactions at this time. Both residents appeared very comfortable and were seen to interact with staff in a familiar manner.

From speaking with staff present and observations on the day of inspection, residents were independent in many aspects of care and support needs. Residents completed household chores such as washing laundry, cleaning their bedrooms and general day-to-day tidying of the home. Residents on the day of inspection were seen to put away dishes and get their belongings ready. It was noted that there was suitable signage to remind residents of appropriate hand hygiene and cough etiquette, to ensure appropriate infection prevention and control (IPC) measures were taken as needed.

The inspector started the inspection with a walk around the centre. The premises comprises two adjoining semi-detached homes in a residential area near a town in Co. Carlow. An interconnecting door was present between both homes so that residents could enter each side of the home if they so wished. Each home at the same layout with three bedrooms and a main bathroom upstairs and downstairs there was a kitchen/dining area, sitting room and small bathroom. At the back of

each home there was a large conservatory that spanned across both properties. Five bedrooms were assigned to residents and one bedroom was assigned as a staff sleep over room. Recently, new kitchens and flooring had been installed to ensure that all areas of the home could be effectively cleaned. Throughout both homes there pictures, certificates of achievements and other personalised items on display. Both homes were spotlessly clean, organised and well kept.

In the second home, the inspector met the two residents that lived in this home. The residents in the home required full care and support with all their care needs. One resident was sitting in their wheelchair listening to their favourite music on the television. They were observed to hold the staff member's hand and sing songs. They had just received a new wheelchair and they appeared very comfortable. The second resident was in bed and was supported with their morning routine. Staff explained that this resident enjoyed to sleep on in the morning.

Both residents received their day service from their home. There were three staff present to support the residents at this time. A nurse was completing a shadow shift with staff as they had recently been recruited to the organisation. This was to enable them to become familiar with residents' specific care and support needs. Observations on the day indicated that staff were kind and caring in their approach. They offered choice around meals and in house activities. For example, staff gave a resident a choice between completing a colouring activity or a puzzle. The resident choose a puzzle and had a specific table set up to complete this. Residents appeared comfortable and content at all times. Later in the day staff got the residents ready to go out. They were heading for a walk into the local town.

The inspector also completed a walk around of this premises. This was a large dormer bungalow located in a housing estate. Downstairs there was a large kitchen/dining area, a utility area, a lounge, a sitting room, a sensory room, four bedrooms and bathrooms. Corridors were wide and accessibility equipment was present to ensure residents could access this part of the building. Two bedrooms were allocated to residents downstairs and there was two empty bedrooms. Upstairs there was a staff office and staff sleepover room. Again all parts of the premises were very clean, tidy and well organised. Pictures were displayed throughout the home and all parts of the home were bright and homely in presentation.

Staff support levels within each home where in line with residents' specific assessed needs. The staff team appeared knowledgeable regarding the residents' individual preferences and needs when speaking with the inspector. The staff team comprised of a mix of senior social care workers, social care workers and care assistants. Nursing care was also available to residents when required. Within the organisation relief staff were available as needed. For example, on the day of inspection a senior social care worker was completing their second relief shift within one of the home. Staff on duty each day were allocated specific duties to ensure IPC requirements could be met.

Overall it was found that residents appeared happy and comfortable living in their home on the day of inspection. Systems were in place to ensure that infection prevention and control measures were consistent and effectively monitored. It was

evident that measures implemented were consistent with the National Standards and in line with the providers own policy on infection prevention and control.

The next two sections of the report will discuss findings from the inspector's review of infection prevention and control measures in the centre. This will be presented under two headings: Capacity and capability and Quality and Safety, before a final overall judgment on compliance against regulation 27: Protection Against Infection. High levels of compliance were noted in the centre on the day of inspection.

Capacity and capability

This was an unannounced inspection and the purpose of the inspection was to monitor the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). Overall it was found that the registered provider was demonstrating the capacity and capability to provide a safe service with appropriate and effective systems in place to reduce the risk of COVID-19 and healthcare-associated infection in the centre. The service had an up-to-date IPC policy in place which guided the care and support that was provided in the centre.

There were clear and effective management systems in place to ensure regular oversight of infection prevention and control measures in the centre. There was a full-time person in charge in place. Recently within the organisation senior social care workers had been appointed to support the person in charge in their role. They completed specific delegated duties such as audits. The addition of this role further strengthened the management structure and relevant reporting lines of accountability. The centre was supported by a senior management team which included an IPC lead who were available to support if any infection control or COVID-19 concerns arose. Regular meetings occurred at senior and local management level to ensure any outbreaks of infection were managed in an appropriate manner. In addition, there was a regular management presence in the centre.

A recent audit had been completed in the centre which fully reviewed infection prevention and control measures in place. This included a review of residents care needs, equipment, waste management, use of sharps, hand hygiene, laundry management, and management of spillages. Minor areas of improvement had been identified in these audits and were completed on the day of inspection. For example, painting had been identified as an area of improvement. This process had recently commenced. Infection control was also an aspect of the provider's unannounced six monthly audits in the centre. Oversight systems were effectively monitoring the IPC needs within the centre. Findings in audits reflected the findings on inspection. On the day of inspection all areas of the home were extremely clean.

There was full time on-call management arrangements in place and these were clearly noted in a number of documents. The organisation had established a case

management forum where members of management and the IPC lead met on a frequent basis to discuss COVID-19 outbreaks. A sample of notes were reviewed by the inspector and all aspects of care and support for the residents were well considered during these meetings while also ensuring relevant IPC needs were met. The centre had a clear escalation pathway in place for in the event of a suspected or confirmed case of COVID-19 and staff spoken with were clear regarding this process. A centre specific COVID-19 response plan had been developed for in the event of an outbreak of COVID-19 and this included staffing procedures, management arrangements, visitation policies, meal time arrangements, cleaning, laundry procedures and correct use of Personal Protective Equipment (PPE).

There was sufficient staffing in place to ensure the IPC needs of the centre could be met. As previously stated the staff team comprised of senior social care workers, social care workers and care assistants. The centre also had access to a relief panel of staff to fill staffing gaps when required. Staff meetings were taking place on a regular basis. The inspector reviewed a sample of staff meeting minutes and found that infection control and COVID-19 were regularly discussed.

There was a program of training and refresher training in place for all staff. The inspector reviewed the centres staff training records and found that with regards to infection control, all staff had up-to-date training in areas including hand hygiene, infection control and the donning and doffing of PPE. The person in charge regularly reviewed training records and staff training needs. As part of the audit process, areas such as hand hygiene were observed to ensure it was in line with best practice.

Quality and safety

With regards to infection prevention and control, the registered provider and management team were ensuring that the service provided was safe and in line with national guidance for residential care facilities. It was evident that infection control was a focus in the centre and that the quality of care was regularly reviewed to ensure compliance with best practice and the National Standards for infection prevention and control in community services (HIQA, 2018).

There were systems in place for the assessment, management and ongoing review of risk in the centre. Individualised risk assessments had been developed regarding potential infection control and COVID-19 risks. Risks had been assessed and mitigating measures were implemented when necessary. Control measures in place were clearly documented. Risk had been regularly reviewed and updated as required.

As previously stated there were two homes associated with this designated centre. Both homes were warm and homely. Both premises were visibly very clean during the walk around the centre. All aspects of the centre including storage areas, cupboards, bathrooms, cooking facilities, food preparation areas, empty rooms and

laundry facilities were clean, tidy and organised. Comprehensive cleaning schedules were in place and these were carefully implemented by all staff daily. High touch points such as handles, switches, keyboards, remotes, phones and taps, were cleaned on a regular basis. Separate schedules were in place for the deep cleaning of all other aspects of the centre including residents bedrooms, bathrooms and the kitchen.

In one of the homes the centre's laundry was completed in the utility room. In the second home it was carried out in one of the kitchen areas that was solely dedicated to this task, there was second kitchen for meal preparation and food storage. The inspector observed clear systems in place for the separation of clean and dirty laundry. Staff spoken with were clear regarding procedures to take when washing soiled linen. Residents all had separate laundry baskets.

A colour coded system was also in place with clear signage to guide staff with this process. Separate coloured mops and cloths were used to clean different areas of the house. There were a number of hand washing facilities and alcohol gels noted around the centre. The inspector observed a staff member carrying out hand hygiene on the day of inspection and found that this was in line with training and national guidance.

It was evident that infection control measures and COVID-19 measures were communicated with residents in a way that was accessible to them. A number of social stories and signage were available for residents regarding infection control and COVID-19.

Regulation 27: Protection against infection

The purpose of the inspection day was to monitor the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). Overall the inspector found high levels of compliance. Clear, safe and effective systems were in place for protecting residents against healthcare-associated infections. This was evident in the following areas reviewed:

- Staff supports were in place to meet the needs of the residents and to safely implement infection prevention and control measures.
- All staff had completed up-to-date training in areas including infection prevention and control, hand hygiene, and donning and doffing of PPE.
- Clear management and oversight systems were in place and infection control measures were regularly audited and reviewed.
- The service had a clear and robust contingency plan in place in the event of an outbreak of COVID-19. This was regularly reviewed and amended.
- The service had up-to-date infection prevention and control policy in place which guided the care and support that was provided in the centre.
- There was a system in place for identifying and mitigating potential and

actual infection control risks in the centre.

- The premises and the environment was visibly very clean and well maintained. Schedules were in place to ensure that all aspects of the premises was regularly cleaned and deep cleaned.
- Clear protocols were in place for cleaning shared equipment.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Compliant