



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

Issued by the Chief Inspector

Name of designated centre:	Delta Maples
Name of provider:	Delta Centre Company Limited by Guarantee
Address of centre:	Carlow
Type of inspection:	Unannounced
Date of inspection:	18 January 2023
Centre ID:	OSV-0004706
Fieldwork ID:	MON-0035886

About the designated centre

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

This centre comprises of two purpose built houses in the suburbs of a large town. One is home to four residents and the other to seven individuals, comprising a combination of respite beds and full time residents. Individuals who live in the centre both male and female are over the age of 18 years and present with a range of intellectual, physical and complex disabilities. Residents are supported by a team of nurses, social care workers and support workers on a 24 hour a day, seven days a week basis. The centre aims to provide residents with care, dignity and respect within a caring environment that promotes the health and wellbeing of each individual.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 18 January 2023	10:30hrs to 17:30hrs	Sarah Mockler	Lead
Wednesday 18 January 2023	10:30hrs to 17:30hrs	Miranda Tully	Support

What residents told us and what inspectors observed

This was an unannounced inspection, completed to monitor the levels of compliance in the centre with Regulation 27 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018).

This inspection was completed by two inspectors and took place when precautions relating to the COVID-19 pandemic were still required. As such, the inspectors followed all public health guidance. The inspectors ensured the use of appropriate personal protective equipment (PPE) during all interactions with residents, the staff team and management over the course of this inspection.

On arrival at the centre the inspectors were directed to a designated area for signing in. In this area there were masks available and hand sanitiser to ensure all visitors to the centre complied with best practice in relation to infection prevention and control (IPC) measures.

The inspectors used observations, spoke with staff and reviewed documentation to determine residents' experience of care and support in the centre, particularly relating to infection prevention and control measures. The inspectors had the opportunity to meet and speak with staff who were on duty on the day of inspection and to spend time with the person in charge (PIC) and person participating in management (PPIM).

There were two homes associated with the designated centre. The homes were approximately located four kilometers from each other. The centre had capacity to accommodate 11 residents, seven residents in one home and four residents in the second home. On the day of inspection there were ten residents living across both centres.

In the first home, residents required complex care supports including wound management, percutaneous endoscopic gastromy (PEG) and catheter care. The inspectors had the opportunity to meet with three residents that lived there. On arrival in the morning, one resident was sleeping in the living room with music playing the background. A second resident was carrying out their morning routine with staff. Residents presented as having complex communication difficulties therefore non-verbal cues were important in determining their wishes. Staff were seen to be sensitive to the residents' wishes and gave them time to respond when engaging. Staff interactions during this time were kind, caring and professional. The third resident was sleeping in their bedroom at the time of the visit. This was in line with their specific assessed needs.

In the afternoon, following discussion with the PPIM and PIC, one inspector visited the second house for a short duration. This was to limit distress to one resident. The

inspector met with two residents in the living room, the residents were in their pajamas at this time. Another resident was sleeping at the time of the visit and therefore did not meet the inspector. A resident expressed how they were upset that they were unable to sleep the night previous due to noise. The resident appeared visibly upset and expressed that they did not attend their day service as a result. The resident was provided with reassurance by the person in charge at this time. The resident did express they were otherwise happy in their home but clearly stated they were unhappy with the noise levels. Noise levels within the home had increased due to changing needs. There had been an increase in loud vocalisations associated with this change in presentation. As required, the provider had submitted the relevant information in relation to the safeguarding concerns to all relevant agencies. Safeguarding plans were in place. Clinical supports had also been sought. However, other measures needed to be considered to ensure all residents' needs were being adequately met. This was discussed in detail with the Chief Executive Officer (CEO), PPIM and PIC at the closing meeting. The information provided to the inspectors at this time will be followed up thorough relevant regulatory processes.

The inspectors completed a walk around of both houses associated with the designated centre. Both homes appeared clean, and for the most part well maintained. Each resident's bedroom was individualised with personal items and pictures on display. Some wear and tear was evident, such as worn floorings, laminate missing from wardrobes/lockers, chipped and missing paint, and rusted accessibility equipment. The condition of some aspects of the premises and relevant equipment required improvement to ensure it was in line with best practice in relation to IPC measures.

On the day of inspection, improvements were required to ensure that infection prevention and control measures in the centre were safe, consistent and effectively monitored by the management team to reduce the risk of healthcare associated infections and COVID-19. The next two sections of the report will discuss findings from the inspectors' 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.

Capacity and capability

The inspection was unannounced and the focus of the inspection day was to review the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). Overall, inspection findings indicated that systems in place were not consistent or effectively monitored to ensure compliance with the Regulation 27. A number of improvements were required in the centre to reduce the risk of healthcare-associated infections.

There were clear lines of authority and accountability within the centre. There was a

full-time person in charge in place. To ensure there was always a full staffing compliment in place agency staff were utilised within the centre. On a review of a sample of rosters there appeared to be sufficient staff in place to meet the needs of the residents with the gaps in the roster filled by agency staff.

There was an identified member of staff who took the role of infection prevention and control lead. The provider had developed a centre-specific COVID-19 contingency plan for staffing and isolation of residents in the event of a suspected or confirmed case of COVID-19. There was a program of training and refresher training in place for all staff. The inspectors reviewed the centres staff training records and found that with regards to infection control, records indicated some staff were due to complete refresher training in areas such as hand hygiene and PPE. These had been identified by the person in charge and there was a system in place to review records and schedule training as necessary.

Both provider audits and local audits required improvement to ensure they adequately reviewed the safety and quality of care and support in relation to infection prevention and control. The most recent provider led audit had not reviewed the IPC requirements of the centre. An IPC audit had been completed by a staff member in November 2022. There was no clear oversight of this audit from a management perspective and actions identified had not been rectified. In addition, the audit was not capturing all relevant areas of IPC oversight. For example, the inspection identified, worn flooring and chipped paint in a bedroom, staining on a blind and worn surface areas on bedside cabinets and furniture these aspects had not been identified through audits.

The registered provider had previously committed to completion of identified premises works by June 2022 as outlined in their compliance plan submitted to the Chief Inspector following the previous inspection of the centre. Correspondence was received from the provider to state a delay to June 2023. While the provider was in progress of addressing premises issues, on the day of inspection the following was observed, worn flooring in the communal areas, hand rails were seen to be rusted, tiles chipped and replacement of shower trays required. Although works had been costed, funding was not secured for these works and there was no definitive schedule of works in place.

Quality and safety

With respect to infection prevention and control measures in place, the inspectors found that improvements were required to ensure that the service provided was always safe and effectively monitored to ensure compliance with the National Standards for infection prevention and control in community services (HIQA, 2018).

Residents were being provided with accessible information about infection prevention and control in the centre and there was evidence of discussion at residents' meetings. On the day of the inspection, the designated centre was

observed for the most part to be clean and tidy however, cleaning and maintenance works were required. Flooring in parts was damaged and worn which prevented adequate cleaning and painting was required to areas such as bedrooms.

The inspectors reviewed the centres cleaning schedules which were found to require a number of improvements. Firstly the systems in place to capture what needed to be cleaned were not effective and sometimes cumbersome for staff to navigate. For example, there was a paper based system and an on-line system that needed to be filled by staff which both represented the same areas within the home. Gaps were evident in records maintained and improvements were required in oversight, particularly in one house where staff were not clearly directed to the task and frequency required for cleaning. Schedules did not include the cleaning of all aspects of the centre. For example, the underneath of a shower trolley was visibly dirty and had not been included on a cleaning schedule in the centre. In addition, a number of items in the centre did not allow for adequate cleaning and posed an infection prevention and control risk given their make up or due to damage. For example, a fabric laundry bag was in use and bed side cabinet surfaces were worn. In the home where these issues were identified residents had complex clinical care needs and it was essential that high standards in relation to IPC were adhered too on a consistent basis.

Guidance in relation to complex care tasks were not reflective of manufacturers guidance in use of equipment. For example syringes which were indicated as single use as intended by the manufacturer were noted to be changed weekly in guidance documents. In addition, jugs of cooled boiled water and bottles of sterile water did not indicate a date or time that they had been prepared or opened.

Regulation 27: Protection against infection

While the inspectors identified a number of areas of good practice in the centre, overall, the inspectors found that improvements were required in the centre to promote higher levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018).

This was observed in the following areas:

- Oversight of measures in the centre required improvements. Additional oversight was required to ensure auditing and review systems were self-identifying areas of concern fully and reviewing the centres levels of compliance with national standards and national guidance.
- Specific guidance was required for the use of medical equipment such as syringes and preparation of sterile water.
- Cleaning schedules were not comprehensive and did not include all equipment items.
- Due to the condition of some items of equipment the inspectors were not assured that effective cleaning could take place.

- Improvement was required in areas of the premises to optimise the ability of staff members to effectively clean and sanitise surfaces.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for Delta Maples OSV-0004706

Inspection ID: MON-0035886

Date of inspection: 18/01/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The provider has a plan in place to ensure the organization will comply with regulation 27 by completing the below actions:</p> <ul style="list-style-type: none"> • Flooring which is damaged in the designated centre will be replaced by 30th of June 2023. • Bedroom furniture which is chipped will be repaired or replaced by the 30th of June 2023. • Resident’s bedroom where there is paint missing or chipped will be painted. Completion date of 30th of June 2023. • Blinds in residents’ bedrooms which were stained were replaced 24/2/23. • All bathrooms in one house within the designated centre are scheduled to be renovated and upgraded by 30th June 2023. This will include fixtures and furnishings as outlined in the report. • Outstanding training: Completed on 24/2/23. • Audits have been reviewed and there is now an action plan attached to easily identify areas which need attention. Completed: 26.2.23 • Specific guidance has been developed for the use of medical equipment such as syringes and the preparation of sterile water. Completed: 23.2.23 • A comprehensive cleaning schedule has been developed and is in place in the designated centre. Completed: 13.2.23 	

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	30/06/2023