



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

Issued by the Chief Inspector

Name of designated centre:	Delta Oaks
Name of provider:	Delta Centre Company Limited by Guarantee
Address of centre:	Carlow
Type of inspection:	Unannounced
Date of inspection:	19 January 2022
Centre ID:	OSV-0004712
Fieldwork ID:	MON-0034741

About the designated centre

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

Delta Oaks is a designated centre located close to the town of Carlow. The centre provides residential care for 11 adults, male and female, with intellectual disabilities aged 18 years and upwards. The centre comprises of three buildings; Tintean Dara, Tintean Eala and Tintean Rua. Residents have individual bedrooms in all three houses with shared kitchen and living areas. All three houses have access to open garden areas. Local amenities in Carlow include shops, café's, restaurants, a bowling alley, salons, GAA clubs and a cinema. Delta Centre day services and sensory gardens are also located close by. The staffing team consist of social care workers and support workers. Residents also have access to a staff nurse in the Delta centre if needed.

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 19 January 2022	08:30hrs to 15:30hrs	Sarah Mockler	Lead
Wednesday 19 January 2022	08:30hrs to 15:30hrs	Conor Brady	Support

What residents told us and what inspectors observed

This unannounced inspection was completed to follow up on the actions identified in the providers compliance plan following an unannounced inspection in September 2021. A number of non-compliances were identified on the previous inspection including that at times, residents' lived experience was being negatively impacted by some compatibility issues between residents. Overall, the findings of the current inspection indicated that significant improvements were observed in terms of the providers ability to identify and assess the ongoing compatibility issues. However, ongoing limited resources were found to be continually impacting on the providers ability to fully rectify some of these issues. Improvements were noted across a number of regulations, however, ongoing concerns remained in terms of residents being safe and having a good quality of life at all times. This is discussed in further detail throughout the report.

Two inspectors were present for this inspection. The designated centre comprised three separate houses near a large town. One of the homes was located in a residential area, while the other two homes were located a short distance outside the town. For the purpose of this inspection two of the homes were visited.

One inspector met with three residents who resided in this designated centre. A warm and suitable physical environment was observed and the centre was found to be well lit, ventilated and very clean. Residents were getting up when the inspector arrived and breakfasts were prepared and laid out on the kitchen table. The inspector observed staff who knew the residents assessed needs and were supporting them very well. The inspector observed residents artwork and residents being well supported by familiar staff. Staff presented as professional and very respectful to the residents at all times.

Some residents told the inspector that they were happy in their home. One resident stated that they were only happy 'sometimes' in the house but did not provide any further detail.

The inspector observed that the noise levels in this part of the centre were extremely high. This was due to a resident who engaged in frequent and intense shouting and screaming on a continuous basis. This was very much part of this resident's normal presentation however, inspectors found this to be significantly impacting on the other residents in this house. The provider was very much aware of this matter as it had been highlighted on a previous inspection and informed inspectors that they were working towards a solution.

In the second home the inspector met with two residents. There were four residents living in this unit of the designated centre. One resident was in bed at the time of inspection as they enjoyed having a lie in, and another resident was visiting with their family and was due to return to the designated centre later that evening. On arrival at the centre, one resident was being supported by a staff member with their

morning routine. The other resident was in the kitchen. The inspector was warmly welcomed by the resident in the kitchen. They showed the inspector a protocol that was in place around a specific aspect of their behaviour support plan. The inspector engaged in this protocol with the resident and the resident seemed happy to sit and chat with the inspector following this. During this time the resident frequently expressed that they did not want to live in this home, at times they became teary and upset. They also expressed to the inspector that they were not happy with all aspects of the behaviour support plan that had been in place. During this time the staff member present comforted and reassured the resident.

Although the resident readily expressed these views, they were observed to be comfortable both with the staff member and other resident who joined them at the kitchen table. Both residents were seen to greet each other and speak respectfully with each other. It was evident they knew each other well. The second resident present expressed that they enjoyed living in the home, they were well supported and engaged in activities they enjoyed such as drawing and art work. Family connections were very important to this resident and they spoke about different members of their family and the visits and activities they completed with them. This resident showed the inspector items that were important to them such as drawings, their personal tablet device and items they kept in their handbag. The resident spoke about the support they and around their finances and discussed the purpose of some medication they had been prescribed.

The staff member present was very familiar with both residents' needs and was aware of why the resident was upset. When reassuring the resident they spoke about upcoming meetings with the person and charge and an independent advocate that had been arranged to help support the resident during this time. The staff member was kind, caring and thoughtful in their interactions with both residents. The inspector had the opportunity to observe the staff member speak with both residents about the meeting they had the previous night. The staff member frequently checked with each resident individually about what was spoken about the night before and if they both were ok with the relevant decisions made about the weekly routine. Both residents' indicated that they were happy with the content of the meeting.

Taking into the account the finding under the regulations during this inspector, the inspectors were assured that the provider was making considerable efforts to put in place measures to ensure residents were happy and were in receipt of good quality and consistent care. Limited resources were impacting the providers ability to fully ensure that all residents were safe at all times.

Capacity and capability

Overall the inspectors found a well-managed designated centre however resource limitations were found to be having a continued negative impact on some of the

residents.

There were clear lines of authority and accountability evident in this centre. Staff spoken with were very aware of management availability and the staff spoken with stated management were both accessible and approachable. The person in charge was supported in their role by a Residential Services Manager and both were met as part of this inspection. A number of effective management and oversight arrangements were found to be in place including auditing, unannounced visits, updated assessment, resident meetings, enhanced staff training, team-meetings, management meetings, safeguarding meetings, shared learning meetings and staff supports. Staff training, rosters, workshops, supervision and performance management were all reviewed and found to be in place. Staff personnel files were reviewed as part of this inspection with evidence of staff qualifications and training, garda vetting and employment references all evident for the personnel reviewed.

Management had a demonstrable open door policy and engaged with residents and families at regular intervals. Senior management had taken a number of additional measures to ensure residents were being as well supported as possible since the previous inspection. This had led to noted improvements being made in the areas of fire safety, risk management and positive behavioural support. However inspectors found that the resourcing of this centre was inadequate based on the residents assessed needs, presenting behaviours, safeguarding impact and compatibility of residents living together.

Whilst the staff spoken with on this inspection were all found to be suitably trained, skilled and professional there were staffing deficits in terms of staff numbers identified on this inspection. This was reviewed by inspectors in terms of the assessed needs of the residents and the ongoing safeguarding concerns and compatibility of residents in this centre. The provider had engaged with their funder following the previous inspection and applied for additional staffing/resources to support these residents and were awaiting a decision on same.

Regulation 15: Staffing

The number of staff found was not aligned to the assessed support needs of residents. An additional 157.5 support hours were assessed as required to support residents with changing needs, complex behavioural support needs and to reduce the high level of prevalent safeguarding incidents occurring in this centre. Inspectors found that staffing levels present did not meet the needs of all residents. For example, further staff allocation was required to support the residents to partake in activities outside the centre. Furthermore a lot of staff time was being taken up with managing resident compatibility issues, incident management and reporting and recording ongoing safeguarding concerns.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were in receipt of training, both mandatory and specific training in line with residents' assessed needs, to ensure care provided was in line with evidence based practice, relevant and up-to-date. There were systems in place to ensure staff trainings were regularly tracked and audited to ensure training needs were identified in a timely manner.

Staff were in receipt of regular supervision and a yearly staff appraisal. A sample of supervision notes were reviewed and work topics, training, support and development were discussed at this time.

Judgment: Compliant

Regulation 23: Governance and management

Whilst a good governance team was found to be in place and there was evidence the provider had moved the centre towards higher levels of regulatory compliance, this designated centre was not found to be resourced to ensure the effective delivery of safe care and support to all residents.

Judgment: Not compliant

Regulation 31: Notification of incidents

A review of the accident incident records indicated that the provider was identifying all relevant incidents that required reporting to the office of the chief inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

Improvements were noted in relation to the systems in place for recording complaints. There was good evidence provided that a number of complaints had been investigated in line with the relevant policies and procedures in place. However, on the day of inspection a resident expressed dissatisfaction with an element of care and support being provided. This had also been documented in significant conversations with the person in charge. This expression of dissatisfaction

had not been identified as a compliant and therefore there was limited evidence to indicate how this was being resolved for the person in question. Improvements were required in terms of identifying when residents were expressing dissatisfaction and using the complaints procedure to drive quality improvement across service provision.

Judgment: Substantially compliant

Quality and safety

Overall this inspection found a lot of good areas of care and support being delivered to the residents. Improvements in compliance levels were evident since the previous inspection in September 2021. Residents were well supported by a caring and professionally competent management and staff team. It was very clear that the provider was working hard to deliver a quality service to all residents across all locations within this designated centre.

Inspectors found good examples of personalised supports for residents, updated person centred plans and activities taking place in line with resident's needs, wishes and preferences. For example, resident's art programmes, mobility/exercise programmes, healthy eating and educational/recreational programmes.

Residents were found to be well presented and supported with any personal care support needs. Resident's bedrooms were spacious, personalised and well maintained.

The centre was found to be very clean and had good systems in place for the management of infection, prevention and control. Staff were observed appropriately wearing PPE and engaging in continual hand washing throughout the inspection. Many residents and families were reportedly happy with the service they were receiving.

Risks were found to be appropriately managed with good oversight and follow up of incidents/accidents and good levels of a balanced approach to risk management evident.

Regarding safeguarding, whilst the provider had completed a lot of work in this area, inspectors remained concerned with the volume of safeguarding incidents occurring and the ongoing impact that this was having on residents from a safeguarding perspective. The compatibility of residents remains a very valid concern in this centre and as such inspectors were not assured that all residents living in the centre enjoyed a safe and homely environment. For example, in one part of the centre there had been escalating safeguarding incidents including physical incidents that residents reported as being very upsetting. A number of incidents had occurred whereby a resident had become upset and had thrown items across a room, including cups of tea and glass bowls. Other residents were present

during these incidents and had been reported to be very upset. As there was only one staff member present (only one staff member on the roster), staff expressed how difficult it was to manage these incidents as they were required to comfort a number of residents and also try to ensure all residents were safe. In another part of the centre one resident was observed to shout and scream very loudly on a continuous basis. For example, the inspector observed the noise level for 30 minutes in this house and recorded 58 occasions whereby one resident was screaming at staff or shouting obscene language at a high pitch. This was observed at 8:30am when other residents were in bed trying to sleep. This was reportedly an ongoing and regular occurrence according to staff and was very much part of the residents presenting behaviours. This situation was observed to be seriously impacting on other residents quality of life and emotional well being.

Regulation 17: Premises

In line with the findings of the previous inspection in September 2021 both premises were designed and laid out to meet the number of residents in the centre. The houses were found to be clean, comfortable, suitable decorated, and well maintained both internally and externally. Residents had access to private and communal spaces and could meet friends and family privately if they wished.

Judgment: Compliant

Regulation 26: Risk management procedures

Improvements were noted in relation the oversight and management of risk in the centre. From the sample of risk assessments, accident and incidents reports reviewed, discussions with staff and and management, the majority of risks had been appropriately identified and relevant control measures were in place.

Risk assessments were regularly reviewed and updated as required. Improved systems were noted in terms of investigating and learning from incidents, with clear actions identified and regular discussions at team and management meetings in relation to relevant risk.

Judgment: Compliant

Regulation 27: Protection against infection

Residents were protected through the infection prevention and control policies, procedures and practices in the centre. The provider had developed contingency plans for use during the pandemic.

The premises was found to be clean throughout and there were cleaning schedules in place to ensure that each area of the centre were cleaned regularly.

There were suitable systems in place for laundry and waste management and there were also systems in place to ensure there were sufficient supplies of PPE available in the centre. Staff had completed relevant training in the areas of infection prevention control, hand hygiene and donning and doffing of PPE.

Observations indicated that staff were following the guidelines in relation to wearing masks appropriately and adhering to best practice in relation to different aspects of infection prevention and control recommendations.

Judgment: Compliant

Regulation 28: Fire precautions

The previous inspection in September 2021 identified a number of good practices in relation to fire safety management. One area of improvement was noted, this was in relation to providing systems to ensure keys were available to open all doors that had key locking devices installed. On the walk around of the premises it was noted that break key glass systems were in place at all fire exits ensuring these doors could be opened during an emergency situation.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A sample of residents personal plans were reviewed. The sample of plans reviewed indicated that they had been recently updated and reflective of residents current assessed needs. The plans were guiding staff practice to ensure residents were engaging in goals and activities that were meaningful and in line with their preferences and wishes.

Judgment: Compliant

Regulation 6: Health care

For the most part, residents had access to good health care. Some access to general practitioner appointments for non-urgent medical queries were difficult to source due to the ongoing pandemic. The provider was aware of the difficulties posed by this and ongoing follow up in relation to obtaining appointments was occurring on a regular basis.

Judgment: Compliant

Regulation 7: Positive behavioural support

Improvements were noted in the providers ability to secure regular behaviour support for residents that required the same. The provider now had regular access to two behavioural therapists that ensured support was available on a more regular basis.

A resident's behaviour support plan was reviewed. There was evidence to indicate that every effort was being made to identify the cause of the resident's behaviour and strategies were in place to support the staff and guide staff as needed. However, aspects of this plan were hindered in relation to staffing resources this has been addressed under regulation 15.

In addition to this, a resident that engaged in frequent loud vocalisations and other behaviours that indicated the resident was distressed at times, did not have an up-to-date behaviour support plan in place. This had been identified in the previous inspection in September 2021. Four months later, although some supports had commenced, there was a lack of guidance in place to ensure that this resident was consistently supported as required.

Judgment: Substantially compliant

Regulation 8: Protection

Whilst a high number of safeguarding actions had been taken by the provider in this centre since the previous inspection, the compatibility of residents and ability to keep all residents safe remained a concern. This was primarily due to the presenting complex support needs of residents. For example, there had been 42 reported safeguarding incidents following the previous inspection, which included alleged/suspect or confirmed instances of physical/emotional/psychological abusive interactions. Based on observations on inspection this was a continual and frequent occurrence in this centre which was negatively impacting on resident safety and

ongoing quality of life.

Judgment: Not compliant

Regulation 9: Residents' rights

The findings of this inspection indicated that the provider had some good practices in place to ensure that residents rights were being upheld. Residents that required advocacy were now in receipt of this service to ensure their will and preference was being explored in terms of living arrangements. The provider had identified the need of ongoing assessment and consultation with residents in terms of ensuring living arrangements were suitable and in line with assessed needs

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	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Delta Oaks OSV-0004712

Inspection ID: MON-0034741

Date of inspection: 19/01/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Funding applications have been submitted to the funder in November 2021 for 157.5 support hours.</p> <p>In the interim, the organization has facilitated individualized day service packages, 5 days per week to remove the safeguarding incidents during the day and additional supports of 15 hours per week have been added to the evenings/weekends to provide individual activities. Once the compliance plan in relation to regulation 8 is implemented (30/4/2022) in one property, there will be a significant reduction in additional staffing resources required for the designated centre.</p> <p>The remaining identified staff supports (20hrs) will be put in place by 31.3.22.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>With the resolution of regulation 8 and regulation 15 compliance plans, the designated centre will be adequately resourced to deliver effective and safe care. This will be completed by 30.4.22.</p>	
Regulation 34: Complaints procedure	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Any expressions of dissatisfaction are recognized by the provider and recorded on the complaints log. The complaint expressed on the date of the inspection has since been logged. Completed 20.1.22. Ongoing expressions of dissatisfaction that are associated with individuals' behaviours will now also be acknowledged on the complaints log. The provider will continue to work with the behaviour specialist to support individuals with these expressions of dissatisfaction.</p>	
<p>Regulation 7: Positive behavioural support</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: As per the behaviour therapist recommendations staffing supports will be provided as per compliance plan under regulation 15. These will be implemented by 31.3.22. Ongoing behavioural supports have been engaged for the individuals within the designated centre. Staff training specific to individuals has been completed with staff team. Comprehensive behaviour support plan has been developed and is now in the process of implementation. The provider has employed a behavior specialist who has commenced providing universal positive behavioural supports training to staff members supporting residents presenting with behaviors of concern.</p>	
<p>Regulation 8: Protection</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 8: Protection: As a response to the reported safeguarding incidents in the designated centre, the organization has identified two courses of action which will be implemented. Additional staff supports will be provided in one designated centre in line with behavioral therapist recommendations. This will be implemented by 31.3.22. The second action will involve the transition of two individuals into a different designated centre. This plan requires a transition process to ensure that all residents rights are being upheld and there is full consultation with the residents. The aim will be to conclude with a transfer by the 30.4.22. In the interim, the organization has facilitated individualized day service packages, 5 days per week to remove the safeguarding incidents during the day and additional</p>	

supports of 15 hours per week have been added to the evenings/weekends to provide individual activities.

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	31/03/2022
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	30/04/2022
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated	Substantially Compliant	Yellow	20/01/2022

	promptly.			
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	31/03/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/04/2022