



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

## Issued by the Chief Inspector

Name of designated centre:	Delta Willow
Name of provider:	Delta Centre Company Limited by Guarantee
Address of centre:	Carlow
Type of inspection:	Unannounced
Date of inspection:	20 October 2021
Centre ID:	OSV-0005526
Fieldwork ID:	MON-0029712

## About the designated centre

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

In this centre care and support is provided to people with intellectual disability, both male and female over the age of 18. Six residents can live in this designated centre, which comprises a large and spacious custom built detached house in its own grounds and close to the nearest small town. There is a large and bright open plan living area comprising kitchen, dining area and sitting area. there are also various other small living areas, including a seating area beside a large window, and a further small living room. Each resident has their own bedroom, each of which is decorated and furnished in accordance with the needs and preferences of the individual person. A vehicle is available for the use of residents, and the house is close to public transport.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 20 October 2021	10:00hrs to 18:00hrs	Sarah Mockler	Lead

## What residents told us and what inspectors observed

Overall, the findings of this inspection were that the provider and person in charge were striving to provide a quality based service to all of the residents in this home. This centre was last inspected in September 2020. Following this inspection, the provider was required to make improvements across a number of regulations to ensure that this centre would come into compliance with the Health Act 2007. The inspector noted that the provider had achieved quality improvements across a number of identified regulations which was having a positive impact on the quality of life of the people living in the centre.

The centre is home to five residents. There is currently one vacancy in the home. On the day of inspection all five residents were present in the house. The inspector had the opportunity to meet with four of the five residents. One resident was being cared for in their room and due to their specific assessed needs at this time, it was not suitable for the inspector to spend time with this resident. To gather a sense of what it was like to live in the centre the inspector spoke with residents, observed daily practices, completed a comprehensive documentation review and spent time discussing specific needs with the staff that cared for the residents. As the inspection occurred during the COVID-19 pandemic the inspector adhered to national public health guidance with respect to infection prevention and control practices, hand hygiene and the wearing of personal protective equipment (PPE).

On arrival at the centre, the inspector noted it was a large, bright, warm and well kept building. There were large windows throughout the home, with spacious wide corridors. It was very clean and nicely decorated with pictures and some personal items on display. In the morning three residents were in the spacious open plan kitchen and living area. They were observed to freely move around their home and come in and out of this area throughout the morning routine. They had a morning TV show on and some residents were enjoying watching this program.

A resident was getting prepared to leave for their day service, which they attended three days a week. They requested support from staff as required, and this was provided in a prompt and kind manner. Later in the morning a resident was observed to help themselves to breakfast which had been laid out on the table for them. Residents all seemed comfortable in staff presence.

Some residents had not returned to day service. There were activities planned for the residents across the day that staff facilitated. Additional staff were employed three days a week to support residents access different types of preferred activities. Residents were noted to request different activities, such as to go out and purchase a newspaper. When the resident requested this activity, it was accommodated and the resident left with a staff member to go to the local shop.

A resident came to speak with the inspector, they spoke about their family and some recent important news. They described a recent holiday they had taken and

spoke about how much they enjoyed going out for their tea. They pointed out a necklace they were wearing and indicated that their friend that lived with them at bought it for them. They smiled over at this resident while explaining this. These two residents were seen to interact with each other during the morning routine and were familiar and friendly with each other.

Two residents showed the inspector around their bedrooms. Both rooms were individually decorated with meaningful items and pictures on display. For example, one resident who enjoyed knitting had specific storage available to them to store their wool and needles. Music was very important to another resident, and they showed the inspector their collection of CD's and spoke about their favourite type of music.

Staff interactions across the day were kind, friendly and professional. Residents called staff by name and all seemed comfortable in staff presence. As staff were leaving for the day, they were noted to go to each resident individually and say good bye. Staff spoken with were very familiar with each residents' specific needs and preferences.

Documentation review indicated that residents were supported to complete activities of choice, go shopping, meet with family, and go on day trips and holidays.. On the day of inspection a family visit for one resident was occurring. Staff discussed that families were welcome at any time and there were specific rooms available for family visits.

The following sections of the report will expand on how the improved governance systems had impacted the overall quality of care provided to residents.

## Capacity and capability

Overall, the inspector found that the registered provider and the staff team in place had ensured that the individuals living in this designated centre received a good quality service. This inspection found evidence, across the regulations reviewed, of a service that supported and promoted the health, personal and social needs of the residents. The registered provider had made a number of improvements across specific regulations to ensure the care residents received had a positive impact on their quality of life experience. This is discussed in further detail throughout the report.

The governance and management arrangements in the centre for the main part ensured, that the service was effectively governed, with good oversight systems. There was a clearly defined management structure in place. The staff team reported directly to the person in charge, who in turn reported to the residential services manager and there were arrangements in place to facilitate sufficient protected time for the person in charge to carry out the responsibilities of the role.

The person in charge facilitated the inspection and they had a good understanding of the service and of residents' individual needs. They had recently commenced in this post. They had worked within this organisation for a number of years prior to this post. There was clear evidence on the day that the person in charge was competent, had appropriate qualifications and sufficient practice and management experience to oversee the service and ensure its stated purpose, aims and objectives were met.

There was an annual review of the quality and safety of care and six monthly visits by the provider or their representative. In addition to this the person in charge completed a regular audits and were identifying a number of areas of improvement. Any improvements identified were being completed in a timely manner. Staff meetings were occurring on a regular basis and were found to be resident focused.

A staff team was in place that had suitable qualifications, experience and skills to ensure residents needs were being effectively met. To support staff in their role the registered provider had identified a number of mandatory training areas that needed to be completed on a regular basis. For the most part the staff team had completed this training, with a small gap in some staff completing refresher training in some areas.

#### Regulation 14: Persons in charge

The centre was managed by a suitably skilled, qualified and experienced person in charge. From speaking with the person in charge and reviewing specific documentation, it was evident that they were engaged in the the governance, operational management and administration of the centre on a regular and consistent basis. They readily discussed the specific needs of each individual living in the centre. Any information required on the day of inspection was provided in a timely and clear manner.

Judgment: Compliant

#### Regulation 15: Staffing

The previous inspection in September 2020 identified concerns around the number of staff available to support residents. The provider had made improvements in relation to this and ensured the number of staff available could sufficiently support the residents. The needs of some of the residents had also changed and their specific needs were now adequately met by the staff team in place.

Continuity of staffing was promoted by ensuring a core staff team were on duty for each shift. If relief staff were utilised they were always on duty with one of the core members of staff. During day and evening shifts, residents were supported by three

or four staff. Additional day service staff were also made available in the home to support residents that had not returned to their specific day service. At night residents were supported by two staff, one waking night and one sleep over.

Judgment: Compliant

### Regulation 16: Training and staff development

The registered provider had identified a number of trainings that were mandatory to support staff to complete their roles effectively. This included fire safety training, safe administration of medication, safeguarding, manual handling, epilepsy awareness, and first aid. A small number of staff required refresher training in manual handling and first aid.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The registered provider had governance arrangements in place which ensured that residents received a service which met their needs. A number of improvements to service provision had been made to ensure the requirements of regulation were met. This was having positive impact on the residents' quality of life. For example, the registered provider had made improvements in staffing arrangements which improved the level of quality of care provided. Residents had supports in place to participate in a number of activities that were meaningful for them.

Audits were being completed in line with regulation that were identifying areas of improvement. Action plans were developed from these audits and reviewed on a regular basis to ensure improvements were completed in a timely manner.

Staff meetings were occurring regularly and the staff team were in receipt of regular formal supervision. Those staff who spoke with the inspector, stated they were well supported.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that all relevant incidents had been reported to the Chief Inspector in line with the requirements of regulation.



Judgment: Compliant

## Quality and safety

The inspector found that the residents lived in a warm, comfortable home that was specific to their assessed needs. Specific improvements were noted across a number of regulations including general welfare and development, fire precautions, and protection against infection. In order to continually drive quality, some improvements were required in relation to care plans and risk management.

Residents' healthcare was supported through good access to G.P's (general practitioners) other specialist clinicians and health and social care professionals. Some residents presented with complex and changing health needs and they required staff support for all activities of daily living. It was found that their specific needs were being met in a caring, respectful and dignified manner, were the residents' specific preferences were taken into account.

Although all residents specific needs were met, care plans required review to ensure changing needs were accurately reflected and documented. Due to the rapidly changing needs of a resident, their care plan had not been updated accordingly and at times had conflicting information.

The registered provider had put considerable work into ensuring effective fire safety practices were in place to accommodate all residents' specific needs. Evacuation procedures had been evaluated to ensure all residents could safely leave the building in the event of an emergency. Suitable containment measures were in place with clearly identified compartments in different parts of the building. Fire safety equipment was in place and regularly maintained. All residents had taken part in fire drills and staff spoken with were knowledgeable on what to do in the event of an emergency.

The risk management systems in place were overall satisfactory to protect the residents from harm. There was a risk register and the residents had individualised risk management plans for most of their assessed needs. Learning was identified from incidents and communicated effectively with the staff team. However, some risks had not been risk assessed appropriately. From review of documentation and staff discussion, it was apparent control measures were in place and actively implemented. However, as it was not assessed the ongoing management of the risk could not be appropriately evaluated.

## Regulation 13: General welfare and development

Efforts were being made to ensure residents were supported to engage in a range

of activities that reflected their individual preferences and needs. A sample of daily notes and resident meeting notes reflected activities such as shopping, trips and holidays with family and friends and swimming to name a few. Family and community connections were encouraged and supported.

Judgment: Compliant

### Regulation 17: Premises

The premises was designed and laid out to meet the number and needs of residents in the centre. The house was found to be clean, comfortable, suitable decorated, and well maintained both internally and externally.

Residents had access to private and communal spaces and could met friends and family in private if they so wished. They also had access to suitable storage facilities for their personal use.

Judgment: Compliant

### Regulation 26: Risk management procedures

From the sample reviewed, for the main part, risks were identified, assessed and control measures implemented as required. Not all identified risks had an associated risk assessment and therefore were not being managed in line with the organisations policy. A specific healthcare risk had been identified, and evidence presented assured the inspector that control measures were being implemented. No risk assessment had been completed for this risk.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

Residents were protected through the infection prevention and control policies, procedures and practices in the centre. A number of improvements had been made since the last inspection including screening questions on arrival to the centre to mitigate risks of COVID-19. There were sanitising systems at the entry point to the centre and regular temperature checks of staff and residents.

There was a contingency plan in place in the event of an outbreak of COVID-19. There were sufficient amounts of PPE. Staff were observed to be wearing face

masks in line with guidelines.

Judgment: Compliant

### Regulation 28: Fire precautions

There were suitable arrangements for detecting, and extinguishing fires in the centre. There were adequate means of escape. Recent works had been completed in the building to ensure doors were wide enough to evacuate a person on a suitable bed should the need arise. Fire drills were being completed at regular intervals.

Adequate fire containment measures were in place, with appropriate fire doors in place that would automatically close in the event of a fire. All fire equipment was being serviced at regular intervals. Staff spoken with were knowledgeable on the procedures in place in the event of an emergency.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

A sample of residents' assessment of needs and personal plans were reviewed on the day of inspection. At times, personal plans were not updated to accurately reflect residents' specific assessed needs. There was conflicting information in some documents that had the potential to not guide staff practice appropriately. For example, one plan detailed how a resident's mealtime experience and routine should be approached. Due to changing assessed needs some of the information in this no longer applied.

Judgment: Not compliant

### Regulation 6: Health care

Health care needs were being met in a caring, appropriate and sensitive manner. In the centre there was a range of different health care needs including some residents with complex and rapidly changing needs. Residents, overall, had appropriate plans in place which guided staff practice. Nursing care was available to residents when required.

Judgment: Compliant

### Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. Any incidents that had occurred were investigated appropriately and measures, if required, were put in place. Staff had received appropriate training and were able to discuss the same.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Delta Willow OSV-0005526

Inspection ID: MON-0029712

Date of inspection: 20/10/2021

## 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:            First aid training for the outstanding staff is booked for 3 days commencing on the 6th of January 2022.</p> <p>Outstanding staff for manual handling training will be complete this by December 30th, 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:            A review was completed by the PIC of the risks in Delta Willow, as a result of the review any risks identified have now been risk assessed. A formal review process for risks has been developed and will be conducted quarterly.</p> <p>Timeline: Completed</p>	

Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The PIC will undertake a detailed audit of all individual assessments and care plans to ensure information is current and accurate to the resident's specific needs. The PIC will communicate with the keyworkers in Delta Willow the need to update any assessment in line with changing needs of the residents. Audits will continue to be completed by the PIC and the external auditor on behalf of the service provider.</p> <p>Timeline: 31/1/2022</p>	



## 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	06/01/2022
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	23/11/2021
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out	Not Compliant	Orange	31/01/2022

	annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.			
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