

# 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:	Announced
Date of inspection:	21 March 2023
Centre ID:	OSV-0004706
Fieldwork ID:	MON-0039414

## 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
Tuesday 21 March 2023	09:00hrs to 17:40hrs	Miranda Tully	Lead
Tuesday 21 March 2023	09:00hrs to 17:40hrs	Conan O'Hara	Support

## What residents told us and what inspectors observed

Overall, it was found that there was good care and support provided in this centre.

On the day of inspection there were ten residents living across both centres. The inspectors had the opportunity to meet with all residents that lived in the centre. In addition to speaking with residents, the inspectors observed daily routines with residents, spent time discussing residents' specific needs and preferences with staff and completed documentation review in relation to the care and support provided to residents. The inspectors also had the opportunity to spend time with the person in charge (PIC) and person participating in management (PPIM). Inspectors were satisfied that there were good systems in place to support residents.

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. In the application to renew the registration of the designated centre, the provider had applied to reduce the capacity of the centre to accommodate 10 full-time residents.

In the first house, the inspectors met with one resident before they left for day service, the resident spoke to the inspectors about their interests such as the football team they support and how they had enjoyed watching a recent rugby match in a local restaurant. The resident showed one inspector their bedroom and also showed them a person centred plan belonging to them. The resident appeared comfortable in their home and expressed to inspectors that they enjoyed living there. On a review of documentation, a resident had expressed that they were unhappy and that they can become upset, they also noted that while they enjoyed day service they can feel exhausted as it is a long day. This was recently recorded and the person in charge advised the inspector that this would be further discussed with the resident in further detail. Later in the morning, a second resident showed the inspectors their bedroom which was decorated in line with their preferences. In addition, the resident showed the inspectors through a scrap book of photos which included people important in their lives and their interests such as cooking and trips away. The inspectors met with the two other residents as they engaged in table top activities and had snacks. Overall, the residents appeared content in their home. In the afternoon, some residents were observed leaving the designated centre to go shopping and have lunch in the local community.

In the afternoon the inspectors visited the second house, in this house residents required complex care supports including wound management, percutaneous endoscopic gastromy (PEG) and catheter care. Residents presented as having complex communication difficulties therefore non-verbal cues were important in determining their wishes. The inspectors had the opportunity to meet four of the residents. One resident noted that they did not want to speak with the inspectors and this was respected. The inspectors observed residents returning from day

services and deciding to watch TV or to relax in their bedroom. Staff were seen to be sensitive to the residents' wishes and explained to inspectors what the residents may be communicating.

Overall, the inspectors found throughout the inspection that the residents appeared relaxed, comfortable and content. They were supported by a staff team who were very familiar with their care and support needs. Kind, caring and positive interactions were observed between the residents and staff throughout the inspection.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

## Capacity and capability

Overall, there was a clearly defined management system in place which ensured the service provided quality, safe care and was effectively monitored.

There were clear lines of authority and accountability within the centre. The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits of the quality and safety of care taking place, including the annual review and unannounced provider six-monthly audits. These quality assurance audits identified areas for improvement and action plans were developed in response.

An inspection was 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) in January 2023. A review of progress against the compliance plan submitted to the Chief Inspector found the provider had made progress against actions outlined. For example, new furniture had been purchased, painting had been completed with further work scheduled and also confirmation had been received that bathrooms would be upgraded.

On the day of inspection, there was an experienced and consistent staff team in place in this centre and there were sufficient numbers of staff on duty to support residents. Throughout the inspection, staff were observed speaking with the residents in a dignified and caring manner. From a review of the roster, it was evident that there was an established staff team in place.

There was a programme of training and refresher training in place for all staff. The inspectors reviewed a sample of the centre's staff training records and found that it was evident that the staff team in the centre had up-to-date training and were appropriately supervised. This meant that the staff team had up-to-date knowledge

and skills to meet the residents' assessed needs.

### Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required information with the application to renew the registration of this designated centre.

Judgment: Compliant

### Regulation 15: Staffing

The person in charge maintained planned and actual staffing rosters. The inspectors reviewed a sample of the roster and found that there was a core staff team in place which ensured continuity of care and support to residents. At the time of the inspection, the provider was managing some changes and vacancies in the staff team. These were managed through the use of a small number of regular agency staff. On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents.

For example, in the first unit, the four residents were supported by two staff members. At night, one sleep over staff were in place to support the four residents. In the second unit, the six residents were supported by four staff members including a staff nurse. At night, two waking night staff and a sleep over staff were available to support the six residents.

The inspectors also reviewed a sample of staff files and found that the staff files contained all of the information as require by Schedule 2 of the regulations.

Judgment: Compliant

### Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The staff team in the centre had up-to-date training in areas including infection prevention and control, fire safety, safeguarding and manual handling. Where refresher training was due, there was evidence that refresher training had been scheduled.

There was a supervision system in place and all staff engaged in formal supervision. From a review of the supervision schedule and a sample of records, it was evident

that formal supervisions were taking place in line with the provider's policy.

Judgment: Compliant

### Regulation 22: Insurance

There was written confirmation that valid insurance was in place in the centre against the risks in the centre, including injury to the residents.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. The governance systems in place ensured that service delivery was safe and effective through the ongoing audit and monitoring of its performance resulting in a thorough and effective quality assurance system. For example, there was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents' needs. The quality assurance audits included the annual review 2022 and six-monthly provider visits. These audits identified areas for improvement and developed action plans in response. In addition the annual review 2022 included feedback from residents and their representatives.

Judgment: Compliant

## Quality and safety

Overall, the inspectors found that the centre presented as a comfortable home and provided person-centred care to the residents. A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and the staff team, a review of personal plans, healthcare plans, risk documentation and fire safety documentation. The inspectors found good evidence of residents being well supported in the majority of areas of care and support. However, some improvement was required in relation to fire safety.

The inspectors reviewed a sample of residents' personal files. Each resident had an up-to-date comprehensive assessment of their personal, social and health needs. Personal support plans reviewed were found to be up to date and suitably guiding the staff team in supporting the residents with their needs. The residents were

supported to access health and social care professionals as appropriate.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place. However, improvement was required in ensuring the arrangements in place for the safe evacuation of all persons in the event of a fire, particularly at night-time, were appropriate.

There were effective systems in place for the safeguarding of residents. The inspectors reviewed a sample of incidents occurring in the centre which demonstrated that incidents were reviewed and appropriately responded to. The residents were observed to appear comfortable and content in their home.

### Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. General risks were managed and reviewed through a centre-specific risk register. The residents had number of individual risk assessments on file so as to promote their overall safety and well-being, where required. Some individual risk assessments required review to ensure they were up to date and reflective of the controls in place to mitigate the risks. For example, the risks associated with a resident remaining in the home without staff present and risks associated with choking for another resident. This was completed on the day of inspection.

Judgment: Compliant

### Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had Personal Emergency Evacuation Plans (PEEPs) in place which appropriately guided staff in supporting residents to evacuate.

However, some improvement was required in the arrangements in place for the safe evacuation of all persons in the event of a fire, particularly at night-time. For example, a night-time fire drill had been completed in one unit in August 2022. Due to the high supports required to evacuate the residents, the drill took 15 minutes to complete. Following the fire drill, the provider had identified areas for improvement to reduce the evacuation time. While it was evident that the areas for improvement had been implemented, a repeat night time fire drill had not been completed to assure the provider that the evacuation time had reduced and that it was the quickest time possible given the high support needs of the residents.

On the walk around of the premises, the inspectors observed that a hot press door on the evacuation route did not appear to be a fire door. This was in not line with relevant guidance and required review by a person competent in fire safety.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Overall there were good systems in place in terms of medication management procedures. There were systems in place for the ordering, receipt, prescribing, storing, disposal and administration of medication. Staff were aware and able to discuss the process involved that aligned with the providers policy. Each residents medication was appropriately stored and accounted for.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspectors reviewed a sample of residents' personal files. Each resident had a comprehensive assessment which identified the resident's health, social and personal needs. The assessment informed the resident's personal plans which guided the staff team in supporting residents with identified needs, supports and goals.

Judgment: Compliant

### Regulation 6: Health care

Residents had good access to healthcare services, including multidisciplinary services such as psychiatry, psychology and speech and language therapy. Residents were seen by general practitioners (G.P), and nursing input was provided in the centre. The person in charge had ensured that residents' healthcare needs were assessed.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and positive behaviour support guidelines were in place as required.

There were systems in place to identify, manage and review the use of restrictive practices. There were a number of restrictive practices in use in the designated centre which had been appropriately identified as restrictive practices

Judgment: Compliant

### Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Residents had intimate care plans in place which detailed their support needs and preferences.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Delta Maples OSV-0004706

Inspection ID: MON-0039414

Date of inspection: 21/03/2023

## 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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The provider has a plan in place to ensure the organization will comply with regulation 28 by completing the below actions:</p> <ul style="list-style-type: none"><li>• Nighttime fire drills have been repeated on 27th March 2023 &amp; 30th March 2023 in both properties.</li><li>• The hot press door will be upgraded to meet relevant guidance. This will be completed by the 30th April 2023.</li></ul>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/04/2023
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/03/2023