Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	26 November 2025
Centre ID:	OSV-0004706
Fieldwork ID:	MON-0048050

About the designated centre

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

Delta Maples is a designated centre operated by Delta Centre Company Limited by Guarantee. 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 six 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. I one house there are six bedrooms, a staff sleepover room, a office, two sitting rooms, a kitchen and medication room, three shower rooms as well as a sensory room. In the other house there is four bedrooms, two shower facilities, a sitting room, a kitchen and dinning room and an office. 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 person in charge is responsible for this centre only and is supported by the person participating in management.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10

How we inspect

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 26 November 2025	09:30hrs to 17:30hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the regulatory monitoring of the centre. It particularly focused on how the provider safeguarded residents from abuse, promoted their human rights, and empowered them to exercise choice and have control in their lives.

The inspector used observations, conversations with staff, engagements with residents, and a review of documentation to form judgments on compliance with the regulations inspected. The inspector found that the centre was operating at a high level of compliance and that residents were safe and for the most part, in receipt of quality and person-centred care and support that was meeting their needs and upholding their rights. However, improvements were needed to the staffing arrangements in place so that continuity of care could be assured at all times. This is discussed in detail under Regulation 15.

The provider and person in charge had put a variety of systems in place to ensure that residents and their families were consulted in the running of the centre and played an active role in the decision making within the centre. Families played an important part in the residents' lives and the person in charge and staff acknowledged and supported these.

On the day of the inspection, there were ten residents living in the designated centre. The centre comprises of two houses a short drive from each other. Six residents live in one house and four residents live in the other house.

In the morning, the inspector visited the house where six residents lived and got the opportunity to meet two residents who were spending the morning at home. The other residents in the centre were attending their day service. The residents in this centre presented with complex needs and most residents used a form of non-verbal communication. As such the residents did not relay their views however, management and staff advocated on their behalf.

On entering the premises, the inspector observed the hallway to be spacious, bright and welcoming. There was a large sitting room that included a glass cabinet which displayed framed photographs of all the residents alongside some of their friends and family. There was a kitchen and dining area that provided ample space for resident mobility equipment to move around. There was a second sitting room where residents, with a preference for loud music, chose to spend their time. Each resident's bedroom was laid out to the residents' preference with soft toys and furnishing, framed family photographs, pictures and memorabilia that was of importance to the resident. The inspector was informed by staff that each resident was consulted in the layout and décor of their room and in some case, residents' family support them with their choices.

Residents living in house required considerable supports in relation to their manual handling and healthcare needs. The provider had ensured the centre was supplied with a comprehensive scope of manual handling aids and devices to support residents' mobility and manual handling requirements. All bedrooms were provided with overhead hoists.

During the afternoon, the inspector visited the second house that was part of the designated centre. On walking around the premises, the inspector saw that it was clean and tidy and overall, in good upkeep and repair. Communal areas in the house presented as welcoming and homely. There were large colourful pictures on the walls of communal spaces such as the sitting room and hallway.

The inspector was provided the opportunity to meet three of the four residents living in the house. On arrival, the inspector met two of the residents who were provided their day service from their home. One of the residents showed the inspector their bedroom and seemed proud when showing it off. They told the inspector that they liked their room and in particular, their new double bed.

The inspector met with another resident who was being supported by their staff to make an apple tart. The resident told the inspector that they enjoyed baking and apple tart was one of their favourite things to make.

The resident said that they were happy to show the inspector their bedroom. There was a number of musical instruments in the resident's room and they told the inspector that they like to play and listen to music. The resident talked with the inspector about their preference in music and expressed their love for old style reel and waltz music. The resident also showed the inspector their daily activity book which included photographs of community and on-site activities. Some of the photographs showed the resident playing bingo, baking and enjoying coffee a local café. There were also photographs of resident spending time with their peers enjoying bowling, gardening and dining out.

Later in the afternoon, the inspector met with another resident. They told the inspector that they were employed in a local business. They said that they were 'quite independent' and only needed a little bit of support from staff from time to time. The resident appeared happy and upbeat when talking with the inspector. They relayed their plans for the upcoming festive season and showed the inspector their new Christmas jumper. The were excited about their plans to wear the jumper at the upcoming Christmas parties. The resident expressed their happiness about living in their home, and in particular, the layout and décor of their bedroom. The resident told the inspector that they locked their bedroom door during the day as they did not want anyone going into their room. While the resident said they were happy with the support from staff, they also mentioned that that there was a lot of agency staff working in the house. Residents spoken with also told the inspector if they were unhappy about something they knew they could bring it to the person in charge, their key worker or their family to get it resolved.

The provider and person in charge had implemented good arrangements to support residents to make choices and decisions, and consulted with them about their care

and support, and on matters related to their home. Across both houses, the residents communicated using various means including speech and use of pictures and easy-to-read documents as well as social stories. Communication passports were in place to guide staff on communicating effectively with residents to ensure that they were understood.

Residents were provided with household meetings where choice was promoted and decisions made. Residents discussed weekly menu and activity plans and topics such as complaints and safeguarding where often discussed at the meetings using easy-to-read documents to aid understanding.

On speaking with the person in charge, the person participating in management and staff, the inspector found that the person in charge was endeavouring to ensure that the residents were provided a good quality service, were provided with lots of choice, were part of the decision making and were happy in their home. Residents' rights were promoted and upheld in the centre. Staff delivered person-centre care to residents and took into account their individual personalities, likes and preferences.

Some restrictive practices were implemented in the centre. Where restrictions were being implemented, they were done so in line with the provider's policy and as much as possible, in consultation with the resident's concerned. The person in charge was striving to reduce restrictive practices and looking at alternative way to do this. The inspector saw an easy-to-read document that supported one resident understand the rationale for a restriction in use for them and also provide them with enough information to be able to give their informed consent.

The inspector spoke with a number of staff during the day and found that they were knowledgeable in the needs of the residents and the supports required to meet their needs. On observing staff engage with residents, the inspector observed kind and caring interactions.

On speaking with management and staff, the inspector found that they knew what to do should a safeguarding incident occur. Staff talked confidently about using the guidelines in residents' safeguarding and behavioural support plans.

Overall, the inspector found that the service provided to residents living in this centre was person-centre and in line with their assessed needs, wishes and personal preferences and enabled them to enjoy a good quality of life. Some improvements were needed so that continuity of care was provided to to residents at all time to ensure consistency of the quality of service.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The inspector found that the provider and person in charge had implemented management systems which were effective in providing oversight of risks in the service and in ensuring that residents were safeguarded and in receipt of a good quality and person-centred service.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre.

The provider and person in charge were striving to ensure that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. Some of the measures to address the staffing deficits included, ongoing recruitment campaigns, college open days, back to work initiatives, improvements to terms and conditions and pay to the workforce. However, due to current staff vacancies and a high use of agency staff, continuity of care could not always be ensured.

Staff were provided training in safeguarding to enable them provide a safe service and support to residents living in the centre. Staff inductions and training programmes included safeguarding practices and training. Reflective practices and shared learning at team meetings also supported staff to understand their roles and responsibilities in reducing the risk of harm while promoting the rights, health, wellbeing and quality of life for each resident.

The provider recognised that effective governance and management ensured good safeguarding practice in the centre. Good leadership and management systems in place promoted an open culture where safeguarding was embedded in the provider's practices.

Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 15: Staffing

The provider had failed to ensure that the staffing arrangements in place in the centre ensured continuity of care to residents.

There were three and a half whole time equivalent staff vacancies (2.1 social care and 1.4 care assistants) in the centre. The inspector found that the measures in place to cover the vacancies was not ensuring continue of care to residents. This meant that there were times when residents were supported with their care support

needs, including personal an intimate care support needs, by staff that were unfamiliar to them.

The person in charge had ensured that the actual and planned staff rosters were maintained appropriately. It was colour coded to clearly demonstrate what staff were working each day, include core, relief and agency staff.

The person in charge had ensured that, despite the number of vacancies, required staffing levels to support the assessed and complex needs of residents, were maintained each day and night.

In one house, there was five staff working each day, one social care worker, one nurse and three care assistants. At night there was two waking night staff and one sleepover staff. There was a ratio of two to one staffing in place when supporting residents' personal care needs as well as supporting hoist lifts. In the other house, where there were four residents, there were two staff available to support the four residents during the day and evening time. This was reduced to one staff from 10pm to 10 am.

The person in charge was endeavouring to provide continuity of care and where there were gaps on the roster, core team members and relief staff were offered shifts in the first instance. Remaining work shifts on the roster were offered to agency staff.

On review of the roster in one house from September to November 2025, the inspector saw that that eighteen different agency staff had been employed. While one agency staff was employed to work for 12 shifts over this period, and three other agency staff worked on average three days, most of the other fourteen agency staff worked for one day only.

This meant that while gaps in the roster were covered, continuity of care was not ensured and potentially impacted on promoting and maintaining relationships between the resident and their staff and in particular, where residents' did not communicate verbally.

In addition, where agency staff worked in the centre, they had not been provided access to the provider's on-line system to record daily notes about the care and support residents received. This meant that information regarding the care was verbally handed over with a risk of some information being lost or misinterpreted. On the day of the inspection, the person in charge commenced the process of rectifying this situation and created a specific email accounts for agency staff to allow access the system.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were provided with a range of training as part of their professional development and to support them in the delivery of appropriate safe care and support to the residents living in the designated centre.

There were good oversight systems in place for staff training which included a colour coded training matrix that highlighted refresher training requirements three months in advance of their due date.

On review of the training records, the inspector saw that overall, staff training was up-to-date.

Some of the relevant areas that staff had completed training in included,

- safeguarding residents from abuse
- fire safety
- safe medication management
- crisis prevention intervention
- epilepsy
- residents rights
- open disclosures
- supported decision making
- fundamentals of advocacy
- consent
- positive behaviour support
- communication with people with intellectual disabilities

In addition to training in safeguarding, staff took part in safeguarding and protection knowledge checks, both during supervision meetings and staff team meetings. This provided additional assurances that staff were up-to-date and knowledgeable in all areas relating to safeguarding.

There were effective arrangements for the support and supervision of staff. The person in charge provided formal supervision meetings, which were scheduled in line with the provider's policy. The inspector viewed the supervision schedule for 2025, and found that all staff supervision meetings were on track as scheduled.

The inspector spoke with a number of staff during the day and found that they were knowledgeable in the needs of the residents and the supports required to meet their needs.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place were found to operate to a good standard in this centre. Overall, there was a clearly defined management structure that identified the lines of authority and accountability and staff had specific roles

and responsibilities in relation to the day-to-day running of the centre; The person in charge was assisted by the person participating in management to ensure effective governance, operational management and administration of the designated centre.

The inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. The person in charge was familiar with the residents' needs and ensured that they were met in practice. The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of the residents living in this centre.

The provider had completed an annual report of the quality and safety of care and support in the designated centre during 2024 and there was evidence to demonstrate that the residents and their families were consulted about the review.

In addition the provider had completed an unannounced review of the quality of care and support in the centre in April 2025 which was named a 'general' audit. In addition, the provider had completed an unannounced safeguarding thematic inspection in the centre in July and an unannounced thematic inspection of the centre in October 2025, however the inspector observed that the thematic reviews were not as comprehensive the the general audit completed in April. All reviews included an action plan and time lines for the person in charge to follow up on.

The person in charge completed quarterly audits of service provision some of which related to residents' house meetings, medication, first aid, fridge and freezer temperatures, staff task folder, and residents personal plans. In addition, the person in charge complete bi-annual audits; some of the areas reviewed in these audits included, fire safety, residents' finances, daily and weekly and yearly checklists, residents' care plans, medication folders and human resources and training.

Overall, the inspector found that the registered provider strived for excellence through shared learning and reflective practices and was proactive in continuous quality improvement to ensure better outcomes for residents. Findings from inspections from other centres run by the same provider had been reviewed and shared, with many of the improvements addressed or in the process of being addressed. For example a recent risk related to the transfer of residents' medication had been shared throughout the organisation and measures put in place to reduce the risk were being implemented in all centres concerned. In addition, on the day of the inspection, a fire risk was identified in the centre, and prompt action saw the risk mitigated. The inspector was informed that the same risk would be assessed and addressed in other centres run by the provider and same measure implemented.

Judgment: Compliant

Quality and safety

Overall, the inspector found that many of the principles outlined in the National Standards for Adult Safeguarding were promoted in the service to ensure residents were receiving a service which promoted and upheld their rights and kept them safeguarded.

Each resident's well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs.

Residents were protected from risk through appropriate control measures in place so that they could enjoy life and engage in activities that were meaningful to them. The inspector found that residents were given lots of choice from a range of activities provided in their home and local community, and in a safe way.

The provider and person in charge promoted a proactive and positive approach to managing behaviours that challenge. Where required, residents were provided with a positive behaviour support plan to support the reduction of behavioural and potential safeguarding incidents. Where restrictive practices were in place, these were in line with centre and national policy and efforts were made to ensure they were the least restrictive option and were reviewed on an ongoing basis.

The provider and person in charge were promoting a culture of open disclosure and reporting of concerns. Where safeguarding or potential safeguarding incidents occurred these were followed up appropriately and in line with the centre's and national policy. In addition, the person in charge had put arrangements in place to ensure that there was shared learning and reflective practice after each incident.

The provider and person in charge were striving to promote residents' rights, as well as empowering residents to be knowledgeable and aware of their rights. Residents were provided information about their rights in a communication format that was in line with their assessed needs.

Regulation 10: Communication

The residents living in the centre presented with a variety of communication support needs. Communication access was facilitated for residents in this centre in a number of ways in accordance with each of their needs and wishes. Overall, the inspector found that the person in charge was ensuring that residents received information in a way that they understood. Information was provided to residents verbally but also through easy-to-read format, pictures, photographs and social stories.

In one of the houses the resident primarily used non-verbal ways to communicate and in the other house, the residents used verbal communication. The inspector

observed examples of easy-to-read format information in residents' personal plans and on residents' notice boards. This was to support residents' understanding of the information in line with their needs, likes and preferences and to promote choice and decision making.

There was a culture of listening to and respecting residents' views in the service. When a resident was moving into the centre in 2024, they were consulted in the process in a way that they understood. Verbal and easy-to-read information within their transition plan was provided to support their understanding of the process.

Staff provided specific training in communicating with people with disabilities, crisis intervention (that included communication training) and autism related training that also incorporated communication training. On observing staff interact with residents, it was clear they understood what residents were communicating to them. On speaking with staff they were knowledgeable in residents' communication needs.

To support residents to understand the information provided to them and to be supported to communicate their choices and decisions about their care and their lives, each resident was provided with communication support plan and personal communication passport. Communication passports were a practical communication profiling tool to help convey each resident's unique identity, specifically in relation to their communication profile.

Residents had access to television, radio, and hand held electronic devices and Internet in their home.

Judgment: Compliant

Regulation 17: Premises

The physical environment of the house was clean and for the most part, in good decorative and structural repair. The design and layout of the premises within the designated centre ensured that each resident could enjoy living in an accessible, safe, comfortable and homely environment. This enabled the promotion of recreation and leisure and enabled a good quality of life for the residents living in the centre.

Since the last inspection, there had been improvements to the upkeep of the centre and many areas of the centre had been painted. However, in one house, due to the high use of mobility equipment, a number of door and door frames were chipped and marked. The inspector was informed by a staff member that the maintenance team had visited the centre the week previous to assess the scope of the work required. There was a plan in place for touch-up work to be completed to the required areas.

Overall, on the day of the inspection, the inspector observed that required maintenance tasks were carried out promptly. The person in charge advised the

inspector that where works were required there was a maintenance system in place. Where there were risks identified that related to maintenance, the team always responded within a satisfactory time frame. There were a number of shower rooms where the water outlets were not in regular use which could lead to a risk of legionella pathogens. The inspector was shown documentation and monthly checklists of the work carried out by the maintenance team to ensure good water safety. Documentation provided showed these systems were effective and no presence of pathogens in the water supply

Overall the inspector found both premises to be suitable to meet residents' individual and collective needs in a comfortable and homely way. In one house, due to the residents' assessed needs, ceiling hoists and assistive equipment were provided in residents' bedrooms and bathrooms to support their safe movement.

Residents expressed themselves through their personalised living spaces. The residents were consulted in the décor of their rooms which included family photographs, paintings and memorabilia that were of interest to them. On speaking with residents who showed the inspector around their room, they said they were happy with the layout of their rooms and had been consulted about the décor of the room.

The inspector observed that there was ample storage space in all residents' bedrooms which allowed for resident to store the personal possession and clothes and items that were important to them.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the centre's risk management policy and found that the provider had ensured that the policy met the requirements as set out in the regulations, include information pertaining to safeguarding.

The inspector found that there was good oversight of risks in the centre. The person in charge carried out regular reviews and updates on the risk register and associated risk assessments.

Where there were identified risks in the centre, the person in charge was endeavoring to ensure that appropriate control measures were in place to reduce or mitigate any potential risks.

For example, the person in charge had completed a range of risk assessments with appropriate control measures that were specific to residents' individual health, safety and personal support needs. There were also centre-related risk assessments completed with appropriate control measures in place.

On review of the risk assessment related to safeguarding residents living in the centre, the inspector found the measures in included on the document to be generic and not person-centered in nature. However, by the end of the inspection, the senior manager had updated the risk assessment to included measures in place in the designated centre that safeguarded each residents. There were plans in place for further improvements so that each resident was provided and individual safeguarding risk assessment that took into account their assessed needs, and in particular, the communication needs.

On the day of the inspection, when the inspector was carrying out an observational review of one of the premises, they identified risk pertaining to the locking of fire exit doors. However, by the end of the day, the person in charge, supported by their senior manager, quickly addressed the risk and all fire exit doors were fitted with thumb-locks which better ensured evacuation measures in the home.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal plans in both houses. The person in charge had ensured that a comprehensive assessment of each resident's health, personal, and social care needs had been carried out. On review of the assessments the inspector found that the plans were reviewed on an annual basis or more frequently if required. Plans were developed and reviewed in consultation with the resident, their family and where required, included multidisciplinary professional input.

The inspector found that personal plans were developed for the resident. The plan was informed by the assessments and reflected the supports required to meet residents' needs. On review of the sample of resident's plans the inspector found that they were up-to-date and readily available to guide staff in the appropriate delivery of care and support interventions.

Some of the support plans within the resident's personal plan pertained to dental, audiology, ophthalmic, intimate care, family support, medication, safeguarding, behavioural supports, but to mention a few. The support plans provided clear guidance for staff to ensure person-centred support was in place for the resident. In addition, all support plans were reviewed on a regular basis to ensure that any changes in need were updated within the plan.

Residents were provided with an assessable format of their personal plan that included easy-to-read information and photographs about their goals and the progress of their goals. This meant that residents were provided with a plan that they understood and that was in a communication format that was of preference to them.

Where resident moved in to the centre in 2024, they were provided with a transition plan that included a time line for the move. This was to support a smooth and safe move for the resident.

Part of the resident's transition included an assessment of suitability to ensure the centre met their needs and that it was suitable to them as well as the residents living in the centre. The resident was consulted in the development and implementation of the plan. Residents already living in the centre were consulted about the resident moving into their home. A number of planned visits took place from August 2024 until the resident moved into the centre in November 2024. Overall, the inspector found that the information within the transition plan demonstrated that the provider and person in charge had considered the safety of all resident when supporting the resident to move into their new home.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that there were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. Residents' positive behaviour support plans were observed to be detailed, comprehensive and developed by an appropriately qualified person. In addition, plans included proactive strategies in order to reduce the risk of behaviours of concern from recurring.

Behavioural support incident forms and incident forms were completed when required and these where reviewed and trended. Where there were changes in residents' behavioural needs, the person in charge communicated these changes to the appropriate clinician to ensure plans were updated in a timely manner and overall, effective.

The provider ensured that staff had received training crisis prevention intervention as well as on-line positive behaviour supports in line with best practice.

There were a number of restrictive practices implemented in the centre. On review of records, the inspector saw that there were appropriate mechanisms in place that ensured all restrictive practices were in line with best practice. All restrictive practices were risk assessed. Where applied, the restrictive practices were clearly documented and were subject to approval and review by the organisation's behavior support oversight committee.

There was a comprehensive form to be completed when a restrictive practice was proposed. This process ensured that the rationale for restrictions in place were clear and deemed to be least restrictive option.

All details of restrictive practices, as well as approvals, were contained within each resident's personal plan and reviewed on a yearly basis or sooner if required.

Judgment: Compliant

Regulation 8: Protection

Overall, the inspector found that the provider and person in charge had ensured that there were appropriate systems in place to ensure residents were safeguarded from abuse.

The training records demonstrated that all staff had been provided training in safeguarding of vulnerable adults and all was up-to-date. In addition, there was a system in place that reviewed staff member's safeguarding knowledge through supervision and team meetings.

There was an up-to-date safeguarding policy in the centre which was made available for staff to review. There was details of the designated officer and complaint officer as well as contact information in communal spaces in the centre.

There was easy-to-read information available to residents on safeguarding explain how staff will protect them as well as residents can protect themselves. Safeguarding was included as a topic on residents' household meetings.

The provider and person in charge were endeavouring to ensure that staff providing personal intimate care to residents, did so in line with each resident's personal plan and in a manner that respected their dignity and bodily integrity.

Where there had been a safeguarding incident, the inspector reviewed records which demonstrated that the person in charge had followed up appropriately and ensured that the incident was reviewed, screened, and reported in accordance with national policy and regulatory requirements.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the safeguarding arrangements in the centre had due regard for the assessed needs of residents. For example, residents' right to access information was promoted and upheld. The resident's communication needs had been assessed and appropriate supports were in place for them to relay and receive information in a way that they understood and was of preference to them.

On the day of the inspection, the inspector observed social stories, visuals and engagements between residents and staff that demonstrated residents were

provided with choice and consulted about matters that were important to them and in a way they understood.

Residents were provided with house meetings were their opinions and views were listened to and where choice and decision making was promoted.

Residents' personal plans included person-centred and up-to-date personal care plans. The plans detailed the supports required to protect each resident's autonomy and dignity in delivering personal care. In relation to staffing arrangements and supporting residents with their personal care, despite having a core team member always work alongside agency staff, it must be acknowledged that there was a likely risk that this was not in line with residents' preferences.

There was also a section in resident's personal plans about consent and in particular, what they had consented to. For example, the inspector observed in one resident's plan that they had been consulted about a restrictive practice in use for them. The resident was provided easy-to-read information about a locked external gate so that they fully understood why the restriction was in place and informed sufficiently to provide consent.

In addition, the inspector found that the provider and person in charge had systems in place to ensure that restrictive practices in use in the centre were in line with best practice and policy. They had also ensured that there were oversight systems in place to ensure they were the least restrictive for the shortest duration.

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	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Delta Maples OSV-0004706

Inspection ID: MON-0048050

Date of inspection: 26/11/2025

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
Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider, in conjunction with the Person in Charge, has implemented and will continue to implement measures to ensure continuity of care for residents and to reduce reliance on agency staff. Active recruitment campaigns are ongoing to fill the identified vacancies of Social Care Workers and Care Assistants. These include regular advertising, engagement with recruitment agencies, and promotion of permanent roles within the organization. Progress with recruitment will be reviewed monthly by senior management and the Person in Charge. While recruitment is ongoing, the use of agency staff will continue to be carefully managed. The organization will endeavor to use a consistent cohort of familiar agency staff with the hope being to minimize the number of different agency staff working in the Centre and to promote continuity of care for residents.	

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.	Substantially Compliant	Yellow	28/02/2025
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	28/02/2025