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

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|---|---|
| Name of designated centre: | Delta Evergreen |
| Name of provider: | Delta Centre Company Limited by Guarantee |
| Address of centre: | Carlow |
| Type of inspection: | Unannounced |
| Date of inspection: | 21 August 2025 |
| Centre ID: | OSV-0004708 |
| Fieldwork ID: | MON-0042938 |

## About the designated centre

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

Delta Evergreen is a residential designated centre for people with intellectual disabilities operated by Delta Centre Company Limited by Guarantee. The centre is situated in Carlow town. It comprises of two houses Tintean Blackbog and Tintean Coille 1&2. All of the residents living within these community residential settings have daily access to Delta Centre Ltd campus in Carlow. Residents also have access to a wide range of community based social activities. The centre is managed by a person in charge and the staff team is made up of senior social care workers, social care workers and care assistants. Nursing care is also available when required.

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

| | |
|---|---|
| Number of residents on the date of inspection: | 8 |

## 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 |
|---|---|---|---|
| Thursday 21 August 2025 | 10:00hrs to 17:30hrs | Karen McLaughlin | Lead |
| Thursday 21 August 2025 | 10:00hrs to 17:30hrs | Sarah Barry | Support |

## What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the ongoing regulatory monitoring of the centre. From what residents told us and what inspectors observed, it was evident that residents living in this centre were treated with dignity and respect and that they were empowered to make decisions about their own lives. The inspection had positive findings, with high levels of compliance across all regulations inspected.

Inspectors used observations of care and support, conversations with key stakeholders and a review of documentation to inform judgments on the quality and safety of care.

The inspection was completed over the course of one day by two inspectors and facilitated by the person in charge for the duration of the inspection. Residents were observed throughout the course of the inspection receiving a good quality, person-centred service that was meeting their needs. Observations carried out by inspectors, feedback from residents and documentation reviewed provided suitable evidence to support this.

Inspectors had the opportunity to meet residents and staff and observe interactions and planned activities carrying on throughout the day. Residents indicated and told inspectors they were happy living in the centre. Staff described meaningful opportunities for residents to engage in activities they enjoyed. Inspectors observed residents taking part in activities at home and leaving the centre to engage in activities in their local community.

Inspectors attended one of the houses in the designated centre at the start of the inspection. Ordinarily, four residents resided in this house. However, on the day of the inspection, one resident had temporarily moved to the other house in the designated centre. This was due to the temporary changed mobility needs of the resident. When inspectors met with the resident in the second house in the designated centre, they told the inspectors that they were happy to be staying in this house as it was all one level and they preferred this. They resident talked about how they missed the residents they normally lived with but that all the residents had come to visit them the evening before the inspection and they really enjoyed catching up with everyone.

The resident spoke about their job in a local supermarket that they had had for a number of years. They spoke with inspectors about the various tasks that were part of their job and how much they enjoyed meeting people when they were working. The resident also told the inspector about a party that were preparing for the next evening for a local sporting club they are a member of.

The inspectors met with a resident who showed them various sport memorabilia in their bedroom. They told the inspector that they were going to attend a sporting

match at the weekend. The inspectors also met with another resident who showed the inspectors their bedroom. The room had a large collection of family photos displayed.

The inspection found that, overall, residents were in receipt of good quality care which was delivered by a familiar staff team in a kind and respectful manner. The atmosphere of the centre was noted to be calm and relaxed. Staff communicated with residents in a gentle manner and clearly knew residents' individual preferences in respect of their care and support.

The inspectors spoke with two staff members on duty on the day of inspection. They both spoke about the residents warmly and respectfully, and demonstrated a rich understanding of the residents' assessed needs and personalities and demonstrated a commitment to ensuring a safe service for them.

In summary, the inspectors found that the residents enjoyed living here and had a good rapport with staff. The residents' overall well-being and welfare was provided to a reasonably good standard.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care in the centre.

## Capacity and capability

The purpose of this inspection was to monitor levels of compliance with the regulations. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The registered provider had implemented governance and management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their needs and therefore, demonstrated, they had the capacity and capability to provide a good quality service. The centre had a clearly defined management structure, which identified lines of authority and accountability.

An up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies and residents had access to vehicles for transport which were assigned for the centre's use only.

There was a planned and actual roster maintained for the designated centre. A review of the rotas found that staffing levels on a day-to-day basis were generally in line with the statement of purpose. Rotas were clear and showed the full name of

each staff member, their role and their shift allocation.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents.

The provider had a complaints policy and associated procedures in place as required by the regulations. Inspectors reviewed how complaints were managed in the centre and noted there were up-to-date logs maintained.

Overall, inspectors 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.

## Regulation 15: Staffing

Residents were in receipt of support from a stable and consistent staff team. The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of the residents. The staffing resources in the designated centre were well managed to suit the needs and number of residents.

Inspectors reviewed the rotas in the designated centre for the month of July. The rotas demonstrated that the provider and person in charge, had ensured that planned staffing levels were maintained in the centre. There were two rotas in place in the designated centre, one for each house. The review of the rota in one house showed all shifts in the centre for July were covered by staff employed in the designated centre and relief staff from the provider's own relief panel. This ensured that residents received continuity of staffing which enabled the building of relationships between staff and the residents they support. For example, one resident required support for a set number of hours each day. A very small staff team worked with this resident which was important to this resident so that they were very familiar with their support staff.

Where the needs of one resident had temporarily changed, due to a health related issue, the provider had employed specifically skilled staff to support this resident for that specified duration.

Team meetings were taking place in the designated centre in each of the houses. These meetings took place once a quarter, in line with the provider's policy. There was a set agenda and the topics discussed included safeguarding, training needs, infection prevention control and resident's weekly meetings.

The inspectors did not review staff files to ensure if they contained the information and documents specified in Schedule 2 of the regulations as part of this inspection.

Judgment: Compliant

## Regulation 16: Training and staff development

The provider and person in charge had effective systems in place to record and monitor staff training. Staff had completed training in the following areas:

- Safeguarding
- Fire Safety
- First Aid
- Health and Safety
- Manual Handling
- Safe Administration of Medications
- Epilepsy Awareness
- Autism Awareness
- Fundamentals of Advocacy
- Feeding Eating Drinking Swallowing (FEDS)
- Dementia
- Supporting Decision Making
- Safety Intervention Training (CPI)

Staff had completed training in human rights. Staff had access to and had completed training that was up-to-date and appropriate to the service provided and the needs of the residents. Staff also received ongoing training as the needs of residents changed.

There was a schedule for staff supervision in place. Staff completed supervision quarterly, in line with the provider's policy. The inspectors did not review a sample of supervision records.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre. The staff team was led by an appropriately qualified and experienced person in charge. The person in charge reported to a residential services manager. They also held monthly meetings which reviewed the quality of care in the centre.

A series of audits were in place including monthly local audits and six-monthly unannounced visits. Audits carried out included a six monthly unannounced audit,

fire safety, infection prevention and control (IPC), medication audit and an annual review of quality and safety. Residents, staff and family members were all consulted in the annual review.

A review of monthly staff meetings showed regular discussions on all audit findings.

Judgment: Compliant

## Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1 of the regulations.

The statement of purpose outlined sufficiently the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and clearly outlined information pertaining to the residents' well-being and safety.

A copy was readily available to the inspector on the day of inspection. It was also available to residents and their representatives.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was an effective complaints procedure in place in the designated centre. This was accessible and was displayed in a prominent place in the centre.This was in easy-to-read format and accessible to all.

There was an up-to-date complaints log and procedure available in the centre. The inspector reviewed a sample of these logs and found that complaints were being responded to and managed locally.

The person in charge was aware of all complaints and they were followed up and resolved in a timely manner.

Judgment: Compliant

## Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre. Inspectors found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

The inspectors completed a walk-through of both properties in the designated centre. They found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

Both premises were found to be designed and laid out in a manner which met residents' needs. There was adequate private and communal spaces and residents had their own bedrooms, which were being decorated in line with their tastes.

The provider had established arrangements to enable residents to have control over their personal possessions. Inspectors observed that residents had control over their possessions, and had sufficient storage space for their belongings.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments informed the development of care plans and outlined the associated supports and interventions residents required. Residents were receiving appropriate care and support that was individualised and focused on their needs. However, person-centred goal planning required improvement.

Behaviour support plans were developed for residents where required. The plans were up to date and available to guide staff in appropriately supporting residents to manage their behaviours. Staff also completed training in this area. Restrictive practices were regularly reviewed with clinical guidance and risk assessed to use the least restrictive option possible.

Furthermore, inspectors spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

The registered provider had safeguarding policies and procedures in place including guidance to ensure all residents were protected and safeguarded from all forms of abuse.

There were fire safety systems and procedures in place throughout the centre.There were fire doors to support the containment of smoke or fire. There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting provided.

The registered provider had safeguarding policies and procedures in place including guidance to ensure all residents were protected and safeguarded from all forms of abuse.

Overall, the inspectors found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

## Regulation 10: Communication

Residents in this designated centre were supported to communicate in line with their assessed needs and wishes.

Resident's had communication care plans in place which detailed that they required additional support to communicate.

One inspector reviewed a communication plan which was in place for one resident. This contained the methods the resident uses to express themselves, times that the resident may find communication difficult and the people who know the resident's communication skills best. The plan had been reviewed earlier this year. The inspector observed staff communicating with the resident and they were observed to spend sufficient time communicating with the resident to meet their needs and wishes.

Staff were observed to be respectful of the individual communication style and preferences of the residents as detailed in their personal plans.

In the kitchen of one of the houses, there was a notice board with a visual schedule for one resident which included pictures of the staff on duty, activities the resident had scheduled and places that the resident was going to as part of their day. This was in place as it had been identified that this was important means of communication for the resident.

All residents had access to appropriate media including; the Internet and Television.

Judgment: Compliant

## Regulation 12: Personal possessions

The provider recognised the importance of residents' property and there was adequate space for personal storage for residents' possessions. The provider and person in charge created an environment which encouraged residents to bring with them items that are meaningful to them. For example, where a resident had moved houses within the designated centre temporarily, they were supported to bring their own bed and personal possessions with them. The resident told the inspectors how happy they were to have their own bed during this temporary move.

The inspector reviewed an inventory of one resident's personal possessions which was included in their personal plan which had been updated to reflect gifts they had received earlier this year.

Judgment: Compliant

## Regulation 17: Premises

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

Overall, both houses were found to be clean, bright, homely, nicely-furnished, and laid out to the needs of the residents living there. The provider had endeavoured to make the living arrangements for residents as homely and personalised as possible throughout. There were adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their tastes, likes and interests.

The centre had also been adapted to meet the individual needs of residents ensuring that they had appropriate space that upheld their dignity and improved their quality of life within the designated centre.

Judgment: Compliant

## Regulation 28: Fire precautions

Both properties had appropriate and suitable fire management systems in place which included containment measures, fire and smoke detection systems, emergency lighting and fire-fighting equipment.

These were all subject to regular checks and servicing with a fire specialist company and servicing records maintained in the centre.

All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Comprehensive assessments of need and personal plans were available on each resident's files. They were personalised to reflect the needs of the resident including what activities they enjoy and their likes and dislikes. Inspectors reviewed the personal plans in place for three of the residents. Each personal plan contained a comprehensive assessment that met the needs of the resident in question and was

reviewed at least annually. There were care plans in place to meet various support needs of the residents which included communication needs, medication supports and finances.

However, the person-centred planning arrangements in place in the designated centre required review. Inspectors reviewed the goals three residents were currently working on. Residents in this centre identified goals they wished to achieve over a 6 month period. The most recent meeting for each resident had taken place in the last 6 months. Improvements were required in the tracking of the resident's progress with these goals. For example, one resident's progress on one of their goals had not been updated since July 1st and the resident told inspectors they had not had the opportunity to work on this goal of late.

Another resident had set a goal of accessing a community resource regularly. This goal had not been updated since the beginning of July and it was not clear from the documentation tracking these goals what progress the resident had made with this goal since that date.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

There were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. Positive behaviour support plans in place were detailed, comprehensive and developed by an appropriately qualified person. Clearly documented de-escalation strategies were incorporated as part of residents' behaviour support planning.

The inspector found that the person in charge was promoting a restraint-free environment within the centre. Restrictive practices in use at time of inspection were deemed to be the least restrictive possible for the least duration possible.

The provider had ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice.

Judgment: Compliant

## Regulation 8: Protection

The person in charge ensured that all staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse or allegations of abuse.

Some safeguarding concerns had been reported to Chief Inspector prior to this inspection. Inspectors reviewed a record of incidents in the centre and this demonstrated that the person in charge had reported all required concerns to the appropriate authorities and had implemented safeguarding plans to reduce the risk to residents in the centre.

The person participating in management for the centre discussed the new systems the provider was putting in place to ensure all safeguarding issues were documented and tracked appropriately. This included the creation of a new form for logging incidents in the centre which had been developed by a qualified specialist in this area. The new system, which the provider had recently commenced using, allows for the notification of incidents at a certain level of risk directly to the provider's behavioural support team.

Inspectors reviewed the records of the last three team meetings which occurred in the two houses that made up the designated centre. Safeguarding and the definition of abuse was discussed at these meetings.

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 | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| **Quality and safety** | |
| Regulation 10: Communication | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |

# Compliance Plan for Delta Evergreen OSV-0004708

## Inspection ID: MON-0042938

## Date of inspection: 21/08/2025

**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 5: Individual assessment and personal plan | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:<br>The Person in Charge and each individual's key worker will review resident's goals in line with regulatory requirements to ensure they are in line with each resident's will and preference.<br><br>The Keyworkers will ensure resident's goals are Specific, Measurable, Achievable, Relevant and Time-bound (SMART).<br><br>This will be completed by 25th October 25. | |

## 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 05(6)(b) | The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability. | Substantially Compliant | Yellow | 25/10/2025 |