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 Oaks
Name of provider:	Delta Centre Company Limited by Guarantee
Address of centre:	Carlow
Type of inspection:	Announced
Date of inspection:	02 July 2025
Centre ID:	OSV-0004712
Fieldwork ID:	MON-0039264

About the designated centre

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

Delta Oaks is a designated centre operated by Delta Centre Company Limited by Guarantee. The designated centre is located close to the town of Carlow. The centre provides residential care for three female adults, with intellectual disabilities. The centre comprises of one building. Each resident is provided with their own bedroom, two of which have en-suite shower and toilet facility. There is a kitchen and dinning room, a sitting room, utility and office space as well as a bright sun-room to the back of the house. Outside the back of the house there is a garden with decking area. Local amenities in Carlow include shops, café's, restaurants, a bowling alley, salons, GAA clubs and a cinema. Delta Centre day services and sensory gardens are also located close by. The person in charge divides their role between this centre and one other. The staffing team consist of social care workers and support workers. Residents also have access to a staff nurse within the organisation if needed.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 2 July 2025	09:30hrs to 17:45hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

This announced inspection took place over the course of one day and was to monitor the designated centre's level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). It was also to inform a decision on the renewal of the registration of the centre.

The inspection was facilitated by the person in charge and the person participating in management for the duration of the inspection. The inspector used observations and discussions with management, staff members and the residents living in the centre, in addition to a review of documentation, to form judgments on the residents' quality of life. Overall, the inspector found high levels of compliance with the regulations.

The inspector found that this was a centre that ensured residents received the care and support they required but also ensured that the service delivery was person-centred and included a rights-based focus. The provider was proactive in anticipating residents' changing needs in particular with regard to residents' dementia care supports and also their physical and environmental support needs.

There were three residents living in the designated centre, who had shared a home for many years and knew each other well. The inspector had the opportunity to meet all three residents over the course of the inspection. The inspector saw residents coming and going from the centre throughout the day as part of their on-site and community day service.

Residents were facilitated to exercise choice across a range of therapeutic and social activities and to have their choices and decisions respected. The person in charge was ensuring that residents were provided meaningful activities in the community to ensure positive outcomes for residents in terms of the their wellbeing and development.

On the day of the inspection, two residents were supported to go for a coffee in the local town using the centre’s own transport. One resident went for a walk with their staff member. In line with the resident's assessed needs for long walks, the resident was provided a wheelchair for the walk. Residents had the option to have their lunch in the residential centre or in the provider's day service premises which was close by.

There were good arrangements in place to support residents to communicate their wishes, and make decisions about the care they received and to raise any issues they may have had. Residents were provided key working meetings as well as one to one time with staff to have significant conversations about matter that were important to them. There was also a variety of easy-to-read and picture type information displayed throughout their home to support residents with choice,

decision-making and knowledgeable about the day to day supports in place for them. The information related to in-house and community activities, meal choices, complaints process and staff roster, for example.

The inspector carried out a walk around of the centre in the presence of the person in charge. The premises was observed to be clean and tidy and was decorated with soft furnishings, photographs and pictures that overall, provided a homely feel to the house.

The premises comprised of a detached one story building. Each resident was provided with their own bedroom, two of which included an en-suite shower and toilet facility. Since the last inspection there had been upgrades to the two en-suites. The newly fitted out wet room style shower and toilet facilities were accessible and contained shower chairs and toilet frames to better meet the residents' mobility needs.

Residents' bedrooms were observed to be personal to them and included family photographs, as well as framed paintings, soft toys, table top games and items that were important to each resident. One resident liked to hold a different colourful item each day, such as a plastic stick, a colourful tube or wand. There was a box of such items stored in the resident's room and staff informed the inspector that every day the resident chose a different item to keep hold of for the day.

Residents rooms were bright and airy with adequate room for storage of clothes and personal possessions in wardrobes and dressing tables. For some residents, who required such supports, there were pictures and photographs of what was contained within the wardrobes and dressing table. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences.

The kitchen was large and included a dining room area. The kitchen was observed to be clean and tidy and in good upkeep and repair. During the inspection, the inspector sat at the dining room table with one of the residents and their staff member and enjoyed a chat and a cup of tea with them. The resident seemed comfortable and relaxed with the staff supporting them, at times during the engagement the staff member supported the resident with the conversation in a kind and dignified manner.

There was a large sitting room to the front of the house with ample seating for the residents. Two residents met and spoke with the inspector in this room. The residents were relaxed and laying back on the sitting room chairs that opened out into recliner chairs. Both residents appeared very relaxed throughout the conversation. One resident appeared particularly tired and on several occasions came to speak with the inspector however, on each occasion remained tired and spoke very little. The inspector was advised that the resident was normally quite chatty however, on this occasion seemed very tired.

The utility space off the side of the kitchen included a small staff office. This space was recently refurbished and included a counter, shelving and storage that provided a comfortable space for staff to complete administration tasks. The medication cupboard was also in this area which provided ample space for staff to prepare

residents medication.

At the back of the house there was a bright sun-room. The person in charge told the inspector that the sun-room was available to all residents to enjoy but was also a space for residents who wanted to spend some quiet time alone and relax. There was a decking area out the back of the house with a garden table and chairs. The inspector was informed that when the weather was nice, residents liked to sit out on the decking and enjoy their supper.

Residents living in the centre used different forms of communication and where appropriate, they were supported to relay their views with the support of their staff members. It was clear that staff understood what residents were relaying to them during times of engagement.

The person in charge spoke about the high standard of care all residents received and had no concerns in relation to the well-being of any of the residents living in the centre. Observations carried out by the inspector, feedback from residents and documentation reviewed provided suitable evidence to support this.

On speaking with two staff in detail and other staff members throughout the day, the inspector found that they were very knowledgeable of residents' needs and the supports in place to meet those needs. Staff were aware of each resident's likes and dislikes. The inspector observed that residents appeared relaxed and happy in the company of staff and that staff were respectful towards residents through positive and caring interactions.

In advance of the inspection, residents had been provided with Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre. The inspector reviewed the three completed surveys that staff helped residents to complete. The residents' feedback was very positive, and indicated satisfaction with the service provided to them in the centre, including, activities, trips and events, premises, staff support and food.

On review of the centre's annual report of the quality of care and support provided to residents, the inspector saw that the provider had consulted with, and received feedback, from residents and their family. The feedback was positive and in particular, families noted their satisfaction and happiness of the care and support provided by the staff team. The provider' annual review family feedback section include a comment where a family said that they were glad of the opportunity to say thank you to everyone for the great work they did.

In summary, the inspector found that each resident's wellbeing and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. The inspector found that there were systems in place to ensure residents were safe and in receipt of good quality care and support and that overall, the person in charge and staff were endeavouring to continuously promote residents' independence as much as they were capable of.

Some improvements were required to the areas of personal plan goals, restrictive

practice and fire precautions. These are discussed further in the next two sections of the report which 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 the service being delivered to each resident living in the centre.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. 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.

Overall, the findings of this announced inspection were that residents were in receipt of a good quality and safe service, with good local governance and management supports in place. There was good levels of compliance found on the inspection however, some improvements were needed to restrictive practices, personal plan goals and fire precautions. These are addressed further in the quality and safety section of the report.

The centre had a clearly defined management structure in place which was led by a capable person in charge. The person in charge was an experienced, qualified professional and demonstrated their knowledge of the residents' assessed needs.

Governance systems the provider had put in place ensured service delivery was safe and effective through the ongoing auditing and monitoring of its performance resulting in a thorough and effective quality assurance system in place. The person in charge carried out a schedule of local audits and followed up promptly on any actions arising from the audits. These audits assisted the person in charge ensure that the operational management and administration of centre resulted in safe and effective service delivery.

The provider had effective systems in place to monitor and audit the service. An annual review of the quality and safety of care during 2024 had been completed and six-monthly unannounced visits to the centre had been carried out in October 2024 and again in March 2025.

There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibilities and who they were accountable to. There was a staff roster in place and it was maintained appropriately. There were two staff vacancies in the centre at the time of the inspection however, the provider had recruited to new staff who were due to commence in their role once the vetting process had been completed.

The inspector reviewed a sample of staff files and found that they included all

Schedule 2 requirements. The inspector spoke with two staff on a one-to-one basis during the inspection and found that they demonstrated appropriate understanding and knowledge of policies and procedures that ensured the safe and effective care of residents.

There was a training record, as well as a training schedule, in place for all staff working in the centre and this was regularly reviewed by the person in charge. Staff were provided with the necessary skills and training to enable them deliver quality, safe and effective services that catered for each resident's assessed needs.

A supervision schedule and supervision records for all staff were maintained. The inspector saw that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and professional development.

Incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. There was appropriate information governance arrangements in place to ensure that the designated centre complied with all notification requirements.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose had been recently reviewed and was available to residents and their representatives to view.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for residents in a prominent place in the centre.

Regulation 14: Persons in charge

The person in charge worked full-time and divided their role between this designated centre and one other. The local monitoring systems and structures in place supported this arrangement in ensuring effective governance, operational management and administration of the designated centres concerned.

The person in charge had the appropriate qualifications and skills and sufficient practice and management experience to meet the requirements of Regulation 14 and to oversee the residential service to meet its stated purpose, aims and objectives.

The person in charge was familiar with the residents' needs and was endeavouring to ensure 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 residents living in this centre.

Through speaking with the person in charge, the inspector found that they demonstrated sufficient knowledge of the legislation and their statutory

responsibilities of their role. The inspector was informed that there were plans in place for additional supports for the person in charge.

In September 2025, a Senior Social Care Worker position would be in place with the staff member working on the floor and completed a number of administration hours to support and learn from the person in charge. This was also an initiative to train and provide staff with sufficient management experience for future person in charge roles.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times in line with the statement of purpose and size and layout of the building.

The person in charge ensured that staff rosters were appropriately maintained. The inspector reviewed the planned and actual rosters for the months of January to April 2025. Rosters reviewed accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during both day and night shifts.

Two Care Assistant vacancies had arisen had in the centre in during the month of June however, on the day of the inspection the inspector was informed that the vacancies had been filled and the new staff would commence in their roles as soon as the required vetting had been completed. To cover the gaps in the roster due to the vacancies as well as annual leave, training and other staff related leave, permanent staff worked additional hours to cover. In addition, the person in charge had also employed staff who worked in other designated centres run by the provider and who were familiar to the residents. This was to ensure that continuity of care and support was provided to residents until the new staff commenced in their roles.

On the morning of the inspection, the inspector spoke to two staff members in detail, and found that they were knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents. Staff were aware of each resident's likes and dislikes. The inspector observed that residents appeared relaxed and happy in the company of staff and that staff were respectful towards residents through positive and caring interactions.

The inspector reviewed a sample of eight staff records and found that they contained all the required information in line with Schedule 2.

Judgment: Compliant

Regulation 16: Training and staff development

Effective systems were in place to record and regularly monitor staff training in the designated centre. The inspector reviewed the staff training record and found that staff had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents living in the centre.

Some of the training provided to staff included the following;

- Fire safety
- Safeguarding of vulnerable adults
- Positive behaviour supports
- Safe administration of medication
- Crisis prevention and intervention
- Epilepsy related training
- First aid
- Feeding, eating, drinking and swallowing (FEDS),
- Infection prevention and control (IPC),
- Autism awareness
- Human rights training
- Dementia – therapeutic interventions training.

Staff were also provided with additional support and training relating to dementia care. The inspector was informed that staff had attended an on-line live session with professionals from a memory clinic as well as other interventions and supports from professionals who were part of residents dementia care.

All staff were in receipt of one to one supervision and support relevant to their roles from the person in charge. The person in charge had a supervision schedule in place for 2025 and had provided supervision meetings to each of the staff team on a quarterly basis. The inspector reviewed a staff supervision records, and found that they were in line with the provider's policy and included a review of the staff members' personal development and also provided an opportunity for them to raise any concerns.

Judgment: Compliant

Regulation 19: Directory of residents

Each residents' personal plan contained information on a document titled directory of residents which contained up-to-date information as set out in (a) to (e) of Schedule 3. The person participating in management informed the inspector that all residents' individual directory of residents documents would be uploaded to the new oncoming online system to become one document.

Judgment: Compliant

Regulation 21: Records

The provider had effective systems and processes in place, including relevant policies and procedures, for the creation, maintenance, storage and destruction of records which were in line with all relevant legislation.

The registered provider had ensured information and documentation on matters set out in Schedule 2, Schedule 3 and Schedule 4 were maintained and were made available for the inspector to view.

Judgment: Compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The inspector reviewed the insurance document and found that it ensured that the building and all contents, including residents' property, were appropriately insured. In addition, the insurance in place also covered against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had arrangements in place to ensure that a quality service was being provided to residents in the centre. The governance and management systems in place were effective in ensuring good quality of care and support was provided to residents.

There was a clear management structure in place with clear lines of accountability. Overall, there was satisfactory oversight and monitoring of the care and support provided in the designated centre as well as regular management presence within the centre.

An annual review of the quality and safety of care during 2024 had been completed by the provider. The annual report demonstrated that residents and their family had all being consulted in the process. Overall, on review of the annual report, the inspector found the feedback to be highly complementary and positive about the quality of the care and support provided to residents in the centre. On the day of

the inspection, the inspector went through actions detailed on the report that had arisen during the 2024 review. The inspector found that all actions had either been completed, or were on track to be completed within the expected time frames.

In addition to the annual report, six-monthly unannounced visits were taking place in the centre with the most recent two completed in October 2024 and March 2025. The person in charge also carried out six monthly audits of fire checks, finances, residents' house meetings, health and safety, first aid, fridge and freezer temperature checks, task folder checks, staff training and the storage of residents' care plans. Audits related to residents' personal plans and action were also completed by the person in charge.

The person in charge also attended quarterly review meetings with the person participating in management. At these meetings matters such as recruitment, restrictive practice, risk assessments, safeguarding, the incidents logged and complaints, were discussed and where needed, actions were put in place.

The person in charge had also completed a number of self-assessed thematic service provider audits. The theme of safeguarding was completed in June 2025 and theme of restrictive practice was audited in November 2024. In addition, a medication management audit was carried out by one of the organisation's nurses in April 2025. The inspector found that the centres' comprehensive suite of monitoring systems were effective in ensuring quality improvements in the centre and overall, positive outcomes for residents.

Staff team meetings were taking place regularly and provided staff with an opportunity for reflection and shared learning. On review of the minutes of the June 2025 meeting the inspector saw that topics such as the HIQA inspection, medication management, infection prevention and control, maintenance issues, fire evacuation, safeguarding, health and safety, training, teamwork, dignity, confidentially and respect, contact with family and risk, but to mention a few, were discussed and shared at the meetings.

In addition, to ensure staff were aware and knowledgeable of the legislation relevant to their roles and responsibilities, at the end of each staff meeting, the person in charge talked through a different regulation contained within S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

Judgment: Compliant

Regulation 3: Statement of purpose

In advance of the inspection, the person in charge submitted an updated statement of purpose. The statement outlined the service provided in the designated centre

and met the requirements of the regulations.

The statement of purpose described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to residents and their family and representatives.

In addition, a walk around of the designated centre confirmed that the statement of purpose accurately described the facilities available including room function.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

Judgment: Compliant

Regulation 31: Notification of incidents

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

The person in charge had ensured that all adverse incidents and accidents in the designated centre, required to be notified to the Chief Inspector of social services, had been notified and were within the required timeframes as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

The inspector found that incidents were managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. On review of team meeting minutes, the inspector found that where there had been an incident of concern, the incident and learning from the incident, had been discussed at staff team meetings.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had established an effective complaints procedure underpinned by a comprehensive policy. The complaints procedure and policy was available in an easy-to-read format and accessible to residents. A copy of the procedure alongside information on advocacy was located in a communal space in

the centre.

From speaking with staff and a review of records, the inspector saw that the complaints procedures were regularly discussed with residents at their weekly house meetings to promote awareness and understanding of the procedures and to allow them a space to make a complaint if they so wished.

The inspector was informed on the day, that there were no open complaints.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for residents who lived in the designated centre.

The provider had measures in place to ensure that a safe and quality service was delivered to residents. The findings of this inspection demonstrated that overall, the provider had the capacity to operate the service in compliance with the regulations and in a manner that ensured the delivery of person-centred care.

The inspector found that residents' 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.

There had been improvements in the centre since the last inspection which resulted in positive outcomes for residents and in particular, relating to premises, infection prevention and control and safeguarding. On the day of the inspection the inspector found that some improvements were needed to the areas of fire precautions, restrictive practices and personal plans.

The inspector reviewed a sample of residents' personal plans and saw that they included an assessment of each resident's health, personal and social care needs and that overall, arrangements were in place to meet those needs. However, some improvements were needed to some sections of the plan and in particular relating to screening programmes, a specific support care plan and residents' individual goals as well as the progress of them.

Overall, appropriate healthcare was made available to residents having regard to their personal plan. Residents' plans were regularly reviewed in line with the residents' assessed needs and required supports. Residents were supported to live healthily and were provided with choice around activities, meals and beverages that promoted healthy living.

Residents' personal possessions were respected and protected. Residents were

supported to have control of their personal possessions in keeping with their rights, needs and wishes. Residents were provided with adequate support to manage their financial affairs in line with their understanding and assessed financial capacity.

The provider had ensured that the risk management policy met the requirements as set out in the regulations. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. There was a risk register specific to the centre that addressed individual and centre related risks.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. Residents' personal emergency evacuation plans were reviewed regularly to ensure their specific support needs were met. For the most part, there were suitable arrangements in place to detect, contain and extinguish fires in the centre however, a review of fire doors was needed to ensure they were effective at all times.

Where required, positive behaviour support plans were provided to residents, and staff had completed training to support them in helping residents to manage their behaviour that challenge.

The restrictive practices used were clearly documented and were subject to review by the appropriate health professionals. The restrictive practices were supported by appropriate risk assessments which were reviewed on a regular basis. However, some improvement was needed to ensure all restrictions were identified and provided the same processes and oversight as other restrictions in the centre.

Good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding concern were investigated in line with national policy and best practice. The inspector found that appropriate procedures were in place, which included safeguarding training for all staff, the development of personal and intimate care plans, and support from a designated safeguarding officer within the organisation.

Regulation 10: Communication

Overall, the inspector found that communication access was facilitated for residents in this centre in accordance with their needs and wishes.

The person in charge had ensured that residents were provided information in a way that they understood. The inspector observed examples of easy-to-read format in residents' personal plan and on residents' notice boards. This was to support residents understanding of the information in line with their needs, likes and preferences. For example, the complaints procedure, which was placed on all residents' notice boards, was written in easy to read format. In addition, residents were supported through social stories to help their understanding of the fire evacuation procedure and residents' personal personal plans contained easy-to-read

consent forms.

There was a culture of listening to and respecting residents' views in the service. Staff also advocated for residents, and residents were facilitated and supported to access advocates when requested or required.

The provider and person in charge understood that the ability to communicate needs and wishes and to be understood was a core value as a human being. In respecting this principle, they were endeavouring to ensure that residents were supported to understand the information provided to them and to be supported to communicate their choices and decisions about their care and their lives.

For example, residents were provided with a communication assessment and from this a communication support plan was developed. The care plan included the method of communication the resident used to express themselves, additional information on how the resident communicates, how the resident understand what is being communicated to them and also what happens for the resident if they have difficulty in understanding a person. The information in the support plan provided clear guidance for staff on how to best communicate with residents in line with their needs, wishes and preference.

Through conversations with staff, the inspector found that they were aware of each resident's communication support needs and were knowledgeable on how to communicate with residents. On observing staff interact with residents, it was clear they understood what residents were saying and that the residents understood what staff were saying to them.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector found that the provider and person in charge had ensured the residents were support to have and keep their own belongings into their rooms. The resident observed residents' personal belongings such as clothes, personal care items, photographs, pictures and memorabilia that was important to them, in each resident's bedroom. There was an inventory of each resident's belongings included in their personal plan.

Residents were supported to be involved in managing their own laundry, if and when they wished. Residents were provided laundry baskets in their rooms. In addition, there were systems and checks in place to ensure that residents' clothes and linen were laundered regularly and returned to the correct resident.

On a walk around of the centre, including residents' bedrooms, the inspector observed that there was sufficient space for each resident to store and maintain clothes and other possessions securely.

The person in charge had ensured that each resident was provided with a financial assessment. This determined the level of support each resident required with managing their finances.

The provider and person in charge were endeavouring as much as possible to ensure residents were supported to be as independent as possible in relation to their finances. All residents had an account in a financial institution which included their own card. One resident was working on a goal to becoming more independent with using their finances when purchasing items in the community.

Judgment: Compliant

Regulation 17: Premises

The physical environment of the house was observed to be clean and tidy. The design and layout of the premises ensured that each resident could enjoy living in a safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents living in the designated centre.

Where residents had a diagnosis of dementia, the provider was proactive in anticipating likely environmental and physical changes that may be required in the near future. A review was underway to ascertain if the house's hall and door frames could be widened to allow more accessibility. In some cases, residents' mobility was starting to decline and it was likely that they may require the use of a wheelchair inside their home. The person in charge advised the inspector that they were also reviewing other options regarding alternative accommodation within the organisation if widening of halls and door-frames was not an option. The plans and options had been discussed with residents and their families.

Residents expressed themselves through their personalised living spaces. During the walk around of the centre, the inspector observed residents' bedrooms and found them to be personal to each resident and reflected their likes an interests. The residents were consulted on the décor of their rooms which included family photograph and personal photographs and collages, paintings, soft toys, table top games and a variety of memorabilia that was of interest to them.

The residents living environment provided appropriate stimulation and opportunity for the residents to rest and relax. Communal areas were spacious and homely. Where residents chose to have some time alone or enjoy a quiet space, there was a bright sun-room available to them at the back of the house. There was a decking and garden area just outside the sun-room which included a garden dining area for residents to enjoy in good weather.

There was a system in place for monitoring the upkeep, repair and safety of the premise. Where issues arose, the person in charge referred them to the organisation maintenance team. Where issues were larger, they were referred to the housing

association who owned the premises. On the day of the inspection, the person in charge arranged for the maintenance person to complete some small upkeep and repair issues that had been identified on the day.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents which met the requirements of Regulation 20. For example, on review of the guide, the inspector saw that information in the residents' guide aligned with the requirements of associated regulations, specifically the statement of purpose, residents' rights, communication, visits, admissions and contract for the provision of services, and the complaints procedure.

The guide was written in easy-to-read language and was available to everyone in the designated centre.

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. The policy was last reviewed in May 2025 and was due for next review in 2028.

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

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.

For example;

Where there was a risk of injury to a resident from a fall from a wheelchair, there were measures in place to reduce the risk. These included using a lap belt, staff training in manual handling and only using the wheelchair for long journeys, appointments, fire evacuation and transport.

Where there was a risk of confusion and misunderstanding for a resident due to dementia diagnosis, there were a number of measures in place which included, staff trained in dementia care, regular updates to GP regarding changes, staff document

behaviours, nurse and person in charge review behaviours and staff to support resident during activities to avoid ingestion of harmful objects.

There were also centre-related risk assessments completed with appropriate control measures in place.

Judgment: Compliant

Regulation 27: Protection against infection

There was an up-to-date comprehensive policy relating to infection, prevention and control in the designated centre and it was made available to all staff.

There was an infection prevention control management plan in place that included preparedness for a potential outbreak. The plan considered staffing, cleaning, personal protection equipment, mealtimes, storage and laundry in the event of an outbreak.

The inspector found that the infection prevention and control measures were effective and efficiently managed to ensure the safety of residents.

The inspector observed the house to be clean and that cleaning records demonstrated a high level of adherence to cleaning schedules.

Staff had completed specific training in relation to the prevention and control of infection. On speaking with two staff in detail, the inspector found them to be knowledgeable and aware of the appropriate cleaning products and equipment when cleaning the residents home. For example, they were aware of the colour coded system in place for mops, mop buckets and cleaning cloths.

Judgment: Compliant

Regulation 28: Fire precautions

For the most part, the registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment. Staff had been provided training in fire safety and those who spoke with the inspector were knowledgeable about safely evacuating residents in the case of fire.

There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements.

Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist

company.

The inspector reviewed fire safety records. All residents had personal emergency evacuation plans in place and fire drills were being completed by staff and residents regularly, and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

The exit doors were easily opened to aid a prompt evacuation, and the fire doors closed properly when the fire alarm activated. However, some improvements were needed to the fire doors. For example, on a walk around of the premises, the inspector observed a gap under the sitting room door (fire door) which would likely impacted on the effectiveness of the door in containing fire.

The residential service manager informed the inspector that they had met with an external fire expert at the end of June 2025 following a similar finding from an inspection of another designated centre. There was a plan, at organisational level, for all fire doors in designated centres to be reviewed and where required, upgrades completed. This was at the initial stages however, it was been dealt with as a priority matter.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of each residents' health, personal, and social care needs had been carried out.

The person in charge had ensured that personal plans were developed for residents. The plans were informed by the assessments and overall, reflected the supports required to meet the resident's needs. The plans viewed by the inspector were up-to-date and for the most part, were readily available to guide staff in the appropriate delivery of care and support interventions.

The inspector reviewed a sample of residents personal plan assessments and care plans and found that they were reviewed on an annual basis or more frequently if required. However, the following improvements were needed to ensure the effectiveness of residents' personal plans:

Sufficient supports plans were in place: For example, where residents had a diagnosis of dementia, this was included as part of their assessment of need. Information regarding supports in place for the resident was included in residents' plans however, there was no specific dementia care support plan in residents' personal plan that would better guide staff in supporting residents in this area.

Residents had access to national health screening programmes and that details and outcomes were recorded clearly in residents' personal plans. For example, on the day of the inspection, the person participating in management followed up with the

organisations' nursing staff to ascertain if residents' had been provided access to all appropriate screening programmes. By the end of the inspection they had ensured that, where appropriate, residents were either registered for screening programmes or a follow up with their GP was organised. However, further work regarding consultation with residents, as well as informed consent, was needed.

Residents' goals were specific, measurable, achievable and time bound. For example, residents were supported to choose goals that were meaningful to them. On review of two residents' personal plans the inspector found that improvements were needed to ensure residents' goal titles were more specific in nature. This was to ensure that residents goals could be measured, were time bound and achievements could be celebrated. In addition, a review of the recording of the progress of residents' goals was needed. This was to ensure that where progress was made, it could be measured to acknowledge milestones and achievements.

Judgment: Substantially compliant

Regulation 6: Health care

Overall, the provider and person in charge promoted the rights of residents in relation to making choices around their healthcare and support needs in this area.

The inspector found that appropriate healthcare was made available to residents having regard to their personal plan. Residents' personal plans took into account their physical wellbeing as well as their medical history, mental health, diet and nutritional needs but to mention a few.

Residents were supported to live healthily and were provided with choice around activities, meals and beverages that promoted healthy living. Residents were supported and encouraged to complete exercise programmes recommended by health professionals, go for walks in the outdoors and eat healthily. On observing food in residents' fridges and on review of the weekly menu planner, the inspector saw that there was a lot of fresh healthy food options available to residents.

Residents' healthcare plans demonstrated that each resident had access to allied health professionals including access to their general practitioner (GP). Residents were supported and encourage to attend annual health check-ups or sooner if required. Where residents physical needs were changing the inspector saw that the person in charge had ensured referrals were made to the appropriate health professional and in a timely manner. For example, where residents required mobility aids and supports these were put in place in a timely manner.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required, residents were provided with positive behavioural support plans. On review of one resident's plan the inspector that the plans were up-to-date (reviewed in February 2025) and provided satisfactory guidance to staff in supporting the resident manage their behaviours. The plan included proactive strategies and de-escalation techniques (re-active strategies). The plans included appropriate professional oversight, both in the development and review of the plan.

Staff were provided appropriate training in positive behaviour supports. Staff who spoke with the inspector demonstrated that they had appropriate knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

The inspector saw that, for the most part, where restrictive procedures were being used, they were based on centre and national policies. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the individual.

Restrictive practices were regularly reviewed by the person in charge and they were committed to reducing and removing restrictions where possible. A self-assessed restrictive practice thematic inspection was completed in the designated centre in November 2023.

There was a good oversight system in place where new and existing restrictions were required to be approved by the provider's behaviour support oversight committed. Restrictive practices in use at the time of the inspection were deemed to be the least restrictive possible for the least duration possible.

However, improvement was needed to ensure that all restrictions were identified and followed up in line with centre and national policies. For example, a restriction relating to residents' access to their finances had not been identified as a restriction and had not been processed in the same way as other restrictions. While residents had their own bank account, their bank card and cash were locked in a secure location away from the residents' person. Notwithstanding this, residents' bank cards and cash were made available to them when they needed or wanted it. All residents had undergone a financial assessment which identified the supports they needed with their money. On the day of the inspection, the person in charge commenced the restrictive practice process including the specific documentation to be reviewed by the organisation's behaviour support oversight committee.

Judgment: Substantially compliant

Regulation 8: Protection

The residents were protected by practices that promoted their safety. There was an up-to-date safeguarding policy in the centre and it was made available for staff to review.

All staff had received up-to-date training in the safeguarding and protection of vulnerable adults. Staff spoken with were familiar with reporting systems in place, should a safeguarding concern arise. In 2024 and 2025 the person in charge conducted annual safeguarding self-assessment. A finding from the assessment led to the person in charge introducing a safeguarding questionnaire for all staff to assess their awareness and knowledge of safeguarding protocols. To further strengthen safeguarding measures, an induction program on safeguarding has been implemented for all new staff, ensuring they are adequately trained and informed from the outset of their employment.

The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity.

Residents had been provided with easy-to-read materials regarding safeguarding to further explain the information to them in a manner that they understood.

There were a number of audits and checks in place of the residents' finances to ensure each resident's money was maintained appropriately.

On review of a sample of eight staff member files, all staff had been through the appropriate vetting system.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Delta Oaks OSV-0004712

Inspection ID: MON-0039264

Date of inspection: 02/07/2025

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: - The provider will engage an external fire safety specialist to assess the suitability and standard of all fire doors, across the designated centre. This will be completed by 30th October 2025 with recommendations implemented promptly thereafter. - Fire doors that do not meet appropriate fire resistance standards, including those with excessive gaps or that fail to close fully, will be repaired or replaced based on the fire specialist's report.	
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: - Residents with a diagnosis of dementia will have a dedicated dementia care plan developed to complement their existing assessments. These support plans will clearly outline specific strategies to support the resident's cognitive, emotional, behavioural, and communication needs. This will be completed on 30th August 2025. - Person in Charge will liaise with the nurse to ensure all eligible residents are registered for relevant screening programmes and appropriate follow-ups are arranged. All residents have been registered for Breast Check screening awaiting appointments. Nurses have contacted the GP regarding cervical screening for eligible residents. This information will be documented in each resident's medical history within their medical folder. This will be completed by 30th August 2025. - All residents' goals will be reviewed by Person in Charge and Keyworkers to ensure they are Specific, Measurable, Achievable, Relevant, and Time-bound (SMART). This will be completed by 30th August 2025.	

Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: - The Person in Charge has initiated the formal restrictive practice process for the restriction concerning residents' finances, including completion of the Restrictive Practice Authorised Form. - This financial restriction has been submitted for review by the organisation's Behaviour Support Oversight Committee to ensure it meets all regulatory and best practice standards. This was completed on 15.7.25.	

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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/10/2025
Regulation 05(6)(c)	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 assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/08/2025
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures	Substantially Compliant	Yellow	12/07/2025

	are applied in accordance with national policy and evidence based practice.			