

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

Issued by the Chief Inspector

Name of designated centre:	Delta Willow
Name of provider:	Delta Centre Company Limited by Guarantee
Address of centre:	Carlow
Type of inspection:	Announced
Date of inspection:	27 November 2025
Centre ID:	OSV-0005526
Fieldwork ID:	MON-0040514

About the designated centre

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

Delta Willow is a designated centre operated by Delta Centre Company Limited by Guarantee. This centre provides full time residential care and support for up to nine residents with an intellectual disability. The centre is made up of two separate homes, Homefield and Tintean Willow. One house can accommodate up to three residents and the other can accommodate up to six residents. Both homes are located within close proximity of each other and the local town. Tintean Willow comprises a large and bright open plan living area comprising kitchen, dining area and sitting area. There are also various other small living areas, including a seating area beside a large window, and a further small living room. Homefield comprises an open Kitchen/Living/ Dining area, a sensory room and three individual resident bedrooms. There is a large accessible main bathroom and a smaller bathroom area. Across both houses residents have their own bedrooms that are decorated and furnished in accordance with the needs and preferences of the individual person. The centre is managed by a full-time person in charge and residents are supported, both day and night, by social care leaders and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 27 November 2025	09:30hrs to 18:00hrs	Sarah Barry	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to assist in informing the decision in relation to renewing the registration of the designated centre. Overall, the inspector found high levels of compliance with the regulations. However, some improvements were required under Regulation 15: Staffing and Regulation 6: Healthcare.

The inspection was facilitated by the person in charge and the residential service manager. It took place over one day and was carried out by one inspector. The inspector used observations and conversations and interactions with residents, in addition, to a review of documentation and conversations with key staff, to form judgments on the resident's quality of life.

The designated centre was comprised of two houses which were in close proximity to each other. The designated centre was registered to accommodate nine residents. At the time of this inspection, there were nine residents living in the centre, with six residents residing in one house and three residents residing in the second house. The first house in the designated centre comprised of a large detached two-storey house, which was located on the outskirts of a large town in Co. Carlow. This house was decorated to a high standard, was very bright and warm.

Upon arrival at the first house in the centre, the inspector was greeted by the person in charge and the senior social care worker. Residents in this house were supported to live their lives at a pace which they chose and some residents had retired from day service. Two residents were watching a music programme in the sitting room, while one resident was also knitting. Another resident had a day off from their daily activities and they were choosing to have a lie in.

This house comprised of six bedrooms, two of which were ensuite, three bathrooms, a sitting room, a utility, a sunroom and an open plan lounge/dining room/kitchen. The lounge/dining room/kitchen was very spacious, comfortable and was the clearly the centre of the residents home. Residents were observed relaxing in this room throughout the day, at mealtimes and on their return to the centre in the evening. There were large windows which made the room very bright and a sunroom was located off this room, which one resident had set up an area in that they used to relax and complete arts and crafts in.

One of the resident's bedroom's had been adapted to meet the resident's needs. For example, the clothes rail had been lowered in their wardrobe so they could select their clothes themselves. Another resident showed the inspector around their bedroom. It was decorated to reflect the resident's interests and contained their personal items, which they displayed. The resident spoke to the inspector about how they liked living in the designated centre and there was nothing they wished to change. They spoke positively of the staff members in the centre and how they liked

how close the centre was to a bus stop to facilitate their trips into the local town. They spoke about a recent trip they had taken to another county and all the activities they had taken part in there.

The second house in the designated centre was a large detached one-storey house, located in close proximity to the other house in the designated centre. This house was home to three residents. All residents in this house also had their own bedrooms, which allowed for personal space and privacy. There was a large open plan kitchen/dining room/sitting room where two residents were spending their time when the inspector arrived to the house. One resident was completing a jigsaw at the kitchen table, waiting for the weather to improve before heading out in the afternoon. The sitting room had been decorated for Christmas, with a large, brightly decorated Christmas tree providing a focal point in the sitting room.

One resident showed the inspector their bedroom. It was decorated in line with the resident's preferences and contained many family photos which were important to the resident. Their bedroom also contained two flags which related to two of the sports teams the resident followed. The resident enjoyed attending and watching sport matches. The resident, with staff support, also spoke about their music interests and concerts they had attended.

The house also comprised of two bathrooms, one with a large accessible Jazuzzi style bath and a staff office. There was a very large garden to the rear of the house where one of the resident's enjoyed playing football.

Over the course of the inspection, the inspector met with eight of the residents. All of the residents had completed questionnaires (eight with support from staff) prior to the inspection, to give their feedback on the services provided in this centre. Feedback contained in the questionnaires was very positive, for example, all residents selected "yes" for the question, "can you make your own choices and decisions?".

Residents were supported and encouraged to maintain connections with family and friends. Residents regularly went to visit family and friends and also received visitors in their homes.

Over the course of the inspection, the inspector observed staff supporting the residents in a professional, person-centred and caring manner at all times. Residents appeared to be relaxed and happy in the company of staff. There was a very relaxed, homely atmosphere in the centre when all residents returned in the evening. Residents enjoyed telling staff about how their days had been and were observed joking and laughing with staff. Staff that the inspector spoke to were very knowledgeable of the residents' needs and the supports in place to meet those needs.

Overall, the inspector found that residents received a good quality service in this centre at the time of this inspection.

The next two sections of the report 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

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.

Improvements were required in relation to the staffing arrangements in the centre to ensure continuity of care for residents.

The provider had ensured that there was a statement of purpose in place which met the requirements of the regulations.

The provider had implemented management systems to ensure that the service provided to residents was safe and appropriate to their assessed needs. The person in charge had good oversight of the service and ensured that the staff team provided person-centred care to the residents living here.

Comprehensive systems were established to regularly record and monitor staff training, ensuring its effectiveness. Staff had received additional training to meet the needs of the residents.

Regulation 15: Staffing

Overall, improvements were required to the staffing arrangements to ensure continuity of care for all residents residing in the designated centre.

There was 1.1 social care worker and 2.3 care assistants' whole time equivalent vacancies in the centre on the day of the centre. To address these vacancies, the provider was utilising agency staff. This included an additional waking night staff which the provider had put in place to meet the needs of the residents in one house, but which they had not received the resources for from their funder.

There was a separate roster in place for each house. A review of the roster for one house showed that there had been 15 different agency staff completed 36 shifts in the house during the month of November and seven different agency staff in the second house, who completed 14 shifts. For the month of October, in one house, 11

different agency staff covered 30 shifts.

Despite the vacancies, the person in charge ensured that the appropriate number of staff were on shift at all times. The provider also had a risk assessment in place regarding the use of agency staff. The control measures in place were observed in the centre. This included that agency staff always worked alongside a permanent staff member. The shifts which agency staff members completed were strategically planned to try and minimise the impact on residents. The provider and person in charge were assured of the training qualifications and Garda vetting status of agency employees before they commenced in the centre. Not with standing this, improvements were required in the provider's contingency plans to address the volume of agency staff working in the centre and the impact of this on the residents.

Team meetings occurred every three months in each house. A review of the minutes of the last three meetings in one house demonstrated that the topics discussed included safeguarding, residents' needs, health and safety guidelines and staff training.

The inspector reviewed the staff files of five staff members working in the centre. They contained all the requirements of Schedule 2. For example, all five staff members had been vetted with An Garda Síochána.

Judgment: Substantially 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 a number of areas, to include the following:

- Safeguarding of vulnerable adults
- First aid
- Human rights
- Manual handling
- Fire safety
- Safe administration of medicines
- Fundamentals of advocacy
- ASD/Autism awareness
- Feeding, eating, drinking and swallowing difficulties (FEDs)
- Infection prevention control
- Crisis Prevention Institute training (to include positive behaviour support and trauma informed care)

Staff had also completed additional training to meet specific needs of the residents

in each house. For example, staff had completed training in diabetes and dementia.

Staff supervision was completed every three months, in line with the provider's policy. Supervision of staff members were up to date and was completed by the members of the centre's management team. There was a schedule in place for supervision.

The inspector reviewed the supervision records of three staff members. These records demonstrated that staff could raise concerns and their performance and training needs were also discussed. Staff also reported that they felt supported by the person in charge and the wider senior management team, especially by the on-call system.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there was management systems in place to ensure that the service provided was safe, appropriate to residents' needs and was consistently and effectively monitored. Managers were actively involved in the management of the centre and were a regular presence in the centre. There was a full time person in charge employed who was supernumerary to the roster and was supported by a senior social care worker.

Staff spoken with felt supported in their roles by the person in charge and the provider's senior management team. The provider's senior management met every month to review restrictive practices, risk assessments, safeguarding and complaints, among other areas, in each of the provider's designated centres.

There was an annual provider review of the quality and safety of care and support in the centre. Residents and their representatives had been consulted with in the completion of this annual review.

An unannounced inspection was completed by a member of the provider's quality team within the last six months. All of the actions identified in this audit had been completed by the time of this inspection. The centre's management team had recently completed an extensive audit of each house in the designated centre. This had reviewed areas to include, fire safety, finances, medication management, health and safety and resident's needs. All actions identified in this audit had been completed. As part of this audit, the team had met with residents to get feedback regarding their experience of the centre. Additional audits also took place in the centre included a medication audit, fire safety review and an annual health and safety review.

The provider had introduced a new safeguarding oversight committee, whose

membership included senior management, relevant allied healthcare professionals and designated officers within the organisation. This quality initiative planned to review safeguarding incidents across all the provider's centres each quarter and identify any learning from this review.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose in place which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to the residents in the service and the day-to-day operation of the designated centre.

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

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre. Overall, the residents enjoyed a safe and quality service in this centre. Improvement was required in relation to Regulation 6: Healthcare.

The registered provider ensured the designated centre was designed and arranged to align with the service's aims and objectives, as well as the number and assessed needs of all residents.

There were effective arrangements in place to provide positive behaviour support to residents with assessed needs in this area. Restrictive practices, which were in place in the centre, were regularly monitored and notified to the Office of the Chief Inspector in line with the regulations.

The provider had procedures in place for the safe administration of medicines. They also ensured that staff were competent to administer medicines by receiving

ongoing education and training in medicines management.

Residents were supported to communicate in line with their needs and wishes to ensure they are at the centre of the decision-making process.

Residents were provided with opportunities to take part in activities which matched their interests and supported to develop and keep personal relationships and links with the wider community in line with their preferences.

The provider had arrangements in place for residents to receive visitors, in line with the residents' wishes.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes.

A resident with an assessed communication need was provided with an up to date speech, language and communication support plan. This plan had been completed by a relevant allied healthcare professional. They also had a communication dictionary in place which contained pictures of objects of reference which they used and an explanation of what the resident was communicating with each object.

The inspector found that residents were cared for by staff who understood their communication needs and could respond accordingly. Residents had access to information that was appropriate to their communication needs. Furthermore, all residents were provided with access to relevant media, including televisions and access to the Internet. Some residents had tablets, with one resident using their tablet to video call with their family.

The provider had displayed accessible information regarding the inspection in both houses to help residents prepare for the inspection. There was also a visual staff roster in place with pictures of the staff members on each shift that day.

Judgment: Compliant

Regulation 11: Visits

The registered provider had ensured that residents could receive visitors as they wished. There was a private space and facilities for residents to meet with visitors in

the centre. It was clear from reviewing the daily records of the centre and speaking to residents how important visits to and from friends and families were to the residents. There were no restrictions in visitors attending the centre.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to and opportunities to engage in activities that aligned with their preferences, interests, and wishes. Residents had house meetings each week where they discussed activities choices, complaints and safeguarding, among other topics.

Residents were supported and encouraged to maintain connections with family and friends. One resident spoke with the inspector about going to visit a family member at the weekend and other residents were frequently visited by family and friends.

Five of the residents in the centre attended day services during the week, on either a full time or part time basis. Two residents had retired from day service and were electing to live their lives at a slower pace. They maintained links with their friends from day service and visited on occasion.

One resident had recently celebrated their 81st birthday party in the centre and still had their giant 81 balloons displayed.

As part of an audit, the management team had consulted with residents to get their input regarding such questions as, if there was anything they would like to change in the centre and how happy they were about the amount of choice they had over elements of their daily lives.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that both houses within the designated centre were designed and arranged to align with the service's aims and objectives, as well as the number and assessed needs of all residents. Both properties were very well-maintained, clean and appropriately decorated.

The provider ensured that the premises fully complied with regulatory requirements

as outlined under Schedule 6. For instance, all residents' bedrooms were appropriately sized and designed to meet their individual needs, with ample space and suitable storage facilities. Communal areas of the home were thoughtfully provided to encourage social interactions.

Each resident had their own bedroom, two of which were en suite. Two residents showed the inspector their bedrooms and all bedrooms were decorated with residents' personal items and photos which were important to them.

There was accessible supports in various residents' bedrooms including overhead hoists, lowered beds and adapted wardrobes. There was also accessible elements in the centre which residents did not require at present but the provider had included to ensure the premises could continue to meet the resident's needs, should they change at any point in the future.

Both houses had outside spaces for the resident's to access, when the weather allowed. There was ample parking at both houses.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate practices and arrangements for the management of residents' medicines, including for the ordering, storage and administration of medicines. The registered provider had a policy on the safe administration of medicines in the centre. This document was not reviewed as part of this inspection.

The inspector observed that all residents' medicines were securely stored. The inspector reviewed the practices and arrangements for two residents in one house with a member of the staff team. The medications which were due for administration were dispensed from a local pharmacy via blister pack. Medications which were unsuitable for blister packs were dispensed as normal in clearly labeled containers. The staff member was very knowledgeable regarding the residents medications and times which they were to be administered.

There was appropriate procedures in place for the management of controlled medications. These procedures were observed in practice and the staff member spoken with was aware of the correct procedures to follow if an issue arose.

All staff were required to complete training before administering medicines and all staff members had completed this training, with the exception of agency staff who did not administer medicines. Where a need was identified, staff received additional training.

Judgment: Compliant

Regulation 6: Health care

Overall, appropriate healthcare was provided for each resident, although an aspect of a resident's healthcare required improvement to ensure the resident's needs were being met.

The inspector viewed the healthcare plans for two residents and found that their healthcare needs had been identified and that they had good access to a range of allied healthcare professionals. This included chiropodists, occupational therapists, general practitioner (GPs), speech and language therapists and psychologists. The provider had arranged an allied healthcare professional to conduct a workshop with staff on a particular healthcare need of a resident.

However, improvements were required in the timeliness of access to certain healthcare needs for one resident. The inspector found that a resident had been waiting a number of years for a surgical procedure. It was difficult to establish the length of time the resident had been waiting and their records required review to accurately reflect the timeline of the resident's illness. The person in charge was able to provide some additional information during the inspection, however, the reason for the delay was not fully clear.

Community nurses were also employed who were available to the residents and staff for support and guidance around healthcare needs. On the day of the inspection, the inspector met one of the provider's nurses who was attending the centre to provide medical assistance to a resident who was feeling unwell.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

At the time of this inspection, there were a number of restrictive practices applied in the centre. The person in charge had notified all of the restrictive practices to the Office of the Chief Inspector, as required by the regulations. Where possible, residents had consented to the use of the restrictive practices which affected them.

All restrictive practices were reviewed quarterly in the centre and reviewed annually by the provider restrictive practice committee. Each restrictive practice had a risk reduction plan which included the clinical supports necessary to support the resident

affected. These were overseen by a relevant allied healthcare professional. There were also protocols in place for the application of the restrictive practices.

Where residents had an identified need regarding positive behaviour support, there was a support plan in place. This plan was up to date and had been completed by a relevant allied healthcare professional. It contained proactive and reactive strategies to support the resident with their needs. Elements of the plan were observed in place in the centre.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Delta Willow OSV-0005526

Inspection ID: MON-0040514

Date of inspection: 27/11/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider, in conjunction with the Person in Charge, has implemented and will continue to implement measures to ensure continuity of care for residents and to reduce reliance on agency staff. Active recruitment campaigns are ongoing to fill the identified vacancies of Social Care Workers and Care Assistants. These include regular advertising, engagement with recruitment agencies, and promotion of permanent roles within the organization. Progress with recruitment will be reviewed monthly by senior management and the Person in Charge. While recruitment is ongoing, the use of agency staff will continue to be carefully managed. The organization will endeavor to use a consistent cohort of familiar agency staff with the hope being to minimize the number of different agency staff working in the Centre and to promote continuity of care for residents’.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The person in charge will ensure that all resident’s healthcare records clearly and accurately reflect their healthcare needs, interventions and timelines. A full review of the identified resident’s healthcare documentation has been completed to ensure clarity regarding the history of the condition, referrals made, and follow-up actions required. Where required the person in charge will liase with the relevant professionals</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	28/02/2025
Regulation 06(2)(b)	The person in charge shall ensure that where medical treatment is recommended and agreed by the resident, such treatment is facilitated.	Substantially Compliant	Yellow	28/02/2025