



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

## Issued by the Chief Inspector

Name of designated centre:	Delta Hazel
Name of provider:	Delta Centre Company Limited by Guarantee
Address of centre:	Carlow
Type of inspection:	Unannounced
Date of inspection:	10 July 2025
Centre ID:	OSV-0007990
Fieldwork ID:	MON-0043261

## About the designated centre

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

Delta Hazel is a designated centre located close to the town of Carlow. The centre can provide residential care for five adults, male and female, with intellectual disabilities aged 18 years and upwards. The centre comprises three separate buildings, all located in residential areas. Residents have individual bedrooms, and can access kitchens, living areas and outdoor garden space. Local amenities in Carlow include shops, cafes, restaurants, salons, GAA clubs and a cinema. Delta day service and sensory gardens are located close by and are available for residents if this is their preference. The staffing team consist of senior social care workers, social care workers and support workers. Residents also have access to a staff nurse in the Delta centre if needed.

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

Number of residents on the date of inspection:	4
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 10 July 2025	08:55hrs to 17:05hrs	Michael Muldowney	Lead
Thursday 10 July 2025	08:55hrs to 17:05hrs	Sarah Barry	Support

## What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the regulatory monitoring of the centre. Inspectors used observations, conversations with residents and staff, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre.

Overall, inspectors found that the centre was operating at a good level of compliance. The centre was found to be well resourced, and residents were receiving good quality, safe and person-centred care and support. Residents spoken with told inspectors that they were happy living in the centre and with the service they received. However, some improvements were required in relation to recording of complaints and the oversight of restrictive practices.

The centre comprises three separate houses in Carlow. The centre is registered to accommodate a maximum of five residents; at the time of the inspection, there was one vacancy. Inspectors visited each house and spent time walking around the premises and speaking with residents and staff.

In the first house, inspectors spoke with one resident. The resident told inspectors that they were happy, felt safe, and liked living in their home and having their own space. They had no complaints, but said that they could speak with the person in charge if they were unhappy about anything. They had participated in a fire drill, and knew the evacuation procedures. They attended a day service that they could walk to independently. They liked their day service, and enjoyed activities such as social farming and going to the gym. In the evenings and weekends, they liked to relax, watch television, cook, and visit their family. They also liked events such as music festivals. They knew 'mostly all' of the staff working in their home, and said that they were nice. The resident told inspectors that they were being supported to learn and develop skills to help them live independently; for example, learning to cook, doing laundry and other house hold chores. They said that they could make their own decisions, and could spend their money as they wished to; for example, they had recently bought a new tent for an upcoming festival.

In the second house, inspectors briefly met one resident. They indicated that they liked their home, and said that they liked to eat out and go for coffee. They also spoke about some of their family members. On the day of the inspection, they were going with staff to a nearby garden centre. The other resident living in the centre, was at the beach with staff, and inspectors did not have the opportunity to meet them.

In the third house, inspectors met one resident when they returned to their home after grocery shopping. They said that they liked everything in their home, but especially their bedroom. They knew all of the staff, and got on well with them. They told inspectors that if they had a problem, they could talk to the residential manager. They attended a day service, and also liked to shop, eat out, visit their

family, and go on day trips. For example, they recently went to the beach and were planning to go to a museum in Wexford soon. They also liked to watch television and use their smart device to stream entertainment. They said that they felt safe, and knew how to evacuate the centre in the event of an emergency.

Overall, residents appeared relaxed and content in their homes, and staff engaged with them in a kind and familiar manner.

Inspectors found that the provider had implemented good arrangements to support residents to make choices and decisions, and consulted with them about their care and support, and the operation of the centre. Residents were consulted with during audits of the centre, including the annual reviews and unannounced visits, and they provided good feedback on the service they received. However, one resident had raised a concern about the staffing arrangements in their home. This matter is discussed further in the next section of the report. In addition to day-to-day consultations, residents were supported to choose and pursue their individual goals. There were also care plans with information to guide staff on how residents communicated to ensure that their needs and wishes were understood.

Inspectors did not have the opportunity to speak with residents' family or representatives. However, the recent annual review had consulted with their families using surveys. Their feedback was very positive, and complimented the staff team and the premises.

The houses were within a close proximity to a large town with many amenities and services, and there were vehicles available for residents to access their community. The houses were seen to be homely, clean, bright, nicely decorated and furnished, and well equipped and maintained. Residents had their own bedrooms and there was ample communal space for them to use including outdoor facilities. Residents had decorated their homes to reflect their interests and preferences. For example, in one house, a resident's posters and memorabilia were on display. In another house, a resident had pet fish, and inspectors observed balloons from a recent birthday celebration. There were also notice boards with information for residents on safeguarding, complaints, Lámh signs (manual signs used by some residents to communicate) and advocacy services. In one house, inspectors also observed a board in the kitchen area with information on residents' upcoming appointments; this compromised residents' privacy. The inspectors brought this to the attention of the residential manager and the senior social care worker to remove any personal information.

Inspectors observed good fire safety precautions, including fire fighting equipment and emergency lights throughout the houses. Inspectors also observed that the environment was open and accessible to residents. However, from speaking with staff, it was found that a potential rights restriction in one house had not been previously recognised as such. This matter, the premises and fire safety are discussed further in the quality and safety section of the report.

The inspection was facilitated by the residential manager, and inspectors also spoke with some social care workers on duty. They demonstrated a good understanding of

the residents' needs and individual personalities as they described their interests and preferences, and told inspectors about their support plans including those on communication and behaviour support.

The residential manager told inspectors that residents' needs were met in the centre, that they had sufficient access to multidisciplinary team services, and were in receipt of person-centred care and support. They were satisfied that safeguarding arrangements are effective, and that residents' wishes and preferences were facilitated in the centre. They also spoke about how residents' rights were promoted through residents' house meetings, individual key worker meetings, use of easy-to-read and accessible information, adherence to communication plans, and appropriate training for staff.

Overall, inspectors found that residents were happy in the centre and received good quality and safe care that was appropriate to their needs. The centre was also well resourced in line with the statement of purpose. However, improvements were required in relation to restrictive practices under regulation 7, and recording of complaints under regulation 34.

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

## Capacity and capability

Inspectors found that there were effective management systems in place to ensure that the service provided to residents living in the centre was safe, consistent and appropriate to their needs, and operated in line with the statement of purpose. For example, staffing arrangements were adequate, residents could access multidisciplinary team services, and the premises were well maintained.

The management structure was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and supported in the management of the centre by a senior social care worker. They reported to a residential manager, and there were effective arrangements for them to communicate. The senior social care worker and residential manager demonstrated a good understanding of the residents' individual personalities and needs.

The provider had implemented management systems to monitor the quality and safety of service provided to residents. Comprehensive annual reviews and six-monthly reports (which consulted with residents), as well as various audits had been carried out in the centre to identify areas for quality improvement. Actions from the audits were being implemented to enhance the quality and safety of the services provided in the centre.

Residents spoken with told inspectors that they had no complaints. Inspectors found

that previous complaints made by residents had been closed. However, inspectors read that one resident raised a concern during a recent unannounced visit. The person in charge had met with the resident to discuss this matter; however, it was not recorded as a complaint on the complaints log.

The residential manager was satisfied that the staff skill-mix and complement was appropriate to the assessed needs of the current residents. However, there were some social care worker vacancies that the provider was recruiting for. The vacancies were well managed to minimise any impact on residents.

The person in charge maintained planned and actual rotas. The inspectors found that the rotas clearly showed the staff working in the centre, and indicated that appropriate staffing levels were maintained.

Staff were required to complete training as part of their professional development. The log showed that most staff were up to date with their training requirements (some new staff were scheduled to attend upcoming training). There were effective arrangements for the support and supervision of staff working in the centre, such as management presence and formal supervision meetings. Staff could also contact an on-call service for support outside of normal working hours.

## Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix of social care workers and support workers was appropriate to the number and assessed needs of the residents living in the centre at the time of the inspection.

The residential manager was satisfied with the staffing arrangements. There were some vacancies which the provider was recruiting for. The vacancies were being filled by staff working additional hours, and regular agency and relief staff. This was supporting the consistency of care provided to residents. Residents spoke positively about the staff and the support they provided, and inspectors found that staff spoken with were well informed on residents' care and support needs.

The person in charge maintained planned and actual staff rotas. Inspectors viewed a sample of the rotas in two houses from April to June 2025, and found that they clearly showed the names of the staff working in the centre during the day and night. The rotas also showed that appropriate staffing levels were maintained.

The inspectors did not review staff Schedule 2 files during this inspection.

Judgment: Compliant

## Regulation 16: Training and staff development



Staff were required to complete training as part of their professional development and to support them in the delivery of appropriate care and support to residents. Inspectors reviewed the staff training log with the residential manager and senior social care worker. The staff training programmes included human rights, advocacy, safe administration of medication, infection prevention and control, autism awareness, fire safety, manual handling, communication, and safeguarding of residents. Some new staff members had not completed all of their training requirements, but were scheduled to attend upcoming dates.

Inspectors found that appropriate arrangements were in place for the support and supervision of staff. Inspectors reviewed the supervision records for three staff in 2024 and 2025, and found that it had been carried out in line with the provider's policy.

Judgment: Compliant

### Regulation 23: Governance and management

There were good management systems in place to ensure that the service provided in the centre was safe and effectively monitored. Inspectors also found that the centre was well-resourced in line with the statement of purpose. For example, the premises were well maintained, and residents had good access to multidisciplinary team services.

There was a clearly defined management structure in the centre with associated lines of authority and accountability. The person in charge was full-time, and reported a residential manager. The person in charge was supported in their role by a senior social care worker. Their duties included organising house meetings, supervising staff, monitoring staff training, and completing audits. There were arrangements for the management team to communicate, including meetings and informal communications.

The provider and person in charge had implemented good systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews (which consulted with residents), comprehensive six-monthly unannounced visit reports, and medication, fire and 'person in charge' audits were carried out. The audits identified actions for improvement where required, and were monitored by the management team to ensure progression. The inspectors found that improvement actions were being implemented. For example, care plans were updated where it had been identified that improvements were needed.

There were effective arrangements for staff to raise concerns. In addition to management presence, there was an on-call service during out of normal working hours. Staff could also attend team meetings which provided a forum for them to raise any concerns.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had prepared a complaints procedure for residents that was underpinned by a written complaints policy. The complaints policy, reviewed in March 2025, included information on advocacy and the stages of complaints management.

Residents spoken with told inspectors that they were happy and had no complaints, but could speak with person in charge or residential manager if they had. Inspectors also read that staff were reminded during a recent team meeting to record any complaints made by residents. Inspectors reviewed the complaints log which showed that three complaints from 2025 were closed.

However, inspectors also read that one resident raised a concern during a recent unannounced visit regarding the movement of staff from their home to other locations. The person in charge had met with the resident to discuss this matter and provided them with assurances. However, it was not recorded as a complaint on the complaints log.

Judgment: Substantially compliant

### Quality and safety

Overall, inspectors found that residents' wellbeing and welfare was maintained by a good standard of care and support in the centre. Residents told the inspectors that they were happy in the centre, felt safe and were satisfied with the services provided to them. It was clear that they were receiving a person-centred service that supported them to make decisions and exercise choice in their lives. However, inspectors found that the recognition and management of restrictive practices in the centre required improvement.

Residents had active lives, and were supported to access and engage in various leisure and occupational services that were in line with their interests, capacities, and needs. Some residents attended the provider's day services during the day, while others were supported by staff in the centre. Residents told inspectors about their interests and said that they can choose how they spend their time. Some residents also spoke about how they were supported to develop new skills to promote their goals of living more independently.

Residents' health care needs had been assessed and associated care plans had been prepared. The plans were readily available to guide staff practice, and noted input

from multidisciplinary services as relevant. Inspectors also found that residents received good support to communicate in their individual means. For example, staff had completed relevant training, and up-to-date care plans were available for them to follow.

Some residents presented with behaviours of concerns. Associated care plans had been prepared to help them manage their behaviours, and staff had completed relevant training. There was a small number of restrictive practices in the centre, and generally they were well managed in line with evidence-based practice. However, inspectors found that the practice of 'night-checks' of some residents had not been recognised by the provider as being a potential rights restriction, and these matter required improvement.

The provider had arrangements to safeguard residents from abuse, including staff training and a written policy to inform practices. Inspectors found that previous safeguarding concerns had been reported and that measures were put in place to protect residents from potential abuse and harm.

There were effective risk management systems. Inspectors found that incidents in the centre were reviewed to identify potential learning to improve the safety of the service, and up-to-date risk assessments identified control measures to manage hazards and risks.

The premises comprises three separate houses located within a short driving distance to many amenities and services including the residents' day services. The houses comprise residents' bedrooms, and communal spaces, including sitting rooms, dining facilities, bathrooms and gardens. One house also had a sensory room. The houses were seen to be bright, homely, comfortable, clean, nicely decorated, and well equipped and maintained.

Inspectors observed some good fire safety precautions. For example, there was fire-fighting equipment throughout the house, and staff had received fire safety training. Residents had also received fire safety education, and were aware of the evacuation procedures. Fire drill records indicated that the evacuation procedures were effective.

## Regulation 10: Communication

The registered provider had ensured that residents were assisted and supported to communicate in their own individual means.

The residents communicated in various means including spoken language, sign language, and using picture aids. Inspectors reviewed two residents' communication support plans. The plans were informed by multidisciplinary team professionals. They were up to date and readily available to guide staff practice. Inspectors also found that staff spoken with had a good understanding of the residents'

communication plans.

One resident used Lámh as part of their communication means. Staff had completed Lámh training to ensure that they could effectively communicate with the resident. The senior social care worker told inspectors about the strategies that were used by staff to promote the use of Lámh (however, these strategies were not documented as part of the resident's care plan which posed a risk to how effectively they could be reviewed).

Within the centre, residents had access to various forms of media including television, and Internet to connect their smart devices to.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents had active lives, and were supported by staff to engage in social, leisure and educational activities that were in line with their interests, wishes, goals, and needs. Some residents attended the provider's day services while others received an individualised service from staff in the centre. Residents spoken with told inspectors about their interests and hobbies, and said that they can choose how they spent their time. They liked to visit their families, live music and events, cinema, swimming, shopping, and being involved in house hold chores.

Inspectors also found that residents received good support to learn and develop new skills to help them live more independently. One resident told inspectors that they were learning to do their own household chores, such as cooking meals, as part of their long-term goal to live independently. Other residents had individual self-development goals related to self-care and money management.

Judgment: Compliant

### Regulation 17: Premises

The centre comprises three separate houses within a short driving distance to each other. The houses were close to a large town with many amenities and services. The premises were found to be appropriate to the needs of the residents living in the centre at the time of the inspection, and met the requirements of Schedule 6.

Inspectors visited all three houses. The premises were seen to be clean, bright, homely, warm, comfortable, nicely furnished, and well equipped and maintained. However, the garden in one house was overgrown and required attention. Inspectors brought this matter to the attention of the residential manager during the

inspection.

There was sufficient communal space including bathroom facilities, kitchens, laundry facilities, living rooms, and nice gardens. Residents' bedrooms were personalised to their tastes. Residents spoken with told the inspectors that they were very happy with the premises, the facilities, and their bedrooms.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider had implemented good systems for the management of risk in the centre. The provider's risk management policy outlined the arrangements for identifying, assessing and managing hazards and risks.

Inspectors reviewed a sample of the residents' individual risk assessments and the centre's risk register. The risk assessments related to a wide range of matters including behaviours of concern, accidental injury, and specific healthcare associated risks. The risk assessments were up to date and included measures to mitigate or reduce risks. Inspectors also found that incidents occurring in the centre were reported and subject to review to identify potential learning to reduce the likelihood of incidents reoccurring.

Judgment: Compliant

### Regulation 28: Fire precautions

Overall, the registered provider had implemented good fire safety precautions in the centre. Inspectors reviewed the precautions in two houses. There was fire detection and fighting equipment, and emergency lights in both houses, and it was regularly serviced to ensure that it was maintained in good working order. The fire panels were addressable and easily found in the front hallways. The fire panel in one house appeared to have a fault, and the residential manager escalated this matter during the inspection to ensure that it was fixed. Inspectors also released the fire doors, including the bedroom doors, and observed that they closed fully.

Individual evacuation plans had been prepared which outlined the supports residents required to evacuate the centre. Fire drills, including drills reflective of different scenarios, were carried out to test the effectiveness of the fire plans.

Staff had completed fire safety training, and residents spoken with told the inspector that they knew to evacuate the centre if the fire alarm sounded.

Judgment: Compliant

## Regulation 6: Health care

Inspectors found that residents received good care and support in respect of their healthcare needs.

Inspectors reviewed three residents' healthcare assessments and associated plans. The documentation was up to date, and reflected input from relevant healthcare professionals. The care plans, including those on nutrition, dental care, dermatology, physiotherapy, mental health, diabetes and epilepsy, were readily available to guide staff practice. Staff spoken with demonstrated a good understanding of the care plans. The records also indicated that residents had attended necessary appointments including dental, optician, chiropody, physiotherapy and general practitioner appointments. Residents were also supported to avail of national screening programmes as applicable to them; for example, one resident who has diabetes had attended a diabetic retina scan.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The provider had ensured that residents received support to manage their behaviours of concern. However, improvements were required to the oversight of restrictive practices.

Inspectors reviewed three resident's positive behaviour support plans. The plans, prepared by the provider's behaviour specialists, were up to date and readily available to guide staff practice. Staff spoken with were able to tell inspectors about how they implemented the strategies in the plans. Staff had also completed behaviour support training. Additional training in trauma informed care had been completed by some staff; during the inspection, the residential manager contacted the training facilitator to schedule more training for other staff.

Generally, there were good arrangements for the management of restrictive practices, but improvements were needed. The inspectors and residential manager discussed the provider's policy on restrictive practices and found that clarity was needed on the review of restrictive practice: whether they were to be reviewed by the provider's oversight committee or at person in charge meetings.

The person in charge maintained a restrictive practice register, and inspectors reviewed the arrangements for a sample of the restrictions. Those restrictions had been submitted to the provider's oversight committee, and consented to by the

residents.

However, staff told inspectors that some residents were subject to checks during the night-time. This practice had not been recognised as a restrictive practice (potential impingement on residents' privacy), and required assessment by the provider to ensure that the provider's policy was adhered to and that the checks were based on an assessed need with consent from the residents affected.

Judgment: Substantially compliant

## Regulation 8: Protection

Overall, the registered provider had implemented good systems to safeguard residents from abuse. The provider had prepared a written policy on the safeguarding of residents. It was readily available to staff, and had been reviewed recently.

Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Residents had also received education on safeguarding, and residents spoken with told inspectors that they felt safe in the centre.

Safeguarding concerns were rare in the centre. Inspectors reviewed the incident log. The last safeguarding incidents were noted in October 2024, and they had been reported and managed appropriately to ensure residents' safety.

Intimate care plans had been prepared to support staff in delivering care to residents in a manner that respected their dignity and bodily integrity. The inspectors viewed one of these plans. It was up to date and available to guide staff practice.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant



# Compliance Plan for Delta Hazel OSV-0007990

Inspection ID: MON-0043261

Date of inspection: 10/07/2025

## 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 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure:  All relevant conversations where the resident has stated that they were not satisfied with various aspects with the service in place from the organisation have been logged in the Complaints Log as per policy. Any further said conversations where the resident displays dissatisfaction with regard to the organisation will be logged in the complaints log as per policy.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:  All staff where required have completed Trauma training 12.8.25 this is once off training and BSP to be updated by the Behaviour Therapist to reflect this.  All Restrictive Practices are approved by Delta's Behaviour Support Oversight Committee (BSOC) and reviewed annually, the RPA's are also reviewed quarterly at the PIC meetings.  Staff do not check in on the residents during the nighttime shift. The staff (overnight staff - awake) are available to support the resident if the needs arise and if/or the residents ask for assistance. Email outlining the above has been sent, and this will also be reiterated and documented at the next house meeting scheduled for 21.8.25.	

## 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 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	15/07/2025
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/08/2025
Regulation	The person in	Substantially	Yellow	31/08/2025

07(5)(b)	charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Compliant		
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	31/08/2025