



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

## Issued by the Chief Inspector

Name of designated centre:	Teach Sonas
Name of provider:	Delta Centre Company Limited by Guarantee
Address of centre:	Carlow
Type of inspection:	Announced
Date of inspection:	04 February 2025
Centre ID:	OSV-0008212
Fieldwork ID:	MON-0037564

## About the designated centre

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

The designated centre provides respite care across six days a week for 48 weeks of the year. Adults, over the age of 18 with an intellectual disability can avail of the respite care. The designated centre comprises a detached two-storey home near a town in Carlow, close to all local amenities. Each resident will have their own bedroom, access to a communal areas such as a kitchen/dining area, sitting room and sensory room. There are bathrooms located upstairs and downstairs for the residents use. Residents are supported by nursing staff, social care leader, social care workers and care assistants. The level of staffing requirements per day and night is dependant on residents specific support needs.

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

Number of residents on the date of inspection:	2
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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
Tuesday 4 February 2025	09:30hrs to 17:00hrs	Sarah Mockler	Lead

## What residents told us and what inspectors observed

This was an announced inspection to monitor the designated centre's level of compliance with the associated standards and regulations and inform the upcoming registration renewal decision. Overall, the findings indicated that the residents that availed of the respite service were cared for in line with their assessed needs and were encouraged to enjoy activities of their choosing while staying in the designated centre. High levels of compliance across the regulations reviewed, was found on the day of inspection indicating that a good quality service was available to the residents.

The inspection was facilitated by the staff team that was present on the day of inspection. The inspector spent time with the residents, their representatives and the staff team. In addition, document review and observation of daily practices were utilised to determine residents' lived experience in the designated centre.

The centre is registered to provide a respite service to a maximum of four individuals at one time. Respite stays can occur between three or six nights a week for each individual. Currently approximately 65 individuals avail of this service. In order to ensure that residents are compatible and their needs can be sufficiently met, the residents are grouped into four different types of groups. Priority one groups require the least amount of support on their stay, whereas priority group three and four require more significant supports. Staffing numbers are planned and in place dependant on each specific group and individual needs.

On arrival at the centre, the inspector was welcomed in by the person in charge. There were no residents or other staff present at this time. The respite house had been closed the night before and was opening on the day of inspection. Two residents were due in later in the day to avail of a respite stay.

As part of the inspection process the inspector completed a walk around of the premises. The centre was a large two-storey detached building. There was a small garden area to the back of the home. The centre was presented as very clean, warm and very well maintained. It was tastefully decorated to ensure it was a homely environment. For example, pictures, soft furnishes and ornaments were on display in different parts of the home. Each of the four bedrooms allocated to residents had adequate storage space including wardrobes, bedside lockers and a safe, to allow residents store their possessions on the respite stay. There was plenty of communal spaces available, including a kitchen/dining area, a sitting room, small living room, games room and sensory room.

In the afternoon the first resident arrived for their respite stay. They had stayed in the centre previously and it was reported by staff and family members that they enjoyed their respite stay. The inspector heard the resident and their family being welcomed in by staff. The inspector observed the staff check-in the resident's medicines with a family member. At this time a staff member was supporting the

resident. The resident did not interact directly with the inspector but seemed comfortable when the inspector was present. The resident was seen to move around the home freely and the staff member remained in close proximity of the resident to support them as required. The resident communicated by gently pulling the staff member's hand to an item to indicate they wanted it. The staff member was seen to understand this form of communication and offer the resident relevant choices.

Later in the afternoon the second resident arrived. When the inspector met them they were sitting in the sitting room watching a preferred television program on the large pull down projector screen. They had preferred items beside them, such as books. They appeared very comfortable. Later in the day the inspector heard the staff team offer the residents choices and times of activities such as a trip to the cinema.

When residents arrived at the respite service for their stay a residents' meeting occurred. During the meeting the residents were given choices around meal planning and activities to engage in when on the respite stay. Pictures were also used to explain to residents what options were available to them. The inspector reviewed a sample of notes reviewed by the inspector, the following activities were offered to the residents, day trips to seaside towns, shopping, swimming, bowling, cinema visits, baking, pamper nights, arts and crafts, train trips, and walks. Meal choices included options of home cooked meals, take-away meals and meals out in restaurants and cafes.

The inspector had the opportunity to speak with two family representatives. They both expressed that they were very satisfied with the service being provided and their family member was very happy to come into the centre each time they arrived. They both expressed how essential the respite service was to them, their family and the resident. The family spoke about staff and stated they would feel very comfortable approaching any member of staff if they had any concerns or complaints.

In advance of the inspection, residents had been sent 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 and were presented to the inspector on the day of the inspection. The inspector received four forms. All forms were filled out with the support of family members or staff. The feedback in general was very positive, and indicated satisfaction with the service provided to them in the centre. This included the staff, activities, people they live with, food and the premises. For example, one resident stated that they particularly liked the "fry up" in the morning and that "staff helped them make tea and coffee during the day."

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

Overall, the inspection found there was a defined management structure in place with suitable systems implemented to monitor the effectiveness of the services being delivered. This ensured that the service provided to residents during their respite stay was person-centered, of good quality, and ensured that the residents were kept safe at all times. The inspection findings indicated good levels of compliance across all regulations reviewed.

The residents were supported by a consistent, core staff team. A number of the staff team had commenced in the service when it opened and remained on the staff team on the day of inspection. All staff were in receipt of up-to-date training which enabled them to effectively complete their role and support the residents in line with their specific assessed needs. The staff present on the day of inspection were very knowledgeable around residents' specific needs, likes and dislikes.

## Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application seeking to renew the registration of the designated centre to the Chief Inspector of Social Services. The provider had ensured information and documentation on matters set out in Schedule 2 and Schedule 3 were included. For example, the provider submitted an updated statement of purpose outlining the type of service available to residents in the centre

Judgment: Compliant

## Regulation 15: Staffing

On the day of the inspection, the provider had ensured that there were enough staff with the right skills, qualifications and experience to meet the assessed needs of residents. There were no staff vacancies on the day of inspection. There was two staff present to welcome the residents to their respite stay and provide support as required. Later in the day one waking night and one sleep-over staff member were due in to the centre to support the residents.

The provider had arranged staffing to ensure the needs of the residents were met at all times. Therefore the number and skill-mix of staffing was arranged in line with residents' specific needs. For example, some resident groups required more support or nursing care and this was provided accordingly.

The inspector reviewed rosters from the 30th of December 2024 until the 23rd of February 2025 and found that all rosters were well maintained. Staff members full names were represented on the roster with their relevant role listed. Continuity of care was evident with the same names represented on the roster across the relevant period reviewed. There was no use of agency staff.

Judgment: Compliant

### Regulation 16: Training and staff development

There was a good level of compliance with mandatory and refresher training in the centre. The inspector reviewed the training records for all staff and saw that all staff were up-to-date in training in key areas including safeguarding, hand hygiene and managing behaviour that is challenging.

Additionally, staff were up-to-date in trainings required by residents' specific needs. For example, all staff had received training in Feeding Eating, Drinking and Swallowing (FEDS) and training in relation to caring for individuals with epilepsy.

Staff were in receipt of regular support and supervision through staff meetings and individual staff supervisions which took place four times per year. The inspector reviewed the records from the most recent individual supervision sessions for three staff. These were found to cover key areas relating to staff member's roles and responsibilities including, for example, staff training, residents' needs and incident management. As part of the supervision process staff were required to reflect on any significant incidents that had occurred in the centre and identify any areas of learning or improvement as part of the supervision process.

Judgment: Compliant

### Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance and found that it ensured that the building and all contents, including residents' property, were appropriately insured.

Judgment: Compliant

## Regulation 23: Governance and management

There were clearly defined management systems in the centre. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was responsible for this designated centre and was supported in their role by a social care leader. The social care leader had assigned managerial duties to support the person in charge with the oversight of the centre.

The provider had a series of audits in place at both local and provider level. For example, at local level, regular Infection Prevention Control (IPC) audits, medication management and finance audits were completed. Action plans were implemented where areas of improvement were identified on these audits.

The provider had also completed regular six-monthly audits of the quality and safety of care. The inspector reviewed the two most recent audits from 2024. The audit dated October 2024 had identified some minor actions which were completed by the time of the inspection. In addition, the provider had completed the annual review of the service and had obtained resident and family representative views in order to ensure that the level of service provision was adequately captured. Overall it was found the systems in place were effective in driving areas of quality improvement.

Judgment: Compliant

## Regulation 3: Statement of purpose

The provider had submitted a statement of purpose 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 residents in the service and the day-to-day operation of the designated centre.

Judgment: Compliant

## Regulation 31: Notification of incidents

Documentation relating to notifications which the provider must submit to the Chief Inspector of Social Services under the regulation were reviewed as part of the inspection process. This included a review of daily notes and accident and incident forms. Such notifications are important in order to provide information around the running of a designated centre and matters which could impact residents. All notifications had been submitted as required. For example, the provider had

submitted all notifications in relation to safeguarding incidents that had occurred in the centre.

Judgment: Compliant

## Quality and safety

Overall, it was found that the residents availed of a respite stay in a warm, clean, well-presented home. Care was provided in a person-centered manner where residents' preferences, likes and dislikes were being taken into account. Residents were encouraged to relax and engage in activities of their choosing, to ensure that their respite stay was a holiday type of experience. A number of safety measures were in place to ensure that residents' safety was paramount to service delivery. This included effective measures in terms of fire safety and safeguarding.

A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective during their respite stay. This included meeting residents and staff, a review of the assessment of need, risk documentation, fire safety documentation and safeguarding documentation. Overall good levels of compliance was demonstrated across regulations reviewed.

The provider had focused on ensuring the practices around medicine management and ongoing assessment of need, were in line with the requirement of regulation, and were effective and safe. This was a significant piece of work considering the number of residents that availed of the respite stay. On review of documentation the inspector was assured that assessment of need was kept up-to-date for each resident. In addition, medicine management was in line with evidence-based practice and relevant policies and procedures.

## Regulation 17: Premises

The premises was a large two-storey building located off a main road in a town in Co. Carlow. The initial impression of the premises was that it was well presented and maintained. Any minor premises work that was required had been identified by the person in charge and plans were in place to address any presenting issues. For example, a very minor stain was noted on the ceiling of the small sitting room. The person in charge explained to the inspector the reason for the staining (a minor leak) and the plans to rectify this in the coming weeks.

The centre was nicely decorated with pictures hanging on the walls, soft furnishes, ornaments and other decor present to give it a homely feel. There was plenty of communal spaces available to residents including two sitting rooms, a games room

and a sensory room.

The inspector completed a walk around of all areas of the premises. In order to ensure areas of the home were accessible, relevant equipment had been installed. The inspector observed over-head hoists, high-low beds, shower chairs and beds in place. All equipment was serviced on a regular basis.

Judgment: Compliant

### Regulation 20: Information for residents

The inspector reviewed a residents' guide which was submitted to the Chief Inspector of Social Services prior to the inspection taking place. This met regulatory requirements, for example, the residents' guide contained information on the terms and conditions of each resident's respite stay.

Judgment: Compliant

### Regulation 26: Risk management procedures

Overall the provider had good systems in place around the management of individual risks within the centre. The provider had detailed risk assessments and management plans in place which promoted safety of residents and were subject to regular review. At the time of inspection there were 150 individual risks being managed.

As part of the inspection process the inspector reviewed six residents' individual risk assessments. Risks such as absconsion, use of lap belts, vehicle risks, eating non-food items, patient handling were all appropriately assessed with relevant control measures in place. For example, for one resident there was a risk of eating non-food items. The person in charge discussed about the environmental adaptations that would be made to reduce this risk. On review of the risk assessment these control measures were clearly stated and documented.

The inspector also reviewed the systems in place to manage incident, accident and near misses. The number of incidents were low in the centre. When an incident did occur it was reviewed for learning and discussed with the staff team as required.

Judgment: Compliant

### Regulation 28: Fire precautions

On the walk around of the premises, the inspector saw that fire containment measures were in place. Automatic closure mechanisms on doors were working, emergency lighting was in place and suitable fire fighting equipment was available. Records reviewed indicated that all equipment was being serviced as required. For example, fire extinguishers had been serviced in November 2024. There was an emergency grab bag in place which was also checked to ensure all equipment was present as required.

Systems were in place to review the effectiveness of fire safety measures in the centre. For example, daily checks were taking place on fire escape routes, weekly checks on the fire alarm system and emergency lighting. On review of the records in place from December 2024 to January 2025, all had been signed off by staff to say these checks had been completed.

On review of fire drill records, it was demonstrated that all residents could be evacuated in a timely fashion when required to do so. Personal evacuation plans were in place and had clear guidance for staff. For example, where bed evacuations or the use of specific equipment such as ski sheets were required, this was clearly documented in the residents plans. The person in charge had implemented a system to ensure that all residents took part in fire drills.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the receipt and storage of medicines. The provider had appropriate lockable storage in place for medicinal products. The inspector had the opportunity to observe how medicine products were checked in on the day of a respite stay and found that the system in place was effective in ensuring medicine received was in line with the resident's prescription. In addition, all medicine was checked to ensure it was in date.

Medicine administration records reviewed by the inspector clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration. Medicine prescribed as necessary (PRN), also clearly stated the maximum dose to be administered in a 24 hour period. Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. Staff were competent in the administration of medicines and were in receipt of training and on-going education in relation to medicine management.

There was a system in place to ensure medication errors were managed effectively. All medicine errors and incidents were recorded, reported and analysed. If any learning was identified this was brought back to the staff team as required.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed six residents' assessment of need and personal plans that were in place. It was found that provider had implemented a system to ensure that the assessment of need was completed prior to admission and updated every 12 months. This ensured that up-to-date information was available to inform care plans.

Care plans reviewed were sufficiently detailed to guide staff practice and ensure residents were provided with care in line with their assessed needs. The inspector reviewed plans in relation to feeding, eating, drinking and swallowing needs, PICA, mobility, communication needs, night time routine, and oral hygiene needs.

Judgment: Compliant

### Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents. For example, there was a clear policy in place, which clearly directed staff on what to do in the event of a safeguarding concern.

All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit.

On the day of inspection there were no open safeguarding concerns. Any safeguarding concerns that had arisen across the last 12 months had been appropriately managed and reported.

Following a review of six residents' care plans the inspector observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with residents' personal plans and in a dignified manner.

Judgment: Compliant

### Regulation 9: Residents' rights

As part of the inspection process the inspector reviewed how residents' rights were

respected during their respite stay. It was found that residents were offered choice and control over aspects of their respite stay such as activity choices and meal choices.

The language used in care plans was person-centred and respectful of residents' preferences. For example, detailed night time care plans were in place to ensure residents' right to a good nights rest and sleep was respected. In addition, care plans stated that residents were to provide consent before certain care practices were utilised.

Observations on the day of inspection indicated that staff were respectful and professional when interacting with residents. They offered choices around activities and provided care an a respectful manner.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant