



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

Issued by the Chief Inspector

Name of designated centre:	Delta Birch
Name of provider:	Delta Centre Company Limited by Guarantee
Address of centre:	Carlow
Type of inspection:	Announced
Date of inspection:	26 June 2025
Centre ID:	OSV-0008320
Fieldwork ID:	MON-0038612

About the designated centre

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

Delta Birch is a residential centre located in Carlow that is operated by Delta Centre Company. Delta Birch comprises two separate houses located in close proximity to each other. The service has capacity to provide supports to eight adults over the age of 18 with an intellectual disability. Residents are facilitated and supported to participate in range of meaningful activities within the home and in the local and wider community. Both properties presents as two-storey detached homes on the outskirts of a large town. Each resident has a private bedroom, and there is ample shared living space including gardens. The centre is managed by a full-time person in charge and the staff skill-mix comprises social care workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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 26 June 2025	09:00hrs to 17:30hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre and to help inform a decision on the provider's application to renew the registration of the centre. The inspector 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, the inspector found that the centre was operating at a good level of compliance. The centre was well resourced, and the residents were receiving good quality and person-centred care and support. Residents told the inspector that they were happy in the centre and with the service they received. However, some improvements were required in relation to the fire containment measures and the reporting of safeguarding concerns.

The centre accommodated a maximum of eight residents, and there were no vacancies. The premises comprises two detached house within very close proximity to each other. The houses are located in a peaceful setting that is close to a large town with amenities and services, and the residents' day services. The houses share a vehicle for residents to access their day services and the wider community. Four resident live in each house. Six residents avail of the centre five days per week and spend the weekends with their families, and two residents live there full-time.

The inspector walked around the houses with the person in charge and some residents. Both houses were seen to be clean, homely, bright, comfortable, and well equipped and maintained. There was ample communal space including kitchens, living rooms, utility rooms, and gardens. Each resident had their own bedroom (some with en-suite facilities), and they were decorated to their tastes. Notice boards displayed information on independent advocacy services, making complaints, and the HIQA inspection.

The inspector observed some good fire safety systems, including fire alarms and emergency lights, and residents told the inspector that they knew to evacuate if the alarm sounded. However, the fire doors, one bedroom door in particular, required confirmation from a fire safety expert to ensure that they were adequate. The premises and fire safety are discussed further in the quality and safety section of the report.

The inspector had the opportunity to meet all eight residents throughout the day. In the first house, one resident did not communicate their views with the inspector, but engaged by shaking the inspector's hand and making eye contact; they appeared comfortable in the house. Another resident communicated with the inspector using Irish sign language. They told the inspector about members of their family and what they liked to do in their day service. When asked, they also indicated to the inspector that they liked the centre by smiling and making signs.

The other two residents spoke with the inspector at the same time. They told the inspector that they liked everything in the centre, and would not change anything. They said that they knew all of the staff, and that they were 'very good' and 'helpful'. They also got on well with their housemates. They were satisfied with the premises, and said that everything worked. They enjoyed their day services, and liked to go for coffee, knit and do crafts there. In the evenings and weekends, they said that they liked to eat out, get their nails done, and relax. They also liked to visit their family. They told the inspector that they could spend their money as they wished. For example, one resident enjoyed clothes shopping. They had no concerns, but said that they could speak with the person in charge if they had.

In the other house, the inspector spoke with all four residents when they returned from their day service. The first resident spoke with the inspector on their own. They said that they liked the house, staff working in the centre, and the food. They liked their day service, and spending time with their family at the weekends.

The other residents also said that they liked the centre, and 'loved' the staff as they were 'fun'. One resident said that they did not always get on with all of their house mates. They liked the food, and said they enjoyed listening to music, going to the shops, arts and crafts, using smart devices, and visiting family. They said that their bedrooms were comfortable, but one resident said that they wanted new furniture. The person in charge told the resident that they would help them with this.

The residents appeared comfortable and familiar with staff, and the inspector observed them joking together.

In advance of the inspection, residents were supported by staff to complete surveys on what it was like to live in the centre. Their feedback was positive and similar to the verbal feedback they gave to the inspector. For example, the surveys indicated that residents felt safe, had choice and control in their lives, liked the food, were satisfied with the facilities, could receive visitors, and were happy with the services available to them including the staff support.

The inspector 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 recent annual review and unannounced visit, and they provided good feedback on the service they received. In addition to day-to-day consultations, they also attended house meetings where they discussed topics of common interest, and were supported to choose and pursue individual goals as they wished. There were also care plans to guide staff on how residents communicated to ensure that their needs and wishes were understood.

The inspection was facilitated by the person in charge and residential manager. They said that the centre was homely, and that residents were happy and well cared for. They were satisfied with the resources, and spoke about how the staffing levels in one house had recently increased to meet residents' changing needs. They said that the residents' healthcare needs were well managed, and that they had

sufficient opportunities for social and leisure activities. Residents had sufficient access to multidisciplinary services, using a mix of the provider's and public services.

The management team told the inspector that residents had choice and control in their lives, and had consented to the use of restrictions and supports to manage their finances. They had no concerns for the residents' safety, and said that peer-to-peer incidents of concern had reduced. However, on review of some incidents with the inspector, the management team said that some should have been reported to external parties. This matter is discussed further in the quality and safety section of the report.

A social care worker told the inspector that residents received an 'excellent' service that was responsive to their needs. They had no concerns, but said that they could easily raise concerns with the management team. They had completed safeguarding training, and knew how to respond to and report any safeguarding concerns. They said that residents enjoyed different activities depending on their interests and abilities, including eating out, puzzles, crafts, exercises, watching television, and spending time with friends and family. The social care worker demonstrated a good understanding of the residents' communication means.

Overall, the inspector found that residents were happy in the centre and received care that was appropriate to their needs. The centre was well resourced in line with the statement of purpose. However, improvements were required under regulations 8 and 28 to bring the centre into full compliance with the regulations inspected.

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

This announced inspection was carried out as part of the provider's application to renew the registration of the centre. The application included an up-to-date statement of purpose, residents' guide, and copy of the centre's insurance contract.

The inspector found that there were effective management systems in place to ensure that the service provided to residents living in the centre was consistent and appropriate to their needs, and operated in line with the statement of purpose. For example, staffing arrangements were adequate 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 met the requirements of regulation 14. They had ensured that incidents that occurred in the centre were notified to the Chief Inspector of Social Service in line with regulation 31. They reported to a residential manager, and there were effective arrangements for them

to communicate. The person in charge and residential manager demonstrated a good understanding of the residents' needs and of the service to be provided in the centre.

The provider and person in charge 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.

The person in charge and programme manager were satisfied that the staff skill-mix and complement was appropriate to the assessed needs of the current residents. There were no vacancies in the complement. The person in charge maintained planned and actual rotas. The inspector found that the information on the rotas required enhancement to ensure that the hours worked by staff were clearly described and understood. The person in charge made the necessary enhancements during the inspection.

Staff were required to complete training as part of their professional development. The inspector reviewed the staff training log with the person in charge. The log showed that the staff were up to date with their training requirements.

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.

Staff also attended team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The meetings took place every three months. The inspector read a sample of the minutes from July 2024 to April 2025. The meeting minutes reflected discussions on safeguarding, fire safety, infection prevention and control, incidents, health and safety matters, audits, residents' updates and goals, risk assessments, restrictive practices and complaints.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules. For example, the residents' guide and statement of purpose.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge was suitably skilled and experienced for their role, and possessed relevant qualifications in social care and management. They commenced in their role in May 2024, and had previously worked as a senior social care worker in the centre. They demonstrated a good understanding of the residents' individual personalities and needs.

The person in charge also had responsibility for another designated centre, but this did not impact on their effective governance and management of the centre concerned.

Judgment: Compliant

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 person in charge and residential manager were satisfied with the staffing arrangements, and told the inspector that the number of staff on duty was sufficient. Staffing levels had recently increased, and this was in response to residents' changing needs. The provider planned to further enhance the skill-mix by recruiting a senior social care worker later in the year.

The person in charge maintained planned and actual staff rotas. The inspector viewed a sample of the rotas from March to June 2025, and found that they clearly showed the names of the staff working in the centre during the day and night. However, some shift patterns were represented with codes that did not describe the exact hours and times of work. The person in charge updated the rotas during the inspection to include a legend to explain the codes.

The inspector 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.

The inspector reviewed the staff training log with the person in charge. It showed that staff were up to date with their training needs, and had completed training in relevant areas including safeguarding of residents, first aid, administration of medication, manual handling, infection prevention and control, human rights, autism, positive behaviour support (one new staff member had not yet completed this training), and fire safety.

The person in charge ensured that staff were supported in their roles, and provided them with formal supervision in line with the provider's policy. The inspector reviewed the supervision records for 2025, and found that staff had received supervision in the first two quarters of the year.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to residents and other risks in the centre including property damage.

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. The inspector also found that the centre was well-resourced in line with the statement of purpose. For example, staffing arrangements were appropriate to the residents' needs, the premises were well maintained, and there was a vehicle to facilitate community activities.

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. There were arrangements for the management team to communicate, including scheduled 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. Comprehensive annual reviews, six-monthly unannounced visit reports and 'person in charge' audits (which consulted with residents) were carried out, along with audits in the areas of medication, restrictive practices, and safeguarding. The audits identified actions for improvement where required, which were monitored by the management team to ensure progression. The inspector found that actions were being implemented. For example, the utility room was repainted following a finding in a recent audit.

<p>There were effective arrangements for staff to raise concerns. Staff spoken with told the inspector that they could raise any concerns with the management team, and there was an on-call service during out of normal working hours. In addition to the support and supervision arrangements, staff attended team meetings which provided a forum for them to raise any concerns.</p>
<p>Judgment: Compliant</p>
<p>Regulation 3: Statement of purpose</p>
<p>The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. It was last reviewed in June 2025, and was on display in each house for the residents and their representatives to access.</p>
<p>Judgment: Compliant</p>
<p>Regulation 31: Notification of incidents</p>
<p>The inspector found that incidents (as specified under this regulation) that had occurred in the centre in the previous 24 months, including injuries to residents, an outbreak of an infectious disease, loss of power and water, and use of restrictive practices, had been notified to the Chief Inspector.</p> <p>Regulation 8, in the next section of the report, refers to notifications of allegations of abuse.</p>
<p>Judgment: Compliant</p>
<p>Quality and safety</p>
<p>Generally, the inspector found that residents' wellbeing and welfare was maintained by a good standard of care and support in the centre. Residents told the inspector that they were happy in the centre and with the service provided to them, and had no concerns. They were receiving a person-centred service and support to exercise choice in their lives. However, the inspector found that the fire containment measures in the centre required further assessment from the provider, and the reporting of safeguarding concerns required improvement.</p> <p>The provider had implemented effective systems and arrangements to ensure that the centre operated in line with a human rights-based approach to care and support.</p>

Residents had active lives, attended the provider's day services during the day. In the evening and weekends, they enjoyed different social and leisure activities. They were involved in the operation of the centre and decisions about their care. For example, residents attended house meetings to discuss topics concerning the centre as well as individual meetings to choose personal goals. Residents were also supported to communicate in their individual means, and staff had the necessary skills and knowledge to understand them.

Residents' needs had been assessed and associated care plans had been prepared. The plans, including those on behaviour support, health care, and communication, were readily available to guide staff practice.

There was one recognised restrictive practice in the centre that affected one resident. It was implemented with consent from the resident and approval from the provider's oversight committee.

Some residents required support to manage their finances. Their needs had been assessed, and support plans were implemented with consent from the residents. Some of the residents spoken with told the inspector that they could spend their money as they wished to.

There was adequate space for residents to store their possessions. Inventory logs were prepared for both residents which recorded the possessions they brought into the centre. The detail for some entries was scant which would make it difficult to identify items; the provider's policy required more detail on this matter to better guide staff on completing the logs.

The provider had arrangements to safeguard residents from abuse, including staff training and a written policy to inform practices. The inspector found that safeguarding plans were put in place when concerns arose. However, from review of the incident log with the management team, it was found that two incidents had not been reported to all relevant external parties as required by local and national safeguarding policies.

The premises comprise two large two-storey 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. The houses were seen to be homely, comfortable, clean, and nicely decorated; and there was sufficient space for residents to receive visitors.

The inspector 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. However, improvements were required to the fire containment measures to ensure that the fire doors were fit for purpose and met the associated requirements.

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 written text and pictures. The inspector reviewed two residents' communication support plans. The plans were up to date and readily available to guide staff practice. The inspector found that staff spoken with had a good understanding of the residents' communication plans.

One resident used sign language as their primary communication means. Six staff, including the person in charge, had completed sign language training to ensure that they could effectively communicate with the resident. Some of the other residents were also being encouraged to learn sign language to help them and the resident communicate. The inspector also observed visual aids for staff and residents to refer to. For example, the sign for 'fire' was displayed on the notice board, and social stories using pictures had been prepared on topics such as road safety.

Judgment: Compliant

Regulation 11: Visits

Residents could freely receive visitors, including their family and friends, in the centre and in accordance with their wishes.

The residents' guide and statement of purpose noted that residents' visitors were welcome in the centre, and residents told the inspector that their family could visit them. The premises provided suitable communal facilities and private space for residents to spend time with their visitors.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector reviewed the arrangements to support two residents to manage their finances. The inspector found that their needs had been assessed, and that they had consented to their families supporting them with their finances. The management team told the inspector that these arrangements were not impinging on the residents being able to make choices on how they spent their money when they resided in the centre. The inspector also asked some residents if they were happy with their access to their money. They said that they were, and that they

could spend their money as they wished to.

The provider had systems, such as audits, to monitor residents' finances to ensure that any potential discrepancies were identified. The inspector also checked four residents' cash (which was stored in a secure area) balances and found that they were correct as per their expenditure records.

Judgment: Compliant

Regulation 17: Premises

The centre comprises two detached houses in a quiet location on the outskirts of 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.

The premises were found to be clean, bright, homely, warm, comfortable, and nicely furnished. There was sufficient communal space including bathroom facilities, kitchens, utility rooms, living rooms, and nice gardens. Overall, the houses were well equipped and maintained.

Residents' bedrooms were personalised to their tastes. Residents spoken with told the inspector that they were very happy with the premises, the facilities, and their bedrooms. One resident wanted to get new bedroom furniture and was being supported by the person in charge with this.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider has prepared a residents' guide. The guide was up to date and included the required information such as the terms and conditions relating to residency. The guide was on display in each house, and a copy was also in each residents' personal plan folder and it was noted that it had been discussed with them.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety precautions in the centre.

However, the fire containment measures required improvement to mitigate the risk of smoke and fire spreading.

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 inspector released the fire doors, including the bedroom doors, to observe if they closed fully. One door did not close fully; however, the provider's maintenance department fixed it during the inspection. The inspector also observed a large gap between a bedroom door and the floor which posed a risk of fire or smoke entering the room in the event of a fire. Some of the other bedroom doors had been fitted with material to close the gaps between the doors and the floor. Overall, the inspector was not assured that the fire doors were of an appropriate standard. The residential manager told the inspector that the provider planned to engage with an external fire specialist to assess the doors and determine if improvements were needed.

Individual evacuation plans had been prepared which outlined the supports residents required to evacuate the centre. Some residents required specific equipment, such as a vibrating pillow and flashing light in their bedroom, to help them respond to the fire alarm sounding. Fire drills, including drills reflective of different scenarios, were carried out to test the effectiveness of the fire plans. Learning from the drills was implemented. For example, additional external lighting was installed in 2025 following recommendations from a drill.

The inspector observed that the fire evacuation procedures were not displayed in a prominent place or readily available in the houses. During the inspection, the person in charge retrieved the procedures from the provider's electronic information system, and began reviewing them during the inspection to ensure that they were up to date before displaying them.

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: Substantially compliant

Regulation 5: Individual assessment and personal plan

Overall, the provider had ensured that suitable arrangements were in place to meet the needs of the residents living in the centre.

The person in charge had ensured that residents' needs were assessed to inform the development of written personal care plans. The inspector reviewed two residents' assessments and personal care plans. The plans included positive behaviour support, nutrition, mobility, relationships, finances, intimate care, communication,

and health care plans. They were found to be up to date, and readily available to guide staff on the care and support residents required. They also included important information on the residents' interests, preferences and personalities. Some of the information had been prepared to make it more accessible to residents. For example, there was easy-to-read information on meal plans, and pictures were used in person-centred plans to represent key information.

The plans also reflected multidisciplinary team input as relevant. For example, a resident's epilepsy care plan had been prepared by a nurse and another resident's mobility plan had input from an occupational therapist.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that residents received support to manage their behaviours of concern.

The inspector reviewed two resident's positive behaviour support plans. The plans were up to date and had been prepared by the provider's behaviour specialists. Some of the supplementary documentation viewed by the inspector required review to ensure that they were current. Staff had completed behaviour support training to inform their practices and understanding of positive behaviour support. Staff spoken with told the inspector that the plans were effective.

There was one restrictive practice implemented in the centre. The inspector found that it was being implemented in line with best practice. The rationale for the restriction was clear and it had been discussed with the resident affected using a 'social storey' to help them understand it. Use of the restriction had been risk assessed and approved by the provider's behavioural support oversight committee.

Overall, it was demonstrated that the centre was striving to reduce and remove the use of restrictions. For example, the use of an environmental restriction had been recently removed as it was no longer deemed necessary.

Judgment: Compliant

Regulation 8: Protection

Generally, the registered provider had implemented good systems to safeguard residents from abuse. However, some improvements were required to ensure that the provider's policy was clearly understood and that all concerns were reported to the relevant parties.

The provider had prepared a written policy on the safeguarding of residents. It was readily available to staff, and had been reviewed in March 2025. However, information regarding staff responsibilities under section 10 required review to ensure that it was clear and accurate.

Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were aware of the procedures for reporting any safeguarding concerns.

Residents' feedback indicated that they felt safe in the centre. However, one resident told the inspector that they did not get on with all of their housemates. Safeguarding topics were discussed during residents' meetings to raise their awareness of the matter. For example, during recent meetings, topics such as financial safeguarding, respecting each other, and how to make complaints were discussed.

The inspector, with the person in charge and residential manager, reviewed the incident log for the previous twelve months. The inspector read two incidents where residents were impacted by the behaviour of others. The incidents had been reported internally and actions had been taken; however, the incidents had not been reported to the Chief Inspector or to the national safeguarding team. The residential manager and person in charge agreed that the incidents should have been reported, and planned to do a more thorough review of past incidents to ensure that all safeguarding concerns were reported to the relevant external parties where necessary.

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 inspector viewed two of these plans. One care plan needed more specific on the support required by a resident in a certain area, and the person in charge began to update it during the inspection.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The registered provider and person in charge had ensured that the centre was operated in a manner that respected residents' disabilities and promoted their rights.

Residents told the inspector that they had a good quality of life, and could make choices and decisions about their care and support, the centre, and how they spent their time. The inspector found positive examples of how residents' rights were promoted, for example:

- Staff completed human rights training to inform their practices and promotion of residents' rights.
- Residents had active lives. They told the inspector that they enjoyed their day

services and their social and leisure activities.

- Residents had consented to the supports they required to manage their finances, and some residents spoken with told the inspector that they could spend their money as they wished to.
- Residents were consulted with during audits of the centre, including the annual review, to allow them to express their views.
- Residents attended house meetings where they discussed common agenda items such as planning activities and the menu.
- The complaints procedure was discussed during house meetings to remind residents how to raise concerns.
- Staff supported residents to choose personal goals meaningful to them, such as pursuing their interests and hobbies.
- Residents were supported to communicate in their own means. Staff had received specific training, such as in sign language, to ensure that they had the skills to communicate with residents.
- Important information had been prepared to make it more accessible to residents, such as social stories and easy-to-read documents.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	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
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Delta Birch OSV-0008320

Inspection ID: MON-0038612

Date of inspection: 27/06/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: - The provider will engage an external fire safety specialist to assess the suitability and standard of all fire doors across the designated centre. This will be completed by 30th October 2025. with recommendations implemented promptly thereafter. - Fire doors that do not meet appropriate fire resistance standards, including those with excessive gaps or that fail to close fully, will be repaired or replaced based on the fire specialist's report. - Fire evacuation procedures will be printed and displayed in prominent locations in both houses. Procedures will be reviewed for accuracy and updated as needed before being posted. This was completed on 30th June 2025.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: - The safeguarding policy will be reviewed, with particular attention to Section 10 to ensure clarity and accuracy. This was completed on 30th June 2025. - The Person in Charge will complete a retrospective review of all incidents from the past 12 months to identify any unreported safeguarding concerns. Any previously unreported concerns will be escalated to the appropriate external authorities without delay. The two incidents referenced in the inspection report have now been submitted to the Chief Inspector. This was completed on 5th July 2025. - All intimate care plans will be reviewed for clarity and specificity to ensure staff have clear guidance and residents' dignity is upheld. This was completed on 26th June 2025.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/10/2025
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	05/07/2025