

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:	Unannounced
Date of inspection:	31 May 2023
Centre ID:	OSV-0008320
Fieldwork ID:	MON-0038611

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. Delta Birch comprises two separate units 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. Tintean Dara provides residential services for three individuals and has one bedroom assigned for use as respite. Tintean Eala provides residential services for four individuals. Residents were 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, with a shared living area space. The centre also incorporates a spacious kitchen/dining areas and a large garden areas. Residents are supported by social care workers and social care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Wednesday 31 May 2023	08:30hrs to 18:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This designated centre, Delta Birch, had previously been part of another registered designated centre. Although this was the first inspection of Delta Birch, the units of the centre had previously been inspected when they were part of the other designated centre. The inspection took place over one day, and one inspector completed the inspection. Overall, it was found that the care and support being provided was meeting residents' specific needs. The provider, and both person in charge, were striving to ensure that all residents were in receipt of good quality care. Improvements were required across a small number of regulations to ensure the level of quality of care could be maintained on a consistent basis.

The inspector had the opportunity to meet with all seven residents that availed of residential services within this centre. The inspector spent the morning in the first home associated with the designated centre where they met with three residents. One bedroom within this home was allocated to respite use. Currently only one resident availed of this service and attended on a limited basis. The provider had a long term plan to convert the use of this room to a residential placement. In the afternoon the inspector spent time with the four residents that lived in the second home. They availed of residential services across a four night period with the other nights spent in family homes. This part of the centre was closed on a Saturday and Sunday.

On arrival at the first home, the inspector was greeted by a member of staff. The staff member completed relevant COVID-19 checks and showed the inspector to the kitchen area of the home. During the course of morning all three residents came to the kitchen area to have their breakfast. They were busy getting ready for the day ahead. All three residents attended a day service in their local community.

The residents in this home used different methods to communicate, some residents were eager to engage in conversation with the inspector while other residents preferred to answer direct questions, or use gestures to respond. There was one member of staff present to help support the residents with their morning routines. While this was a busy time, the staff member was caring and patient in their interactions and was responsive to each residents' needs.

One resident was eager to show the inspector their bedroom. Their bedroom was allocated on the ground floor. They had en suite facilities available to them. Their room had lots of personal items and pictures on display. The resident had their clothes laid out for the day ahead. The resident readily spoke about different aspects of their life. They discussed family visits, buying items, and their upcoming plans for the day. They made the inspector a cup of tea and seemed very comfortable in their home. They readily requested help from staff when needed such as requesting access to their monies. They stated they were very happy living in their home. When asked what would they do if they were unhappy about anything they spoke about speaking with their keyworker and showed the inspector

a picture of this person on the wall.

The other residents present were observed to get their breakfast and also freely move around their home. It was noted that their independence was encouraged and facilitated. For example, residents were observed to bring down their own laundry, make tea and coffee, put away dishes and answer phone calls. Residents were seen to be very helpful and respectful of each other. For example, one resident turned on the tv for a resident that was sitting in the living room. Later they were seen knocking on a resident's door to alert a them that there was a phone call.

The residents lived in a large two-storey detached home in a rural area. They were a short driving distance to a local large town. Residents in the home had access to individual bedrooms, bathrooms, kitchen, utility, dining room, sitting room and conservatory area. One bedroom was allocated as the staff sleep over room and office. Overall the house was well maintained. Recently new flooring had been installed which added to the homely feel within the house. However, the dining room had files present in an open shelving that contained personal information in relation to the residents. This was not in line with best practice in ensuring privacy relating to specific communications around residents.

Later in the afternoon the inspector met the four residents that lived in the second home. Both homes were in very close proximity to each other. All residents in this home, also attended day service five days a week. Following day service on a Friday the residents would return to their family homes and return to their residential placement on a Monday evening.

In the home there were three staff members present at this time. One staff member had recently commenced their employment and were shadowing the core staff on duty that day. Staff were helping to prepare an evening tea for the residents and support them to settle into the home. Residents were eager to come and chat with the inspector at this time and tell them about their day. Residents spoke about past excursions with staff in detail. Some residents were very good at recalling lots of details and enjoyed telling the inspector this information. Staff would join in on this conversations with ease and it was evident that the staff and residents present had good knowledge of each other.

This home was a large dormer building. All residents had their own bedroom which were located on the ground floor. In addition to this there were bathrooms, two sitting rooms and a large open plan living/dining/kitchen area. There was a utility room located off the kitchen area and staff had a sleep over room located upstairs. The house was very clean and well maintained.

During this time residents were seen to interact with each other in a positive manner. They called each other by name and were seen chat with each other. One resident spoke with the inspector at this time. They became visibly upset and stated they did not like living in the home. They presented the inspector with a notebook whereby they were encouraged to write about their day-to-day feelings. In this notebook it was documented on a number of occasions that the resident expressed that they were unhappy living in their home. The provider was aware of how

resident felt about their home. An independent advocate was involved to determine the residents will preference around their living situation. This work was ongoing at the time of the inspection. In addition ,the provider was exploring different options in terms to support this resident.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, there were systems in place to ensure that the service provided was safe and appropriate to residents' needs. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs.

There was a clear management structure in place. The centre was managed by two full-time, suitably qualified and experienced person in charge. The two people appointed to be the person in charge did so in a job share capacity as both these individuals also had responsibility for other designated centre's within the organisation. The person in charge reported to a Residential Services Manager, who in turn reported to the Chief Executive. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included provider-led audits such as the six monthly unannounced audits and local audits such as infection prevention and control.. The quality assurance audits identified areas for improvement and action plans were developed in response.

Staffing arrangements were reviewed on inspection. Planned and actual rosters were in place that were reflective of the staff on duty. There was evidence of continuity of care with a core staff team in place. If relief staff were utilised they were from within the organisation's pool of staff and were familiar with residents. Observed interactions with staff on the day of inspection indicated that residents were familiar with staff.

Overall the skill-mix of staff was in line with their assessed needs. Residents were supported by senior social care workers, social care workers and care assistants. Staff that spoke with the inspector were familiar with all residents and their specific care needs. The training matrix was reviewed and for the most part staff had up-to-date training to allow them complete their role effectively. However, some staff required training in the area of positive behaviour support and de-escalation techniques. The provider had identified this as an area of improvement.

Regulation 14: Persons in charge

Recently, two people had been appointed to complete the person in charge role. Both individuals had the required skills and experience to fulfil this role effectively. They were completing this role in a job share capacity. The provider had outlined specific duties and responsibilities to ensure both individuals had oversight of the entire designated centre. This included having regular meetings, joint oversight of audits, daily logs and risk assessments and attendance at team meetings. The inspector noted that key documentation had been signed off by the individuals.

Judgment: Compliant

Regulation 15: Staffing

There was a planned and actual staff rota in place and it was reflective of the staff on duty on the day of the inspection. There was appropriate skill mix and numbers of staff to meet the assessed needs of residents. The provider ensured continuity of care through the use of an established staff team and regular relief staff. Staffing arrangements were reviewed on a regular basis by the provider to ensure they were in line with the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training records. This indicated that the majority of staff had completed mandatory training in fire safety, safeguarding, manual handling, and Infection Prevention Control (IPC) trainings. Where staff required refresher training these were scheduled for dates in the coming weeks. The person in charge had a system in place to identify training needs and ensure all staff were booked on relevant training in a timely manner.

Some staff had received bespoke training in positive behaviour support. However, the provider had identified that all staff required training in de-escalation techniques. There were plans in place to ensure staff had the required skills in this area in the coming months.

Staff were receiving supervision in line with the providers policy. There was a supervision schedule in place mapping out the supervision requirements of the staff team over the coming months. A sample of supervision notes were reviewed and found to have relevant topics pertinent to each role discussed.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider ensured there was a clearly defined governance structure within the centre which ensured that residents received a service which met their assessed needs. They had recently appointed senior social care workers to posts, to ensure effective oversight of centres was occurring and to assist the individuals in the person in charge role. This further strengthened the governance structure in place.

Overall, the provider had ensured that there was effective oversight systems in place. As a result, staff supervisions, staff meeting and audits were taking place as required. Provider-led audits and reviews, as required by the regulations and essential for senior management oversight had been completed. The provider had recently implemented a monitoring tool in the form of quality improvement plans to ensure actions from audits were completed in timely manner.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

All residents had an up-to-date contract of care in place. The contract had been recently updated to reflect some changes in relevant charges. There was evidence that this had been discussed with residents. All contracts had been signed by the resident or their representative if appropriate.

Judgment: Compliant

Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to HIQA under the regulations were reviewed during this inspection. Such notifications are important in order to provide information around the running of a designated centre and matters which could impact residents. While some of the required notifications had been submitted, it was noted that HIQA had not received all notifications in line with the requirements of regulations. For example, the provider had not submitted a notification pertaining to safeguarding. This was retrospectively notified following inspection.

Judgment: Not compliant

Quality and safety

Overall, the inspector found that the centre presented as a comfortable home and care was provided in line with each resident's assessed needs. A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and staff, a review of personal healthcare plans, risk documentation, fire safety documentation, documentation around protection against infection and a review of residents finances. There was many areas of good practice identified which was having a positive impact on the lived experience of residents. Resident overall enjoyed living in their home. However, improvement was required in relation to residents rights and systems around the management of residents finances.

Although a number of good practices were in place to ensure resident's rights were upheld, for example, the use of advocacy services there were areas of improvement needed, specifically in relation to the storage of residents personal information. The systems in place were disjointed and not in line with best practice, with some residents personal information on display on kitchen cabinet and stored in open communal areas, and other information stored in locked cabinets.

The management of residents finances required review from an organisational stand point to ensure their were systems in place to safeguard residents monies while balancing the residents autonomy for independence in the area. There was a lack of systems in this area, such as assessments or other documentation to indicate the residents' ability in this area.

Regulation 12: Personal possessions

The inspector identified some good financial management systems to ensure some residents' personal possessions, including finances, were adequately accounted for and safeguarded. This included regular auditing of some residents' finances and review of bank statements. This was not in place for all residents that availed of residential services within the designated centre.

On the day of inspection the provider was unable to identify if all residents had their own bank accounts. Robust systems were not in place to effectively safeguard all residents' finances. For example for some residents, the provider did not have financial assessments completed to demonstrate residents' ability in this area, limited auditing occurred, and there was limited access to bank statements for review, assurance and reconciliation.

The provider policy entitled Policy and Procedures Residents' Finances Possession and Household Finances states that appropriate safeguards would be applied to

support residents to manage their finances. There was limited evidence of this occurring in the centre. For example, the provider explained that a consent form was devised to ascertain residents choice in this area. This was not available on the day of inspection.

Systems required improvement to ensure they were reflective of the provider's responsibility to keep all residents' finances safe while ensuring the balance of residents' autonomy and rights in this area.

Judgment: Not compliant

Regulation 17: Premises

Both premises associated with this designated were overall well maintained and very clean on the day inspection. All resident had access to ample communal spaces in their homes. Resident's had their own individual bedrooms. There was storage available for all their personal items Residents had access to large garden areas.

Some upgrade works had recently been completed in one of the premises. This included the replacement of flooring throughout the home.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to assess and mitigate risks, such as a centre risk register and individualised risk assessments. All risk assessments had recently been reviewed by the newly appointed person in charge. Risk ratings were proportionate to the risks in place and control measures in place were utilised effectively by staff. For example, a risk assessment for slips, trips and falls had been updated following a specific medication change. There was an effective system in place for recording adverse incidents and accidents. This was regularly reviewed by the person in charge, to ensure learning was identified and communicated effectively to the staff team.

Judgment: Compliant

Regulation 27: Protection against infection

Some good practices in relation to IPC were observed in the centre. Both home were visibly very clean. Cleaning schedules were in place and were utilised

effectively by staff to ensure all areas of the home were cleaned in a comprehensive manner. Staff were observed wear appropriate Personal Protective Equipment (PPE), such as gloves, when this was required. There was sufficient access to hand sanitising gels and hand-washing facilities observed throughout the centre. Staff had completed a range of training to enable them to practice effective infection control measures

Judgment: Compliant

Regulation 28: Fire precautions

The designated centre was provided with fire safety systems which included a fire alarm, emergency lighting, and fire extinguishers. The fire alarm and emergency lighting was subject to timely maintenance checks. Fire drills were occurring at regular intervals and different scenarios were mapped out to ensure staff and residents practised a variety of emergency situations. Fire risk assessments were in place. Fire safety checks were completed by staff on a regular basis. All residents had up-to-date personal evacuation plans which detailed the supports they needed to safely leave the building in the event of a fire.

Judgment: Compliant

Regulation 6: Health care

The registered provider took measures to ensure the residents' healthcare needs were met. Healthcare assessments were in place and reviewed regularly with appropriate healthcare plans developed from these assessments. There was evidence that residents were facilitated to access medical treatment when required, including national screenings. Residents had input from various health and social care professionals, such as dental treatments, audiology, and chiropody to name a few.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were kept safe in the centre. Staff had completed training in relation to safeguarding and protection. Staff spoken with, were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Where there were safeguarding concerns, there was evidence that appropriate safeguarding plans were in place

which were monitored, reviewed and dealt with appropriately.

Judgment: Compliant

Regulation 9: Residents' rights

The provider ensured residents were consulted and encouraged to participate in how the centre was run. For instance; resident meetings were taking place. Observations indicated that the residents considered the designated centre as their home and were seen to answer the phone, make tea and freely move around the house. Staff were observed to interact with residents in a respectful manner.

However, on the walk around of one of the homes there was medical information displayed on a kitchen cabinet. In addition, residents personal files, which contained personal information, were stored on an open space in a communal space. This did not adhere to the residents rights in terms of privacy around their personal information. The systems around this required review to ensure it was in line with best practice.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Delta Birch OSV-0008320

Inspection ID: MON-0038611

Date of inspection: 31/05/2023

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training in De-Escalation techniques (CPI) is in the process of being rolled out across the staff team.</p> <p>Bespoke training relevant to the individuals in the designated centre is already in place.</p> <p>CPI training completion date for staff team: 31/12/2023</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Notification was submitted on the date of the inspection and evidence of notification submission provided to the inspector on the date.</p> <p>Completed: 31st May 2023</p>	
Regulation 12: Personal possessions	Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

A Financial Assessment tool has been developed and all residents in the designated centre have completed this assessment to determine what, or if any, supports are required to manage finances.

Consent documents in place which document the residents will and preference in relation to the management of their finances and if required identifying who they wish to support them in financial management.

Completed: 13/7/2023

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

All residents' personal files are stored in a locked press.

Completed: Suitable storage cabinet in place from 15th June 2023

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	13/07/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/12/2023
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working	Not Compliant	Orange	31/05/2023

	days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	15/06/2023