

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Delta Willow
Centre ID:	OSV-0005526
Centre county:	Carlow
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Delta Centre Ltd
Provider Nominee:	Eileen Brophy
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	6

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 06 April 2017 10:30 To: 06 April 2017 15:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This inspection was conducted in a new, unoccupied centre operated by Delta Centre Ltd to inform a registration decision.

How we gathered our evidence:

As part of the inspection, the inspector met with the person in charge and the deputy person in charge. The inspector reviewed documentation such as personal plan templates, accident logs, policies and procedures.

Description of the service

The centre is proposed to be a community centre offering residential support to people with an intellectual disability. The provider had produced a document called the statement of purpose, as required by regulation, which described the service they intended to provide. The centre was a spacious, purpose built, detached house within proximity to the local town. The provider proposed to offer residential support

to six residents.

Overall findings:

Overall, the inspector found that adequate preparations were in place to open the service. The inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met.

Good practice was identified in areas such as:

- the provision of a meaningful day (Outcome 5)
- the development of personal plans (Outcome 5)
- governance and management systems (Outcome 14)

The reasons for these findings are explained under each outcome in the report.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Arrangements had been made to consult with residents and to ensure an effective complaints procedure.

There was a clear complaints procedure in place, an accessible version of this was available and was displayed in the centre. A template was in place in which to record and analyse any complaints.

Other information had been prepared in an accessible version including an easy read residents' guide and advocacy information. Named advocates had been identified for any resident who required this input.

No rights restrictions were currently envisaged, and the person in charge outlined the ethos of upholding the rights of residents.

A system of recording residents' possessions in an inventory had been developed and was ready to use, and there was a policy on personal property and possessions.

A system in place in other centres operated by the organisation whereby residents are offered a weekly meeting at which to discuss issues relating to the daily running of the centre is to be offered to any residents of this centre.

All bedroom doors had locks and keys whereby residents could lock their bedroom doors if they chose to do so. Those residents who had been identified were involved in transition plans including visits to the house, and choosing the decor in their own rooms.

Judgment: Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There was an admissions policy in place which included detailed guidance and criteria for admission, and the organisation had an admissions committee to oversee any admissions or transfers.

For those residents who had been identified there were detailed transition plans in place. A template for written agreements of care was available which would outline the service offered and any charges incurred.

Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:

Arrangements had been to develop a personal plan for each resident, including an assessment on which to ensure a meaningful day for residents.

Where residents had been identified there was a detailed transition plan in place, and implementation of these plans was recorded in an ongoing progress report. Goals had been set and broken down in steps towards the move, including visits to the house and exposure to various activities. Goals had also been set in relation to resolving any issues which may arise following the move to the house.

Where proposed residents were already resident in other centres of the organisation, detailed assessments and personal plans were in place. These personal plans were available in an accessible version including pictures of activities and families and friends.

The person in charge outlined the plans to ensure that the normal routines and activities of any future residents would be supported and facilitated, and that further opportunities would be explored. For example some residents who were retired would be supported by staff in various activities both in the home and in the community, and some residents would continue to attend their current day service. There were also plans to support short holidays for residents.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The proposed designated centre was a large purpose built dorma style detached house, which will accommodate six residents.

There were six individual bedrooms, two of which had en-suite bathrooms, two further bathrooms and a separate toilet.

There were various spacious living areas, plenty of storage and adequate private and communal living areas. There was a private garden area and parking spaces to the front.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Arrangements were in place to manage risk and to manage fire safety.

A risk register had been developed in which all currently identified risks were recorded and risk rated. Centre specific risks were included such as medication management, household expenditure and safeguarding. Individual risk assessments were in place, for example in relation to independent money management and the use of any restrictive interventions. There was a risk management policy in place which included all the information required by the regulations.

A template for the recording of any accidents and incidents was in place, and there was a robust system of oversight in other centres of the organisation which will be implemented in this centre.

Fire equipment including extinguishers, emergency lighting and an alarm system were in place and had been certified. A system of weekly and daily checks was in place, and fire safety orientation had begun for identified residents.

There was a personal evacuation plan in place for identified residents, which were to be updated with information on night time evacuation information prior to residents moving into the house.

The centre was visibly clean, and there was a flat mop system in place and appropriate storage of cleaning materials. Hand hygiene facilities were readily available, and identified staff members had received training in infection control.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Arrangements had been made in relation to safeguarding of residents and the provision of behaviour support.

The person in charge was knowledgeable about their role in the safeguarding of vulnerable adults. There was a policy in place to guide staff and all identified staff had received training in the protection of vulnerable adults.

While none of the identified residents had been assessed as requiring behaviour support, there was a behaviour support therapist available if required.

Where restrictive interventions had been identified as being required for residents, such as bedrails, there were detailed risk assessments in place, and documented evidence that alternatives had been tried or considered to ensure that the intervention was the least restrictive to mitigate the risk.

There was a robust system in other centres operated by the provider in relation to the management of residents' personal moneys, and this system was to be implemented in this centre.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There was evidence to indicate that residents' healthcare needs would be adequately assessed and regularly reviewed with appropriate input from multidisciplinary practitioners where and when required.

Health assessments had already been conducted for the residents who had been identified. Each resident had a general practitioner (GP) and an out of hours GP service had been identified. Residents were already in receipt of a range of multi-disciplinary supports such as mental health, behaviour support and physiotherapy if and when required.

The inspector was assured that the proposed practices would meet residents' nutritional needs to an appropriate standard. The person in charge outlined the ways in which choice would be facilitated and nutritional intake recorded. The person in charge was already familiar with the needs of residents who had been identified to move into the centre.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The proposed medication management policies and procedures for the centre were found to be safe and in line with the regulations.

The centre had a medication management policy in place, together with documentation in relation to prescriptions and administration recording. There was a robust process in place in other centres of the organisation in relation to the management of 'as required' (P.R.N.) medications, which was to be implemented in this centre.

All staff who had been identified to work in the centre had received training in the safe administration of medications and specifically in the administration of rescue medication for the management of epilepsy.

Appropriate and safe storage facilities for medication were provided in the centre. The person in charge outlined the plan to conduct regular audits of medication management, and an audit tool was in place for this purpose.

A self medication assessment had been conducted with identified residents in order to maximise independence.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

A statement of purpose had been prepared to include the aims and objectives of the centre and a description of the facilities and services which were to be provided to residents, and which included all the information required by the regulations.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found evidence that the quality and safety of care and support of residents living in the centre would be monitored on an ongoing basis. Effective management systems would be in place to support and promote the delivery of safe,

quality care services.

The person in charge outlined the auditing system which would be implemented in the centre, and which was already in place in other centres operated by the provider.

Arrangements were in place for a person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis to review the safety and quality of care and support provided in the centre.

There was a clearly defined management structure that identified the lines of authority and accountability. The centre was to be managed by a suitably skilled and experienced person in charge. She was knowledgeable about the requirements of the regulations. She outlined plans for the supervision and performance development of staff.

She also outlined a system of staff and management meetings which would be held, and which were already in place in other centres of the organisation. A series of meetings relating to the transfer of residents to this centre had been held, and minutes had been maintained of these meetings.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There were appropriate arrangements in place in the event of the absence of the person in charge, although no absences were currently foreseen.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

<p>Theme: Use of Resources</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: There was evidence that sufficient resources were available ensure the effective delivery of care and support in accordance with the centres' statement of purpose.</p> <p>The centre was furnished and decorated to a very good standard and was ready for occupation including furnishings and equipment. The person in charge gave assurances that the staffing levels would be in accordance with the needs of residents, and that there would be a vehicle for the sole use of the house.</p>
<p>Judgment: Compliant</p>

<p>Outcome 17: Workforce <i>There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.</i></p>
<p>Theme: Responsive Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: Management systems for the centre indicated that staff would be supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.</p> <p>The person in charge outlined plans to ensure that staffing levels would be arranged to meet the needs of residents, including the availability of staff to support residents who wished to remain in their home during the day.</p> <p>All staff who had been identified to work in the centre had received mandatory training, including fire safety, protection of vulnerable adults and safe administration of medication.</p> <p>Staff supervision was planned in accordance with the current practice of the</p>

organisation whereby there would be individual supervisions every six to eight weeks, and annual performance appraisals.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

All policies required under schedule 5 of the regulations were in place and had been reviewed as required.

There was a template available in which to record the information required in the directory of residents.

A statement of purpose and a residents' guide had been prepared which outlined the services which would be provided to residents.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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