



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

Issued by the Chief Inspector

Name of designated centre:	Delta Maples
Name of provider:	Delta Centre Company Limited by Guarantee
Address of centre:	Carlow
Type of inspection:	Announced
Date of inspection:	30 January 2020
Centre ID:	OSV-0004706
Fieldwork ID:	MON-0023014

About the designated centre

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

This centre comprises of two purpose built houses in the suburbs of a large town. One is home to four residents and the other to seven individuals, comprising a combination of respite beds and full time residents. Individuals who live in the centre both male and female are over the age of 18 years and present with a range of intellectual, physical and complex disabilities. Residents are supported by a team of nurses, social care workers and support workers on a 24 hour a day, seven days a week basis. The centre aims to provide residents with care, dignity and respect within a caring environment that promotes the health and wellbeing of each individual.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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 - 2015 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 30 January 2020	09:00hrs to 17:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

The inspector met with eight residents across the two houses in this designated centre over the course of the day. One of the houses has four full time residents whom the inspector met. The other house comprises a combination of full time and respite living and the inspector met with the four residents who live full time in the centre, some of whom had only recently transitioned to live here from another provider.

In one house residents were preparing for their day as all attended day services. They outlined for the inspector activities they enjoyed and one resident explained that the previous day they had been away at a bowling competition and had come fifth. They explained that they loved to bowl and were looking forward to going in to meet their friends to talk about the trip. The inspector was given a tour by the residents of their home and a resident who on occasion spent time on their own demonstrated how to open doors if there was an emergency, and explained why they would not open the door to strangers.

One individual was clearly a talented musician and loved music, their accordion, keyboard and guitar were all in their room and a corner of the living room was identified as a space to listen to music. Another resident had recently purchased a new armchair and footstool and this was positioned for relaxing in their room. They also showed the inspector their treadmill where they participated in daily exercise. One individual showed the inspector the inside of their wardrobe which they stated they were delighted with as it had so much space for all their belongings and they even kept a 'snack shelf'.

In the other house residents presented as having more complex communication difficulties where interpreting their non-verbal cues was important in determining their wishes. Staff were seen to be sensitive to the resident's wishes and gave them time to respond when engaging. One resident had returned from a hospital appointment and spent some time relaxing before they went for a walk in the local area with staff and another peer from the house.

A daily information board was in the kitchen and staff were noted referring to it in ensuring activities were ready as had been outlined to residents, so when one individual returned from their day service, the supper as stated on the board was prepared and ready in the kitchen. This allowed the resident to relax while it cooked, by stretching out on the sofa with the television on. Resident's rooms were seen to have been individualised by the staff using wall decorations and one resident commented that they loved their flower and bee pictures.

As this was an announced inspection, questionnaires had been sent to the provider in advance for the residents to complete. This was in order to elicit their views on areas such as their living environment, visiting arrangements, food and mealtimes, staff support and on the variety of activities available to them. The residents were

supported by a member of staff who knew them well in completing their questionnaires. It was clear on reading the questionnaires that residents liked their home with some commenting that they liked to carry out household chores such as washing up, putting away clothes or doing the shopping. They all enjoyed personal activities and were happy with opportunities offered to them for outings and visits home or to friends.

Capacity and capability

The inspector found that this was a well-managed centre with good structures and levels of accountability evident which actively promoted residents well-being and independence.

There was a suitably qualified and experienced individual who held the post of person in charge. Management structures in the organisation were under review and a newly appointed residential services manager was now in post. The person in charge had responsibility for another centre as well as providing support as a person participating in management for additional centres. At this time there was no concern that this arrangement had any negative impact on the residents care and the plans outlined by the provider were satisfactory.

There were good reporting systems evident between the person in charge, the residential services manager and the provider. There were unannounced visits undertaken on behalf of the provider and detailed reviews and actions were identified as a result. In addition the inspector found that robust auditing systems had been consistently applied which supported ongoing review of care. The most recent annual report was available. This was comprehensive and reported on incidents or untoward events, resident's views and unannounced inspections. Actions were seen to arise from areas such as eliciting family and resident representative views and in looking at financial systems and clear timelines for review and completion of actions were in place.

A core group of consistent staff was employed and they had the required training and experience to support the residents. The residents were very happy with the staff and explained they felt supported in their home. There were effective systems for communication between staff and managers in place to ensure consistency of care. Recent changes in the assessed needs of residents in addition to the transition of new residents into this centre had necessitated a review of the skill mix of staff and the provider had responded with increasing nursing support and with an additional increase of staff on the rota.

From a review of a sample of personnel files the inspector found that recruitment procedures were satisfactory with the required documents and checks being completed at the point of starting in the service. However it was noted that some

staff did not have updated vetting disclosures from An Garda Síochana in place and these were not being completed in line with the providers own policy. Up to date photographic identification for staff was also not present on a number of files. Staff supervision systems were in place and the inspector reviewed a number of these.

From a review of the staff training records, mandatory training was up to date for staff in addition to refresher training. All staff and managers demonstrated a sound knowledge of the residents needs and preferences and residents were observed to be comfortable and interacting easily with the staff in their home.

The residents were encouraged and supported to raise complaints if they choose to do so, and arrangements were in place for any complaints to be resolved locally where possible. Relatives were aware of how they could make complaints if required. On the day of inspection no complaints had been received for the current year however there were three compliments recorded from the preceding year all of which had been resolved and the steps involved as outlined in the providers policy had been followed. The provider had clear procedures relating to complaints and a complaints log was maintained.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that the prescribed documentation for the renewal of the designated centre's registration was submitted to the chief inspector as required. Some changes to the allocation of bedrooms had not been clearly outlined on the floor plans however these were immediately amended and submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience. The person in charge had responsibility for two centres however remained very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

The numbers and skill mix of staff were suitable to meet the assessed needs of residents and this had recently been subjected to review. The staff were familiar with the residents' needs and seen to interact with staff in a respectful and dignified manner.

However the provider had not ensured that all information and documents as specified in Schedule 2 were maintained.

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding - in addition to other training relevant to their roles such as first aid. There was a training schedule to ensure that training was delivered as required.

Judgment: Compliant

Regulation 22: Insurance

There was a current insurance policy in effect for the service.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. There was an effective management structure, and there were systems in place, such as audits, staff supervision and management meetings to ensure that the service was provided in line with residents' needs and as described in the statement of purpose.

Judgment: Compliant

Regulation 34: Complaints procedure

Policies and procedures were in place in relation to complaints. A complaints officer was in place and the resident and their relatives were aware of how they could make a complaint if required. A complaints log was maintained outlining the nature of any complaints made, any action taken and whether individuals were satisfied with the outcome.

Judgment: Compliant

Quality and safety

Overall the inspector found that this centre was a warm and comfortable home in keeping with the ethos of the provider. The existing staff team were attempting to support the residents to engage in meaningful activities and to live a life of their choosing.

Both houses that make up this centre were purpose built, one being on a site with another designated centre and the other at the end of a residential cul-de-sac. The premises were found to be spacious, well designed, and meeting residents' specific care and support needs and in both externally there was a small garden with a paved area. The residents had their own bedrooms which were decorated in line with their wishes and preferences and included many personal items. In one of the houses due to the size of some of the supportive positioning equipment used by residents, the space within bedrooms was limited and staff discussed the additional difficulties of doors opening into a room. This was under review and discussed on the day of inspection. The residents had plenty of storage for their personal items and these were also displayed throughout the house. The centre was accessible and internally the hallways and circulation spaces were spacious. The inspector noted on the day of inspection however that in one of the houses the sofas in both sitting rooms were worn with the surface peeling and there were areas of painting required when fixtures had been replaced such as wall lights. In addition one kitchen had a number of areas on cupboard doors and surrounds where the laminate was missing and the kitchen overall required updating.

Annual meetings between residents, their families and staff took place, at which residents' personal goals and support needs for the coming year were planned. Recommendations from multidisciplinary supports were included in residents' personal plans to ensure that the plans were comprehensive. The personal planning process ensured that residents' social, health and developmental needs were identified, and that suitable supports were in place to ensure that these were met. In a sample of personal plans viewed for both the full time and respite residents, the inspector found that progress in achieving personal goals was being well recorded and that many of the goals had been further broken into achievable steps. Visual

supports such as the use of photographs and symbols were in use to support residents in understanding their goals and to provide prompts in discussing them.

The provider had ensured that residents had access to medical and healthcare services to ensure that they received a good level of health care. All residents had access to a general practitioner and attended annual medical checks. Healthcare services, including speech and language therapy, physiotherapy, psychology and behaviour support, were availed of by the residents. Plans of care were developed for residents' which identified their specific healthcare needs and ensured that this care was appropriately delivered. These were particularly important to guide staff in managing the complex needs of the residents in a consistent and safe manner.

The inspector found that the provider and person in charge were promoting a positive approach to responding to behaviours that challenge. There was currently one resident who had a positive behaviour support plan and this was seen to clearly guide staff practice in supporting them to manage their behaviour. In tandem with the positive behaviour support plan the person in charge had implemented a multisensory calming kit and a mindfulness programme which the resident reported they enjoyed. Staff who spoke with the inspector were knowledgeable in relation to residents' behaviour support needs.

The provider and person in charge had systems to keep residents in the centre safe. There were policies and procedures in place and safeguarding plans were developed as necessary in conjunction with the designated officer. Staff were found to be knowledgeable in relation to keeping residents safe and reporting allegations of abuse. The inspector reviewed a number of residents' intimate care plans and found they were detailed and guiding staff practice in supporting residents.

There were suitable arrangements to detect, contain and extinguish fires in the centre. Suitable equipment was available and there was evidence that it maintained and regularly serviced. Each resident had a personal emergency evacuation procedure. Fire procedures were available in an accessible format and on display. Staff had completed fire training and fire drills were occurring with the person in charge ensuring that residents who availed of respite within the centre were included in at least some drills. There had been a recent change in residents in one of the houses and oxygen tanks were now in the centre for their use. These were appropriately stored and additionally the person in charge was updating personal emergency evacuation plans to ensure that management of these tanks in the case of a fire was clearly outlined.

The residents in this centre were protected by policies, procedures and practices relating to health and safety and risk management. Risk management systems were effective, centre specific and considered. There was a detailed and current risk register which included clinical and environmental risks and pertinent plans and environmental adaptations made to meet the complex needs of the residents. Any changes in either the residents assessed needs or as a result of an incident or accident were promptly responded to such as the addition of the need for oxygen use.

There were policies and procedures in relation to medicines management and suitable practices in relation ordering, receipt, storage, and disposal of medicines. Audits were completed regularly and where they identified medication errors, they were appropriately responded to and there was evidence of learning from these. A detailed protocol was in place regarding the administration of medication while out in the community and systems in place for the transfer of medication between locations should the resident be visiting family or when going to day services. Clear detailed documentation was in place for the use of prescribed nutritional supplements or thickening agents and staff were observed to be familiar with their use and the administration of them.

The provider had a policy on the prevention of infection. Staff practice on the day of inspection was observed to be of high standard, however the inspector noted that there were no care plans in place to guide consistent staff practice when dealing with procedures such as feeding via a tube or in blood testing for diabetes management. Hand washing protocols and individual procedures were in place to manage common illnesses.

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre is comprised of two houses, which were clean, comfortably furnished and generally well decorated. However, there were a number of areas in need of maintenance and repair as outlined in the body of the report.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The safety of the residents was promoted through appropriate risk assessment and the implementation of the centres' risk management and emergency planning policies and procedures. There was evidence of incident review in the centre and systems in place for learning from adverse incidents.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had a policy on the prevention of infection. Staff practice on the day of inspection was observed to be of high standard. However there was no guidance on

the consistent management of procedures where staff and residents may be exposed to infection, such as catheter care.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were suitable arrangements to detect and extinguish fires in the centre. Works were completed on the day of inspection in relation to self closing mechanisms for doors in the centre. There was documentary evidence provided of servicing of equipment in line with the requirements of the regulations. Staff had appropriate training and while fire drills were held regularly. Resident personal evacuation plans were in place and updated to reflect personal changes.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate policies, procedures and practices relating to the ordering, receipt, prescribing, storage and disposal of medicines. Audits were completed regularly in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans were found to be person-centred and each resident had access to a keyworker to support them with their personal plan. There was an assessment of need in place for residents which were reviewed in line with residents' changing needs. Support plans and risk assessments were developed in line with residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were well met. Residents healthcare needs were assessed and they had good access to general practitioners, healthcare

professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had a positive approach to the support and management of behaviour that challenged. All staff had attended training in relation to the management of behaviour that challenges. Behaviour support plans had been developed when required, and individuals were supported to understand and manage any behaviours which caused anxiety for them

Judgment: Compliant

Regulation 8: Protection

The provider had appropriate arrangements in place to safeguard residents from harm or abuse. All staff had received training in safeguarding, there was an up-to-date safeguarding policy to guide staff, and there was a designated safeguarding officer to support residents and staff. The management team were very clear about what constituted abuse and suitable safeguarding plans has been developed as required.

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 - 2015 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Delta Maples OSV-0004706

Inspection ID: MON-0023014

Date of inspection: 30/01/2020

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: All documents required under schedule 2 will be updated.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Sofas will be replaced, painting will be carried out and a new kitchen will be installed.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Guidance documents and clear procedures have been developed and implemented to ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections.	

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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Not Compliant	Yellow	30/04/2020
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	01/12/2020
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/10/2020
Regulation 27	The registered provider shall ensure that residents who may	Substantially Compliant	Yellow	01/05/2020

	be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
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