Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of designated centre:	Delta Willow
Name of provider:	Delta Centre Ltd
Address of centre:	Carlow
Type of inspection:	Short Notice Announced
Date of inspection:	07 February 2018
Centre ID:	OSV-0005526
Fieldwork ID:	MON-0020866

About the designated centre

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

In this centre care and support is provided to people with intellectual disability who have additional needs associated with having an older age profile. Six residents live in this designated centre, which comprises a large and spacious custom built detached house in its own grounds and close to the nearest small town. There is a large and bright open plan living area comprising the kitchen, dining area and sitting area. there are also various other small living areas, including a seating area beside a large window, and a further small living room. Each resident has their own bedroom, each of which is decorated and furnished in accordance with the needs and preferences of the individual person. A vehicle is available for the use of residents, and the house is close to public transport.

The following information outlines some additional data on this centre.

Current registration end date:	11/06/2020
Number of residents on the date of inspection:	6

How we inspect

To prepare for this inspection the inspector or 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
07 February 2018	11:00hrs to 20:00hrs	Julie Pryce	Lead

Views of people who use the service

Inspectors met and spent time with all six residents who live in the centre, and whilst not all were able to verbally communicate, interactions with staff were observed, and various methods of consulting with residents were presented to the inspectors. Those residents spoken with told inspectors that they were happy in their home. Observation of others interacting with their environment indicated to inspectors that they were content and comfortable.

There was clear consultation with residents, for example in weekly residents meetings, where the views of residents were sought, and information shared with them. Families were consulted in the running of the centre, and visits and outings with relatives were facilitated by staff.

During the course of the inspection residents arrived home from their various activities, and it was clear that they were comfortable and at home. People had their particular places in which they liked to relax, such as at a window watching the world go by, or at the kitchen table in the midst of the preparation for the evening meal.

Each resident had their own room, which was furnished and decorated in accordance with their preferences and wishes. However, several of the bedrooms were noticeably uncomfortably cold on the day of the inspection. It was clear that people were given choices in various aspects of their daily life, including choice of meals and snacks, and of daily routine. Thee facilitation of these choices was observed in practice during the inspection, and was clearly documented.

Residents had only moved into this new home a few months ago, and their transition and settling in had been carefully managed, and records were kept of all interventions which had been employed to smooth the transition.

All six residents appeared to be comfortable and content in their home, and it was clear that there was an easy and caring relationship with staff, all of whom were known to residents. Residents were facilitated to enjoy their hobbies, to have day trips and to go for weekends away. Some residents were keen to share aspects of their hobbies with the inspectors.

Capacity and capability

The registered provider had good systems in place to assure them that residents experienced a high quality service and that action was taken when improvements were needed. The person in charge had ensured that residents' needs were met and this person was accountable for the care provided. There was evidenced by an emphasis on care and support that was person-centred and inclusive.

The provider gathered and used information well to continually monitor and improve things for residents. There was evidence of responsive management systems, for example there were immediate and effective changes made to monitoring and auditing systems in response to any adverse event. A range of audits had been conducted, including a medication audit and a quarterly audit which included various areas such as finance, health and safety, policies and personal plans.

A series of meetings were held including staff meetings, management meetings and quarterly multidisciplinary team meetings. A range of issues were discussed at these meetings, and it was clear that the system gave the provider clear oversight of the running of the designated centre.

While some of these audits and meetings identified a responsible person and completion date for any required actions, there was not always evidence of monitoring to ensure that the actions were completed, and of the sample of actions reviewed by the inspectors, not all had been completed and some had been repeated at two consecutive occasions with no evidence of any progress towards their completion.

An unannounced visit on behalf of the provider had taken place within six months of the centre being registered, as required by the regulations, and a detailed report including the identification of good practice and areas for improvement had been generated.

There were sufficient staff on duty at the time of the inspection to meet the needs of residents. The staffing roster included some flexible hours to ensure that staff were available to support both social activities and to meet healthcare needs. Staff were also made available to support residents on short holidays or weekends away. It was not evident from the roster how the person in charge was assured that night time staffing levels were based on the assessed needs of the residents. The person in charge undertook to complete a review to be assured of the safety of residents at night with the current staffing levels, including fire safety and personal care.

The provider had good systems in pace to ensure that care was provided by familiar staff who residents knew well. Continuity and consistency of staff was maintained by a core staff team, which was only supplemented, if required, by other staff of the organisation who were known to the residents. If new staff joined the organisation there was a detailed induction pack which included shadow shifts initially.

There was a high level of nursing and medical care needs in the designated centre, and while there were no nursing staff on the core team, nursing cover was

available, and nurses were involved in auditing, and in consultation.

The provider made sure staff had the right training and knowledge to care for the residents. Staff training was up to date, with the exception of lifting and moving training for approximately half of the staff team, all of whom would be involved in transfer of residents with mobility issues. In addition to mandatory training staff had received training in relevant healthcare issues. A clear training record matrix was maintained form which required training could be identified.

Annual performance appraisals, and regular supervision meetings were undertaken by the person in charge, and appeared to be thorough and meaningful. This helped to ensure that staff were individually accountable for the care they provided. A sample of staff files was reviewed, and found to contain all the information required by the regulations.

Regulation 15: Staffing

There were sufficient staff and an adequate skill mix to meet the assessed needs of the residents during the day, but a review of staffing levels at night was required.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff training was up to date with the exception that not all staff had received training in moving and handling.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clear management structure in place, and management systems including a system of meetings,a nd a suite of audits. However, some improvement was required in the monitoring of required actions following the provider's audits.

Judgment: Substantially compliant

Quality and safety

The provider and person in charge had put systems in place to ensure that overall the quality and safety of care and support was of a high standard.

A personal plan had been developed for each resident, based on an assessment of each person's needs. Residents were involved in the development and reviews of personal plans, and consideration had been given to each individual's needs, wishes and aspirations. Plans included information relating to preferred activities, dislikes situations and activities, and things that were important to the person.

Regular person centred meetings were held between residents, their keyworker and family or representatives where appropriate. As part of this process goals had been devised towards maximising the potential of each resident. These goals were clearly detailed, with guidance for staff on how to best support the individual to meet them. Accessible versions of plans, including these goals, had been developed by the use of photographs and pictures.

Arrangements were in place to support residents on an individual basis to achieve and enjoy the best possible health. Two nurses within the organisation's day service reviewed and monitored the healthcare needs of residents and there was a clear exchange of information between them and the centre's staff. Appropriate healthcare was facilitated for each resident, for example residents had regular and as required access to a GP, as were visits to a range of other allied health care professionals such as psychiatrists, speech and language therapists, dentist and chiropodist.

There were comprehensive healthcare plans in place which included residents' history, investigations, treatments, monitoring and supports. Management plans included detailed care plans, emergency plans and records of events.

The provider had made arrangements to provide for needs associated with the aging process. A robust system for the screening of person at risk of dementia was in place within the designated centre. Staff showed awareness and understanding of dementia including how to support the residents when required. A plan was in place to monitor residents including documentation of decline of cognitive and skills ability.

However, not all major healthcare issues were documented. Staff could describe care being afforded to residents and plans to address healthcare needs in the future, but this information was not always available in the personal plans.

The service promoted restriction free environment with restrictions only in place to support the safety of the residents . The restrictive practices utilised were clearly documented in the restrictive practice log, with evidence of on-going monitoring of

implementation.

However, control measures documented in risk assessments associated with the use of restrictive practice lacked detail and did not inform the actual practices in place to manage risk. This required some improvement to ensure consistent and safe care in this area.

Behaviour support was available to those residents who required it, and behaviour support plans were developed with clear guidelines for staff in the management of behaviours of concern including both proactive and reactive strategies. This supported residents to better cope in times when they experienced distress.

There were robust systems in place in relation to the protection of vulnerable adults, and it was clear that in the event of any allegations of abuse immediate and appropriate action would be taken, and that the safeguarding of residents was a priority. These systems and structures were aimed at helping residents feel safe in their homes. They were also aimed at helping residents to report any concern they had promptly.

While there were structures in place in relation to fire safely, some improvements were required in ensuring safe procedures in the event of an emergency. All fire equipment was in place and had been serviced and checked appropriately. There were fire doors throughout, and emergency lighting and an alarm system, all of which were checked routinely as required. While there was a personal evacuation plan in place for each resident, one of them relating to a resident who had more recently moved into the centre did not include consideration of mobility issues in the event of an emergency at night. In addition, while fire drills had been conducted during the day, there had not been a fire drill under night time circumstances, so that it was not clear how the evacuation would be managed.

There were systems in place to address the risks present to residents, visitors and staff. A risk management policy was in place. A risk register was in place, although the information was unclear in some cases as not all entries included a description of the risk. In addition, not all identified risks had been assessed and included in the register.

There were individualised risk assessments in place within the centre to meet the needs of the residents, although control measures documented within these risk assessments lacked sufficient detail in many instances and did not guide the actual practices utilised in practice to manage these risks.

Medication was safely managed for the most part, mostly through a blister pack system. There was a robust stock control system in place, and any loose medications were stock checked both weekly and on any day on which they were administered. Medications were stored in a locked cupboard, however the key to this cupboard was kept on a shelf of the cupboard next to it, which did not ensure the security of the medicines.

Prescriptions included the information required by the regulations, and each prescription was individually signed. However in the sample of documentation

reviewed by the inspector, the name of a medication had been erased with correction fluid and over written, and a discontinued medication had not been signed or initialled as such.

Prescriptions for any p.r.n. (as required) medications were in place, but the supporting protocols did not all give sufficient guidance in relation to the circumstances under which they should be administered, so that there was a risk of subjective and inconsistent decision making.

All staff had received competency based training in the safe administration of medication, and in the administration of rescue medications for epilepsy. Regular audits were undertaken by nursing staff, and included an unannounced check of administration practice.

The premises was designed and built to a very high standard and was well maintained. However, inspector noted that some rooms were not heated to a comfortable temperature on the day of inspection. While staff undertook to address this at the time of inspection, this was an issue which was in need of review.

Regulation 26: Risk management procedures

Whilst there was a risk management policy and a system in place in relation to assessing and managing risk, Not all risks had been adequately addressed.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The centre was visibly clean and appropriate infection control practices were in place.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place in relation to the detection and containment of fire, but there was insufficient evidence that an evacuation could be conducted in a timely manner in the event of an emergency at night.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medications were managed appropriately for the most part, although improvements were required in supporting documentation.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

A personal plan had been developed for each resident, based on an assessment of needs.

Judgment: Compliant

Regulation 6: Health care

Residents received a good standard of healthcare, although not all health care needs were included in the personal plans.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Positive behaviour support was available to residents, and any restrictive practices were the least restrictive available to manage the identified risks. However, the documentation relating to restrictions was insufficient to guide practice.

Judgment: Substantially compliant

Regulation 8: Protection

Appropriate safeguarding arrangements were in place

Judgment: Compliant

Regulation 9: Residents' rights

There was an ethos of respecting and upholding the rights of residents.

Judgment: Compliant

Regulation 17: Premises

The premises comprised a large detached purpose built house, in which there were various communal living areas and private rooms for each resident. On the day of the inspection some of the bedrooms were uncomfortably cold, and the heating system in place did not allow for adequately raising the temperature in those rooms.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 17: Premises	Substantially compliant

Compliance Plan for Delta Willow OSV-0005526

Inspection ID: MON-0020866

Date of inspection: 07/02/2018

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: At the time of the inspection a person was receiving palliative care in the location. This person is since deceased. A review of staffing levels will be carried out and a risk assessment completed to determine safe staffing levels.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff in the Designated Centre have been scheduled to attend training in Moving and Handling, commencing 8th and 9th May 2018. All staff will attend Mandatory Training as required.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: All audits that are carried out in the Designated Centre will be updated regularly with progress reports for each action. Following all audits, a named person will be allocated to each action with completion timeframes included. PIC's will record when actions have	

been completed. Audit tools will be reviewed and updated by the PIC and will include Action Plans, named persons, date for completion and date action completed.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures: New risk assessments have been carried out with further detail added which gives clear guidance on the use of restrictive practice. The risk register will be updated to include a description of all risks, including risks associated with SHARPS and Lone Working. all associated risk assessments will be completed.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: All Personal Emergency Evacuation Plans(PEEP) are reviewed on a 3monthly basis or sooner if circumstances change for the individual. One PEEP was reviewed following the inspection and updated in accordance with need. This person is since deceased. 3 monthly fire drills are carried out in accordance with best practice. There are internal 3hour fire doors in place with automated closing systems that engage immediately if the fire alarm is activated. Further advice has been sought from the local Fire Chief and all recommendations will be acted upon and followed through.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: All documentation relating to medication has been reviewed to ensure that correction fluid has not been used. All Kardex's have been reviewed and all prescribed and discontinued medication is signed or initialed by a General Practitioner. A full review has taken place on the protocols for administration of PRN (as required) medication. The supporting documentation has been updated to provide clear guidance

for staff.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

Personal plans have been reviewed and will be updated to include all healthcare needs of the residents. Some of these actions have been completed at time of report.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
A review has taken place on any positive behavioral support and the information has been updated with clear guidance on how to support residents to cope better in times of distress. The guidelines will help to ensure consistent and safe care.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
There is an underground heating system in this location with individual thermostats in each room. The thermostats have been adjusted to ensure each room is heated to a comfortable level. Additional temperature monitors will be placed in some of the bedrooms, these monitors will record daily temperatures at specified time intervals and provide an evidential basis for the average temperature in each room.

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	9th May 2018
Regulation 16(1)(c)	The person in charge shall ensure that staff are informed of the Act and any regulations and standards made under it.	Substantially Compliant	Yellow	9th May 2018
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided	Substantially Compliant	Yellow	9th May 2018

	and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30th July 2018
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	Completed
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all	Substantially Compliant	Yellow	30th May 2018

	persons in the designated centre and bringing them to safe locations.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	completed
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	30th May 2018
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based	Substantially Compliant	Yellow	30th May 2018

	practice.			