



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

Issued by the Chief Inspector

Name of designated centre:	Teach Sonas
Name of provider:	Delta Centre Company Limited by Guarantee
Address of centre:	Carlow
Type of inspection:	Unannounced
Date of inspection:	21 February 2024
Centre ID:	OSV-0008212
Fieldwork ID:	MON-0037574

About the designated centre

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

The designated centre provides respite care across six days a week for 48 weeks of the year. Adults, over the age of 18 with an intellectual disability can avail of the respite care. The designated centre comprises a detached two-storey home near a town in Carlow, close to all local amenities. Each resident will have their own bedroom, access to a communal areas such as a kitchen/dining area, sitting room and sensory room. There are bathrooms located upstairs and downstairs for the residents use. Residents are supported by nursing staff, social care leader, social care workers and care assistants. The level of staffing requirements per day and night is dependant on residents specific support needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 21 February 2024	08:50hrs to 17:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor the centre's level of compliance with the associated standards and regulations. Overall, the findings indicated that the residents that availed of the respite service were well looked after and were encouraged to experience a holiday type break during their stay. Activities and meals were planned in line with the residents' specific interests and preferences. Overall, residents and families had been complimentary of the service being provided.

The centre is registered to provide a respite service to a maximum of four individuals at one time. Respite stays can occur between three or six nights a week for each individual. Currently over 68 individuals avail of this service. In order to ensure residents are compatible and their needs can be sufficiently met, the residents are grouped into four different types of groups. Priority one groups require the least amount of support on their stay, whereas priority group three and four require more significant supports. Staffing numbers are planned and in place dependant on each specific group and individual needs.

On the day of inspection two residents were availing of a respite stay. Both residents had previously stayed in the respite house. There were two staff available to support the residents and a student nurse was also spending some time shadowing the staff.

On arrival at the centre, one resident was up and sitting in the large sitting room. They were watching the news on the large pull down projector screen and enjoying a cup of tea. They appeared very content and staff were seen to sit and chat with the the resident. With the support the resident told the inspector their plans for the day. They were getting the train to Kilkenny city and then spending some time there before returning to the respite home.

The inspector met the second resident a little while later once they were up and ready for the day. This resident liked to speak about their preferred interests and staff were seen to respond in a familiar, caring and consistent manner to ensure the resident knew what expectations were in place. The resident asked to sing for the staff and was heard singing some of their favourite songs. Although the resident mainly used their communication skills to request items and use familiar and repetitive questions all staff listened to their requests and responded in an appropriate manner. The resident frequently smiled during their interactions with staff and appeared comfortable in their company. The resident had plans to take a drive to Kilkenny city and to meet up with the other resident.

Later in the afternoon both residents returned to the designated centre. They spent the time relaxing and staff were seen sitting with the residents and spending time with them. A staff member asked a resident if they would like to go shopping and waited to see how the resident responded to this request. They were seen to help

the resident to get ready to leave in a caring manner.

As part of the inspection process the inspector completed a walk around of the centre. The centre was a large two-storey detached building. There was a small garden area to the back of the home. On the day of inspection the electric gates to the front of the home were not working and the gate was manually opened by staff. Assurances were received that the gate would be fixed in the coming week. The centre itself was presented in very good condition, nicely decorated, warm and very clean. Downstairs there was a kitchen/dining area, two sitting rooms, two bedrooms and a large accessible bathroom. Upstairs there were two additional bedrooms and two bathrooms, a staff office and a sensory room. Outside there was a separate games room, with a full sized pool and games table. There was sufficient storage for residents items when they came to stay.

When residents arrived at the respite service for their stay a residents meeting occurred where-by activities and meals are planned for their stay. The inspector reviewed a sample of notes. The notes had pictures present to help explain different aspects to residents and often the residents had signed the meeting notes. It was evident from the review that each meeting had been tailored to each group with a variety of different activities and meal choices provided. For example from a sample of notes the following activities were offered to the residents, day trips to seaside towns, shopping, swimming, bowling, cinema visits, baking, pamper nights, arts and crafts, train trips, and walks. It was evident that person-centered approach to the respite stay was facilitated as much as possible. For example, the person in charge discussed how although one group of residents had initially planned a visit to a seaside town as part of their stay they changed their minds and requested to go to Belfast for the day. This was facilitated and the residents enjoyed the day away visiting local attractions in Belfast.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and standards. The inspector found the this centre met the requirements of the regulations of many areas of service provision. Overall residents had a positive experience on their respite stay and care was delivered in a consistent person-centred manner. Some minor improvements were required to staff training and supervision which is discussed in the relevant section below.

There was a suitably qualified and experienced person in charge who had sole responsibility of this designated centre and was supernumerary to the staff team. This person in charge was employed in a full-time capacity. There was a clearly defined management structure in place which identified lines of authority and

accountability. The designated centre had a senior social care leader in place who reported directly to the person in charge. This supported the person in charge in their governance, operational management and administration of the designated centre. The senior social care worker directly supported residents but also had specific protected hours to complete relevant delegated managerial duties.

There was good evidence of local and provider-level oversight of the centre. There had been two unannounced six monthly provider-level audits which had identified some areas of improvement. On review of the actions it was found that they had been completed or were in the process of being rectified. In addition, local audits such as finance audits, medication audits and infection prevention control audits were occurring at regular intervals. There was an annual review report completed that reviewed aspects of the residents quality of care and this was reviewed by the inspector.

In terms of staffing, there was good evidence of continuity of care with the majority of the staff team in place since the centre commenced operation. Staffing requirements were based on the needs of the individuals availing of respite stay and the provider was flexible in their approach on how this was managed. This ensured that sufficient support was in place to provide good quality care.

A training matrix was maintained which accurately reflected the training completed by the designated centre's staff. The majority of staff had completed mandatory training in areas including fire safety, safeguarding and medication management. Some staff required training in managing behaviour that is challenging de-escalation techniques. The provider was aware of this gap in training and had plans in place to ensure all staff had this training in the coming months. Some improvements were needed in regards to formal one-to-one supervision with staff. However, as the person in charge was available on a daily basis and was also present weekends each month staff felt they could readily approach their manager if they had any concerns of queries and felt well supported in their role.

Regulation 15: Staffing

The registered provider had ensured that the residents were supported by a consistent staff team. Sick leave and staff's annual leave was covered by regular relief staff. From a review of the names on the roster, it demonstrated continuity of care with the same staff, as much as possible, supporting the residents as needed. The roster was well maintained with staff members' full names and relevant roles listed on the document.

Staffing was arranged to ensure the needs of residents could be met. The skill-mix was suitable with nursing care available to residents when needed. Residents were familiar with the staff team and interactions between staff and residents were professional and caring.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of the training records, all staff had up-to-date training in mandatory areas and areas that were specific to residents' assessed needs. Staff had training and up-to-date refresher training in fire safety, safeguarding, administration of medicines. One new staff member, who was yet to commence working in the designated centre was in the process of completing training in all mandatory training with the dates for training booked in. Some staff required training in behaviour support and de-escalation training. This had been identified by the provider and they were rolling out training in this area.

On review of a sample of supervision notes not all staff were receiving formal one-to-one supervision in line with the provider's policy. In addition there was no system in place to track the occurrence of supervision within the service. The policy stated that staff should receive one-to-one supervision at least three times over a 12 month period. Some staff had not received formal supervision in the last year. However, staff spoken with felt well supported in their role.

Judgment: Substantially compliant

Regulation 19: Directory of residents

As per the requirements of regulations a directory of residents was maintained in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place promoted the delivery of a good quality and an overall safe service. There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was responsible for this designated centre and was supported in their role by a senior social care leader. There was evidence of quality assurance audits taking place, both at local and provider level, to ensure the service provided was appropriate to residents' needs. The audits identified areas for improvement and action plans were developed in response. For example, it had been identified that staff meetings were not occurring

as frequently as needed. A staff meeting, which was comprehensive in content, occurred in early 2024 with plans to complete meetings on a more frequent basis in 2024.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had a suite of policies in place that were in line with the requirements of Schedule 5 of the regulations. All policies had been updated in the required time frame. In order to ensure the policies were reflective of practices within the respite centre some policies were in the process of being reviewed to ensure the content accurately reflected the needs of the respite service.

Judgment: Compliant

Quality and safety

Overall the inspector found that the centre was comfortable, well presented and maintained and presented as a welcoming space for residents to avail of respite stays. A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. This included meeting residents and staff, a review of healthcare plans, risk documentation, fire safety documentation and safeguarding. For the most part the requirements of regulation were met in many areas of service provision with positive outcomes noted for residents. However, a number of improvements were required around the management of medicines. In addition, minor improvements were required in relation to updating assessment of needs, management of environmental risks and some aspects of fire safety management.

In terms of management of medicines a number of improvements were required in relation to the systems in place to receive, store and administer medicines as prescribed. In addition, documentation in relation to the maximum doses of medicines prescribed as necessary (PRN) needed rectifying. This would ensure practices around the administration and safe storage of medicines were in line with best practice and the requirements of the provider's policy.

Arrangements were in place for the management of risk at the centre. There was a site specific health and safety folder which contained documents such as to the centre's emergency plan. A risk register was maintained in relation to individual risks and centre specific risks. The management of centre specific risks was not in line with the provider's policy and required review. This would ensure all identified risks

were managed in a cohesive manner.

The provider had endeavoured to protect residents, staff and visitors from the risk of fire, however at the time of this inspection improvements were required in relation to the safe evacuation of residents. The centre was equipped with fire-fighting equipment such as fire extinguishers and a fire alarm system which was working at the time of inspection. There was also documentation to evidence that equipment was regularly serviced. Fire doors were also fitted throughout the centre. On review of the documentation to guide staff in relation to the individual needs of the residents during the evacuation process the information contained in this document was insufficient and not updated on a regular basis. In addition, improvements were required in the systems around the evacuation of all residents while the least amount of staff were present.

Regulation 12: Personal possessions

Residents who stayed in the centre were encouraged to bring or have access to money while on their stay in the centre. The inspector saw that residents had access to monies to ensure they could purchase items and or avail of any activities they so wished. There were appropriate systems in place to ensure that residents property was accounted for on arrival and when they left the service. There was also suitable storage available to all residents for their personal possessions and money. Residents had access to laundry services if they so wished while on the respite stay.

Judgment: Compliant

Regulation 17: Premises

The premises was a large two-storey building located of a main road in a town in Co. Carlow. The initial impression of the premises was that it was well presented, maintained and decorated. There was accessibility equipment available to residents' in line with their assessed needs and preferences. All rooms had ample storage for residents to store clothes and other personal items on their stay. Each bedroom had an individual safe in place for residents to store items of value such as wallets, money and bank cards. There was ample communal spaces for the residents to enjoy including two sitting rooms, a games room and a sensory room.

Judgment: Compliant

Regulation 26: Risk management procedures

Overall the provider had good systems in place around the management of individual risks within the centre. The provider had detailed risk assessments and management plans in place which promoted safety of residents and were subject to regular review.

However, centre specific risks were not being managed in line with the provider's policy. For example, risks had no corresponding risk rating and some risks were not assessed in line with the requirements of the policy. For example, there was no risk assessment in place around the requirement of lone work although this was specified in the provider's policy.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Suitable fire containment measures were found throughout the centre.

Due to the high turnover of residents a fire drill was completed with each resident group when they stayed in the respite centre. However, the systems in place to assure the provider that they could evacuate residents with minimum numbers of staff present required improvements. In addition, although residents had individual personal evacuation plans in place they had not been updated in the last 12 months. On review of these documents it was also found that there was limited details in place around their specific mobility needs with no information written in terms of supports needed in terms of use of wheelchairs and or hoists.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed practices concerning medicine management in the centre and found that some safe systems were observed regarding the storage, prescribing and returning of medication. However, a number of improvements were needed in this area. The systems in place to ensure that medication listed and prescribed on the residents' medicines management system was present in the centre and in date were not robust. For example, the resident had two PRN medicines in the centre that were not on their medicines management system. Although these medicines had not been administered at the time of inspection, the person in charge sought immediate medical advice in relation to one of the medications that was required in the event of an emergency. In addition, an out of date medication was present and

had been administered to the resident. This medication was immediately removed from stock and replaced with a medication that was in date. Improved oversight of medicines was required when a resident arrived for a respite stay.

Additionally, the PRN maximum doses were not present on the medicine management systems for the residents that were staying in the centre on the day of inspection. This deficit had been identified by the provider and they were in the process of implementing a system to ensure all PRN medicines had maximum doses stated.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Prior to admission to the centre a detailed assessment of need was completed for each individual. Care plans were developed following this assessment and outlined the care and support that was required during the respite stay. Care plans were found to be sufficiently detailed and kept up-to-date. However, it was noted that assessment of need assessments had not been reviewed in a 12 month period as set out by the regulations. Therefore, an up-to-date assessment was not always informing relevant care plans.

Judgment: Substantially compliant

Regulation 6: Health care

As this was a respite centre, residents' healthcare needs were met by their primary caregivers. However, it was found that up-to-date healthcare plans were in place to ensure residents' needs were sufficiently met on their respite stay. This included healthcare plans around managing epilepsy, diabetes, asthma and a range of other assessed needs. Staff spoken with were aware of residents' specific needs. Nursing care was made available to residents during their stay if required.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were safeguarded from abuse in the centre. Staff spoken with, were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Staff were also

familiar with who the designated officer for the centre was. Residents had intimate care plans in place which detailed the level of support required. Where there were safeguarding concerns, there was evidence that appropriate measures had been taken and all relevant reporting was completed in line with national guidance and the requirements of the regulations.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Teach Sonas OSV-0008212

Inspection ID: MON-0037574

Date of inspection: 21/02/2024

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>A schedule has been implemented to ensure regular supervision is carried out for each staff member, first supervision completed for all staff 15.03.24</p> <ol style="list-style-type: none"> 2. Clinical supervision completed for nursing staff 15.03.24 . 3. Behaviour support an de-escalation training 16.04.24 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ol style="list-style-type: none"> 1. All environmental risk assessments have been scored in line with HSE risk assessment tool. Completed 07.03.24 2. A lone working risk assessment is in place and all staff have had a lone working checklist completed. 04.03.24 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p>	

1. A schedule has been put in place to ensure all profile groups participate in fire drill with minimal staff present.
2. All individual PEEPs have been reviewed and updated with detail regarding any additional needs 07.03.24
3. All service users identified to require a bed evacuation will participate in a drill, schedule planned based on next admission.

Regulation 29: Medicines and pharmaceutical services	Not Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

1. On admission medication received form updated to include 'medication in date' 24.02.24
2. For all bottles of medication opened date of opening will be documented 24.02.24
3. Medication Prescription Administration Records (MPAR) will be transcribed by a registered nurse and will include maximum doses of all PRN medication. Where MPARs not transcribed GPs will be requested to include max doses of PRN medication. To be completed 30.06.24

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

1. Annual assessment of need process formalised in each individual file, this will be completed by staff with the service user and their family/carer on their next admission and documented to inform care plans. All to be completed 30.06.24

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 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	16/04/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	15/03/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	07/03/2024
Regulation	The registered	Substantially	Yellow	30/06/2024

28(4)(b)	provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Compliant		
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.	Not Compliant	Orange	30/06/2024
Regulation 29(4)(c)	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	Not Compliant	Orange	24/02/2024

	of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	30/06/2024