



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:	Unannounced
Date of inspection:	24 November 2021
Centre ID:	OSV-0004706
Fieldwork ID:	MON-0029707

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:	11
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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 - 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
Wednesday 24 November 2021	09:00hrs to 18:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

The inspector met with 10 residents across the two houses in this designated centre over the course of the day. One of the houses had four full time residents whom the inspector met. The other house comprises a combination of full time residents and one respite bed. The inspector met briefly with the six residents that live on a full time basis in the centre.

As the inspection took place during the COVID-19 pandemic, and the organisation was managing an outbreak of COVID-19 across some of their other designated centres, the inspector took all necessary precautions to ensure residents' safety was considered at all times. Many of the residents in these homes were medically vulnerable. As such, the inspector wore full Personal Protection Equipment (PPE) and did not spend any more than 15 minutes with any individual in the centre.

On arrival at the first home, the immediate impression was that it was warm, homely and nicely decorated. Two residents were sitting together at the kitchen table having breakfast. They both introduced themselves to the inspector. One resident had recently transitioned into the centre.

The residents seemed comfortable and happy. They freely spoke to the inspector and described many activities they liked to do. They spoke about important milestone events that had occurred for them over the last year, and how they celebrated these occasions. They were familiar with the staff present and friendly, caring interactions were noted. Residents joked and engaged in light hearted banter with staff. The resident that had recently transitioned into the centre, spoke about how they had settled into the new home. They were familiar with other residents living in the home prior to the transition. They discussed how they had moved all their bedroom furniture into their new room.

A resident showed the inspector around and also invited the inspector in to view their bedroom. They were very attached to a personal item in the room, and showed the inspector where they kept this. Pictures of friends and family were on display and the resident pointed out one or two people in these pictures. The room had been individually decorated by the resident and they had organised their wardrobe in a specific manner and proudly showed the inspector this. They had an individual planner on display which detailed their weekly routine. The resident appeared comfortable and happy during this time and frequently smiled during this interaction with the inspector. They expressed that they were well cared for and were happy in their home.

During the course of the morning some residents came into the sitting room to speak with the person participating in management. They freely discussed different aspects about the care and support they were receiving and were observed to seek assurances from this person at different times. Interactions were familiar, kind and

supportive. It was evident that residents felt comfortable speaking with this person and readily expressed what they wanted to say.

In the second home the inspector spent very short periods of time with residents across the course of the afternoon. Many of the residents in this home presented with complex medical needs. The majority of residents used gestures, facial expressions and other non-verbal cues to communicate. Staff were sensitive to their specific communication needs and were observed to be responsive and caring in their interactions. Residents were relaxing in their rooms, sitting room or sensory room with staff support. Residents were also seen to leave the centre for different appointments and suitable community activities throughout the day. When describing residents' needs staff were respectful in the language they used and identified themselves as strong advocates to ensure all residents enjoyed a good quality of life.

One resident in this home returned from day service late in the afternoon. The inspector met this resident while they were enjoying their evening meal. They seemed comfortable in the presence of staff and other residents. They were eager to know when the inspector was leaving. This person required a structured routine to their day and found changes difficult to manage. Staff were aware of these specific needs and assured the resident accordingly. The registered provider had recognised that this resident's needs would be best met in a different home. They had identified a new home for this resident and there was a plan in place to transition this resident in the coming weeks. To ensure this resident's needs were being met the registered provider had ensured they resident had access to their own sitting room and access to day services five days a week.

Again this second home, was for the main part well kept, nicely decorated and very clean. There were wide corridors that enabled good access to all rooms for wheelchair users. Overhead hoists were in place in bedrooms and bathrooms. Some interior works were required to ensure the premises was maintained to a high standard, such as painting. The provider for the most part, had identified this and there was a long term plan to complete the relevant works within the home.

The following sections of the report will expand on how the improved governance systems had impacted the overall quality of care provided to residents.

Capacity and capability

The inspector found that this was a well-managed centre with good structures in place to ensure comprehensive oversight that promoted residents' well-being and quality of life. This inspection found evidence, across the regulations reviewed, of a service that supported and promoted the health, personal and social needs of the residents. Some improvements were required to ensure continuity of quality based

services were maintained at all times. However, for the most part, the registered provider was self-identifying areas of improvement

There was a clear management structure in place in the centre. A newly appointed person in charge had recently commenced in the designated centre. This person was on annual leave on the day of inspection. The residential services manager facilitated the inspection. They were knowledgeable around the different care and support needs of the residents in the centre. All information required to complete the inspection was made readily available which evidenced the good systems in place that ensured comprehensive oversight of the care and support needs.

There was an annual review of the quality and safety of care and six monthly visits by the provider or their representative. In addition to this the person in charge completed a regular audits that were identifying a number of areas of improvement. Any improvements identified were being completed in a timely manner. Staff meetings were occurring on a regular basis and were found to be resident focused. Many of the areas identified for improvement on the day of inspection had been self-identified by the provider. For example, the outstanding premises works were under review by the registered provider. There was a long term plan to have this work completed in the coming weeks.

A core group of staff were employed and for the most part had the required training and experience to support residents. A number of staff spoke with the inspector and were knowledgeable around each residents' specific needs and preferences. Residents appeared comfortable in staff presence. A sample of rotas were reviewed and continuity of staffing was ensured by having a core member of staff on duty at all times. Staff expressed they were overall well supported in their roles and there were systems in place to formally and informally supervise staff as required.

To support staff in their role the registered provider had identified a number of mandatory training areas that needed to be completed on a regular basis. For the most part the staff team had completed the majority of this training. There were some gaps in training needs and the registered provider had a put a plan in place to ensure this training was completed in the coming months.

Regulation 15: Staffing

The number and skill mix of staff were suitable to meet the assessed needs of residents. Nursing care was available to all residents that required this level of care. The staff were familiar with residents' needs and were seen to interact in a respectful, caring and dignified manner with all residents.

A sample of staff files were reviewed and all the required Schedule 2 documentation was in place.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider had identified a number of trainings that were mandatory to support staff to complete their roles effectively. This included fire safety training, safe administration of medication, safeguarding, manual handling, epilepsy awareness, and first aid. All staff had completed this training. Due to the assessed needs of some residents training in managing behaviours of concern would effectively support staff in their roles. No staff had completed training in this area to date. However, the provider had identified this training need and the requirement of staff to complete training in this area. There was a long term plan to train all relevant people over the coming months.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in place to ensure provision of good quality and safe services to residents. Systems such as audits, staff supervision and management meetings occurred on a regular basis and enabled a service to be provided to meet residents' specific assessed needs.

Enhanced oversight systems in relation to risk management and restrictive practice oversight had been implemented across the organisation. These systems were put in place to ensure sufficient oversight at an organisational level was in place. These systems were already having a positive impact on residents' quality of life. For example, following a restrictive practice review, a restrictive practice had been removed in one of the homes.

Although improvements were required across a small number of regulations, for the most part the registered provider was aware of these issues and had developed quality improvement plans to address identified areas.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

A sample of contracts of care were reviewed. The contracts listed the agreed charges for additional services. All contracts had been signed by the resident and/or their relevant representative.

A recent new admission to the designated centre had completed their contract of care.

Judgment: Compliant

Regulation 31: Notification of incidents

On review of the accident incident log it was noted that a small number of incidents that were required to be reported to the Chief Inspector had not been reported in line with regulations.

Judgment: Not compliant

Quality and safety

Overall the inspector found that residents lived in warm, comfortable homes that were specific to their assessed needs. The registered provider and staff team were providing a service that promoted a good quality of life for all residents. Some improvements were required in relation to premises maintenance, health care, written fire evacuation procedures and simulated fire drills.

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 Both premises were found to be spacious, well designed, and meeting residents' specific care and support needs. The residents had their own bedrooms which were decorated in line with their wishes and preferences and included many personal items. 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 communal spaces were spacious. One kitchen and one sitting room had been recently updated and presented as a well kept and homely spaces. However, the inspector noted on the day of inspection that some parts of the homes required some maintenance work internally, this included paint work and replacement of some bathroom furnishing and fittings. The registered provider had a long term plan to complete this work over the coming months.

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, 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.

Some residents in this centre presented with complex needs in relation to medical care and support. The provider had ensured that residents had access to medical and health care 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. Health care services, including speech and language therapy, physiotherapy, psychology, were availed of by the residents. Plans of care were developed for residents' which identified their specific health care needs and ensured that for the most part this care was appropriately delivered. On review of data kept in relation to the implementation of a health care plan, it appeared that it was not been to adhered to. This had recently been identified by the person in charge who was in the process of exploring options to ensure this care plan was recorded appropriately.

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 residents in this centre were protected by policies, procedures and practices relating to health and safety and risk management. Risk management systems were effective. There was a detailed and current risk register which included clinical and environmental risks. Risk control measures were in place and were relevant to identified risks.

For the most part, the residents were protected by the fire precautions in place in the centre. Suitable fire equipment was available and there was evidence it had been regularly serviced. Regular fire drills were occurring in the centre. Due to the needs of some residents, a high level of support was required to evacuate residents effectively and safely. On review of the fire drills, one drill that had occurred in October 2021 identified a significant learning piece in relation to one resident. The resident's individual personal evacuation plan had not been updated to reflect this specific need.

Regulation 17: Premises

Both homes were designed and laid out to meet the residents' needs. The homes were found to be warm, clean and comfortable. Spacious hallways and communal areas were noted to ensure wheel chair users could access areas of their home. There were communal and private spaces available, including a sensory room in one home to meet the assessed needs of residents.

Some areas in some of the homes required some attention. Paint work was marked and chipped in a number of communal areas of one home. In two separate

bathrooms some maintenance work was required, including the replacement of shower trays, shower rails and mirrors.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

One resident had recently transitioned into the centre. They transferred from another designated centre from within the organisation. The inspector met with this resident who expressed how settled they were and that they were happy with how the transition had been progressed.

A transition plan was in place and it had a clear rationale for this resident's move. This process had put the resident's voice, wishes and needs to the forefront of the plan. This transition was being regularly reviewed to ensure it was in the best interests of the resident.

Judgment: Compliant

Regulation 26: Risk management procedures

The residents were protected by the systems which were in place to identify, assess, manage and review risk in the centre. There was a risk register which was reviewed and updated regularly. It was found to be reflective of the actual risks in the centre at the time of this inspection. General and individual risk assessments were developed and reviewed as required.

Incidents and adverse events were being regularly reviewed were informing the review of the risk register and the development and review of risk assessments.

Judgment: Compliant

Regulation 27: Protection against infection

The residents were protected by the infection prevention and control policies, procedures and practices in the centre. The provider had developed contingency plans in relation to COVID-19. The premises was found to be clean during the inspection and there were cleaning schedules in place to ensure that every area of the house was being cleaned regularly. This included the cleaning of mobile hoists and other equipment needed for residents. There were stocks of PPE available.

Staff had completed training in relation to infection prevention and control including hand hygiene and donning and doffing PPE. Observations on the day on inspection noted good adherence to infection control measures.

Judgment: Compliant

Regulation 28: Fire precautions

While some measures were in place, further improvements were required to fire safety arrangements. There were adequate arrangements for detecting, and extinguishing fires. There were adequate means of escape and emergency lighting in the centre. There were systems in place to ensure fire equipment was serviced, tested and maintained and the evacuation plan was on display. Staff knowledge was good in relation to fire procedures and all staff had received training in relation to fire safety.

Although residents had personal emergency evacuation plans, one plan had not been updated to reflect specific learning following a fire drill. In addition to this, it was not apparent on the drills reviewed if all possible scenarios had been practiced in relation to evacuating residents. Some residents required significant support in relation to mobility needs, drills reviewed did not indicate if equipment such as ski sheets had been utilised during practice drills.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The residents had an assessment of need and personal plan in place. A sample of these plans were reviewed. These documents were found to be person-centred and identifying the resident's wishes, preferences and goals. These documents were being reviewed and updated regularly.

Plans were in place to complete an annual person centred plan review which included input from the resident and their representative where appropriate.

Judgment: Compliant

Regulation 6: Health care

Overall the health needs of residents were being well met. Residents were being regularly reviewed by health care professionals. Residents accessed a range of

different appointments in line with their assessed needs and there was evidence of follow up of appointments as required.

Nursing care was available to residents that required it. Some residents presented with complex needs in relation to their medical presentation and care and support was being well provided in the home.

Care plans detailed the level of care and support required for each individual. On review of a care plan and relevant data in relation to the implementation of the same, some gaps were noted in the times that the care plan was implemented. The inspector was not assured that this care plan was being adhered to on a consistent basis. This had been recently identified by the person in charge and they had notified the registered provider. This system was being reviewed to ensure that all staff were able to implement and adhere to the plan as required.

Judgment: Substantially 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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Delta Maples OSV-0004706

Inspection ID: MON-0029707

Date of inspection: 24/11/2021

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>The organisation has committed to the services of a behavioural specialist for 2-year period who will commence a program of training staff in Universal positive behavioural Supports, this training will be completed in 2 groups, with both groups taking 8 months to train commencing in January 2022. This training will culminate in 75 staff having received comprehensive training in PBS. Staff that work with residents who require positive behavioural supports will be included in the first group of staff training.</p> <p>Timeline: Group 1 training completed 30/9/2022 Timeline: Group 2 training completed 30/6/2023</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All notifications required by the Health Information and Quality Authority will be submitted in line with the outlined timeframe regulations given by HIQA.</p> <p>Timeline : completed</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: painting commenced in property on december 20th, suspended due to increased covid incident rate in the community, will recommence once covid situation has improved. Timeline Renovation works on bathrooms and paint work will be completed by june 2022</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Personal emergency evacuation plan has since been updated to reflect the learnings from fire drills.</p> <p>Comprehensive fire procedures document will be developed outlining different possible scenarios that may occur in the event of a fire, these will be rotated and practiced on an ongoing basis.</p> <p>Equipment such as ski sheets will also be utilized during practice drills.</p> <p>Timeline: 31/01/2022</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Updated Recording templates have been developed and put in place to ensure that no gaps occur in all aspects of care plan implementation, this new measure has been communicated to all staff.</p> <p>Audits will continue to be completed by the PIC and regular spot checks of these recording systems</p> <p>Timeline: completed</p>	

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	30/06/2023
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	30/06/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is	Not Compliant	Orange	31/01/2022

	reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 31(1)(e)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any unexplained absence of a resident from the designated centre.	Not Compliant	Orange	10/01/2022
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	10/01/2022
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	10/01/2022