



# 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:	28 February 2023
Centre ID:	OSV-0008212
Fieldwork ID:	MON-0037560

## 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 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:	4
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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
Tuesday 28 February 2023	08:30hrs to 16:00hrs	Sarah Mockler	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection completed across one day. The centre is registered to provide a respite service to up to four individuals at one time. Respite stays can occur across three nights a week for each individual. Currently over 50 individuals avail of this service.

The inspector had the opportunity to meet with four individuals that were availing of a respite stay. They had arrived the day before. Two individuals had availed of a respite stay prior to this occasion and for two individuals it was their first time staying in the house.

On arrival at the centre, all individuals were in bed. The person in charge explained that during the respite stay it was treated as a holiday and the individuals did not have to attend their day service. This decision was made in conjunction with the individual and in line with each person's specific assessed needs. The residents had made plans for each day of their respite stay. This was discussed at the meeting with the them at the commencement of their stay. For the current stay, the individuals had decided to make home made pizza's, attend a day activity in Wicklow, attend sports practice and events and go on a train journey.

When all the residents got up in the morning, they enjoyed a home cooked breakfast. This had been requested by the individuals the night before. The residents staying, all sat at the table and easily chatted amongst themselves. The inspector was invited to sit with them at this time. The individuals were discussing their upcoming plans for their stay and they seemed excited to go to the different activities. They were very comfortable in the environment and with the staff present. The individuals used to attend the same school and were all of a similar age. They had lots in common, including knowing each other's friends and they also attended sports activities together. The individuals all told the inspector that they had slept well the night before. They showed the inspector pictures from their phones of important events and were happy to chat about activities, movies and music they enjoyed. The residents had some preferred items with them which they brought out to show the inspector.

Two staff, the person in charge and a team leader were present on the inspection day. In the morning the two staff members prepared the breakfast. They easily chatted with the individuals present and supported them in a kind and caring manner. Residents were seen to call the staff by name. The staff used verbal prompts and reminders to help the residents get ready for the day. Residents appeared very comfortable at all times.

The designated centre comprises a two-storey detached house on the outskirts of a large town. There was a vehicle available to the residents to bring them to their activities while they stayed in the respite home. The house had been nicely decorated with paintings and soft furnishings and had a home like feel. There were

four individual bedrooms, two upstairs and two down stairs. There was communal spaces in the form of a kitchen/dining area, sitting room, sensory room and games room. A large pool table was in the games room and staff expressed how popular this room was for residents staying in the home. There were three bathrooms available for resident use. One bathroom was fully accessible and two bedrooms downstairs had over head hoists in place. There was a small garden area to the back of the home.

Before each respite stay a meeting was held with residents to get a sense of what they would like to do. It was evident from reviewing the notes that positive experiences were encouraged to make the stay feel like a holiday. Residents had gone on different types of day trips, to the cinema, bowling, meals out, beach trips, and walks. Meal planning was discussed and shopping for items was completed once this had been agreed with residents. Residents were also given the option to have take-away meals if they so wished. It was evident that residents choice and control was considered on many aspects of their respite stay.

The inspector reviewed the complaints log as part of the inspection process. Some complaints had been made in terms of the type of bed that was available to residents during their respite stay. The provider and person in charge had addressed this by ensuring the bed was made as comfortable as possible. In addition to complaints, compliments were also captured with many family members expressing their gratitude for the service provided. The person in charge had arranged coffee mornings with families and residents to ensure there was an open forum for discussion outside the respite stay.

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. The inspector found that the centre had met the requirements of regulations for many areas of service provision. However, improvement was needed in some key regulations to ensure that safety of care was paramount and that the service strived for quality improvement.

There was a suitably qualified and experienced person in charge. 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 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.

There were sufficient staff in the designated centre on the day of inspection in order

to provide care and support to the number of residents. A planned and actual roster was maintained. Staff spoken with were knowledgeable around residents' specific needs during the respite stay.

A training matrix was in place, however, this did not accurately reflect all the training completed by the designated centre's staff. There were a number of gaps in both mandatory trainings and trainings specific to residents assessed needs. This was required to be addressed in a timely manner to ensure staff were equipped with the right knowledge and skills to support residents in line with evidence based practice.

Staff in the designated centre had access to regular supervision, the frequency of which was found to be in line with the provider's policy. A review of supervision records found that the content of supervision was appropriate to the needs of staff.

In terms of oversight at provider and local level some good practices were noted. Staff meetings were occurring on a regular basis where policies, outcomes of audits, residents and a range of relevant topics were discussed. The provider had completed a six monthly unannounced audit in line with the requirements of the regulations. A number of actions had been identified in this audit but some remained outstanding on the day of inspection. The person in charge had delegated staff to complete some specific audits such as infection prevention and control (IPC). However, a number of audits, as required by the registered providers policies were not occurring.

#### Regulation 14: Persons in charge

There was a suitably qualified and experienced person in charge who was employed in a full-time capacity. There was a large remit of work associated with the needs of the centre, as over 50 individuals were availing of the service. In order to ensure support was in place for the person in charge management systems a full-time social care leader was also in place to support the person in charge in their role. Both the person in charge and social care leader had supernumerary hours to ensure appropriate oversight occurred.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Staffing levels were determined by the needs of the individuals availing of the respite stay. In order to ensure all residents' needs were met, residents were grouped in terms of the support they required. Residents that required more support availed of respite stay with one other individual with

similar care needs. Higher levels of staff were required and rostered at this time. Residents that required less support had the staffing levels allocated accordingly. Minimally two staff would be on during the day and this could increase to three staff dependant on the needs of the group. At night minimally one sleep over staff was rostered. For residents with greater care and support needs two waking nights could be scheduled

Judgment: Compliant

### Regulation 16: Training and staff development

A training matrix was in place however this did not account for all the training that staff had completed. For example, on the training matrix it indicated that no staff had safe administration of medication training. However, the person in charge was able to demonstrate that all staff had completed this training by obtaining the necessary certificates. This system required review to ensure comprehensive oversight of training was being demonstrated.

In addition, not all staff had completed mandatory training in key areas.

The outstanding training for staff included:

- managing behaviour that is challenging
- first aid
- safeguarding
- fire safety

Also, there were gaps in training in infection prevention control training and gaps in training that was required in line with resident specific assessed need. Staff required training in areas such as epilepsy and feeding eating drinking and swallowing training.

Judgment: Not compliant

### Regulation 23: Governance and management

There were clear lines of accountability and authority within the centre. Staff reported directly to the person in charge. A residential manager was in place to support and supervise the person in charge in their role. All staff reported that they felt well supported within their roles.

However, improvements were needed in terms of oversight within this designated centre. Although some systems had been put in place, such as a six monthly unannounced audit. Actions identified from this audit remained outstanding. For



example, when this audit was completed in October 2022, it was identified that staff training was outstanding. This remained outstanding over four months later with no specific action plan in place.

In addition, some audits such as finance audits and medication audits were not occurring in line with the providers policy. Therefore comprehensive oversight was not in place in all aspects of care and support. For example, medication and finance audits were not occurring on a regular basis.

Judgment: Substantially compliant

### Regulation 24: Admissions and contract for the provision of services

The admission process focused on the assessed needs of each individual availing of the service. Visits to the centre were facilitated before a respite admission. Residents were provided with a contract of care which outlined any charges that they incurred for their respite stay.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed a sample of accident and incident reports in the centre and found that the Chief Inspector was notified of the required incidents in line with the requirement of the regulations.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the provider was striving to ensure the service provided was safe for all residents. A warm comfortable house was provided for residents that came to stay. Residents were seen to be treated with dignity and respect where their wishes and preferences were accounted for during their respite stay. However, the provider was required to make improvements in the management of health care needs and fire safety to ensure that they met the requirements of regulations.

The inspector found the premises to be well maintained, homely and laid out to meet the needs and number of residents. Each resident had a spacious bedroom

which facilitated the storage items while on their respite stay. Over head hoists were in place in the downstairs bedrooms and main bathroom to promote best practice with accessibility. There were sufficient communal spaces for residents including a large sitting room, kitchen/dining room and a well equipped games rooms. There was a small garden to the rear of the centre, with seating available to residents.

From a review of a sample residents' assessment of needs and personal care plans it was evident that the provider was striving to provide care in line with each residents' specific care needs. As resident availed of respite care the provider was responsible to ensure assessed healthcare needs were being met in an appropriate manner. On review of care plans there was insufficient guidance available to staff in relation to some specific assessed needs. This required review to ensure staff had the most up-to-date information available to them.

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 relating to the aspects of fire safety management. 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 and there was evidence that these had been serviced on a regular basis. Emergency lighting was also in place. On the day of inspection, the certificate of servicing this lighting was not available to the inspector. Evidence that this equipment had been serviced as required was not in place. In addition, fire doors had been fitted throughout the majority of the centre. One door to a hot press, which was on an escape route, was not fitted with an appropriate door. In addition the systems in place to ensure that all residents had taken part in fire drills required review to ensure it was suitably effective.

With regards to IPC the provider had adequate arrangements in place. There was adequate supply of hand hygiene gel and personal protective equipment (PPE) in the centre. The provider had an outbreak contingency plan in place, in addition to isolation plans for residents if required. Other areas of good practice in relation to IPC were identified including a high standard of hygiene in bathrooms and a well maintained centre.

The inspector saw evidence that the designated centre was operated in manner that respected the rights of each individual resident. Residents were supported to avail of an individualised service in relation to meal and activity planning. Detailed meeting notes were reviewed in relation to this. Each resident was consulted with before their respite stay to ensure they wishes and preferences for the stay were captured. Staff spoken with were very respectful of residents needs, preferences and choices and they were striving to ensure the person was in the centre of all care and support provided.

## Regulation 17: Premises

The premises of the designated centre was designed and laid out to meet the aims and objectives of the service and the number and needs of the residents. The

premises was well maintained and was in a good state or repair both externally and internally. Residents had access to their own individual bedroom. The downstairs bathrooms and bedrooms were equipped with the aids and appliances required as per their assessed needs.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider had risk management procedures in place which included the centre's emergency plan and a risk register. The risk register was well maintained with all individual and centre specific risks accounted for. Control measures were in place that were relative to the risks and staff were able to discuss the same on the inspection day.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider had in place procedures to ensure that residents were protected from acquiring a healthcare-associated infection. These procedures included using PPE, temperature checks and regular hand hygiene practices. Up-to-date COVID-19 contingency plans were in place

Judgment: Compliant

### Regulation 28: Fire precautions

Improvements were required in the area of, servicing emergency lighting, fire containment and evacuation procedures. On the walk around of the premises, one open door, located at a hot press did not appear to be a fire door. As requested, the provider wrote to the inspector following the inspection to provide follow up information and assurances in relation to the effectiveness of the containment in this area. The information provided to the inspector stated that a fire door was not required in this area. However, this was in not line with relevant guidance.

There were three separate systems to record if a resident took part in a fire drill. This required review to ensure that it was effective in recording the evacuation of residents. On review of the records it appeared that not all residents had taken part in a fire drill. The provider was required to review the system in place to ensure it

accurately captured this important information.

On review of servicing records for essential fire safety equipment it was found that emergency lighting servicing records were not available.

Aspects of the written fire evacuation procedure were not in line with best practice. This was brought to the attention of the person in charge and assurances were sought and provided in relation to the procedures in place. The person in charge confirmed that the written procedures were in correct.

Judgment: Not compliant

### Regulation 6: Health care

Residents assessed healthcare needs was an important aspect of the care and support provided during the respite stay. Relevant information was obtained in relation to these needs and there were some protocols in place to guide staff in terms of significant emergencies in relation to health needs, for example, the administration of emergency rescue medication. However, there was limited guidance available to staff to manage all assessed needs of residents. For example, residents that presented with complex care needs in terms of epilepsy had no guidance in place on how to manage certain types of seizures. Up-to-date guidance was required to consistently guide staff practice for individuals availing of respite with specific healthcare needs.

Judgment: Not compliant

### Regulation 8: Protection

The registered provider had arrangements in place to safeguard residents. Staff spoken with were knowledgeable on both local and national procedures. Any incidents that occurred in relation to safeguarding had been investigated appropriately and relevant measures had been taken by the provider to ensure that all residents were safe. Due to the type of service residents compatibility was carefully considered at all times.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector saw evidence that the designated centre provided a service which was

person-centred and respected individual residents' dignity, choice and autonomy. There was evidence that residents were actively consulted with regarding the day to day running of the centre and that their individual choices and preferences were respected. Residents availed of individualised meal and activity planning. Staff spoke with residents in a kind and dignified manner.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Teach Sonas OSV-0008212

Inspection ID: MON-0037560

Date of inspection: 28/02/2023

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> <li>• The staff training matrix has been updated and now accurately reflects training completed by all staff.</li> <li>• Mandatory training relevant to the respite service has been completed or is in progress of completion by all staff since the date of inspection.</li> </ul> <p>Completion date of the 11th of May 2023 for all training.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• An Action plan has been added to all audits and these will be completed within identified timelines.</li> <li>• Financial audit completed on 28/3/23.</li> <li>• Medication management audit completed on 21/3/23.</li> </ul>	



Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• A fire door has been fitted to the hot press on the 14th of April 2023.</li> <li>• Review of recording procedure for service user's participating in fire drill has taken place and will be recorded in the Online reporting system and individual PEEPs only.</li> <li>• Emergency lighting maintenance records are displayed correctly.</li> <li>• Written fire evacuation procedure updated and accurately reflects best practice.</li> <li>• The individual whose participation in a fire drill was outstanding has now completed an evacuation.</li> <li>• All service users will participate in a fire drill on each admission to ensure no gaps occur in fire evacuation participation.</li> </ul>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> <li>• All service users with complex health needs such as epilepsy and asthma have care plans that reflect their individual needs, care goals and responses to emergencies.</li> </ul> <p>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.	Not Compliant	Orange	11/05/2023
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	16/04/2023
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment,	Not Compliant	Orange	16/04/2023

	means of escape, building fabric and building services.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	16/04/2023
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 reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	16/04/2023
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Orange	16/04/2023