



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

## Issued by the Chief Inspector

Name of designated centre:	Delta Willow
Name of provider:	Delta Centre Company Limited by Guarantee
Address of centre:	Carlow
Type of inspection:	Announced
Date of inspection:	22 January 2020
Centre ID:	OSV-0005526
Fieldwork ID:	MON-0023046

## About the designated centre

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

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

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	6
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

### **This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 22 January 2020	09:30hrs to 18:00hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

Over the course of the inspection, the inspector met with all residents in this centre, with family or resident representatives and staff members. The residents in the centre present with changing health needs, most associated with aging, and as such four of the six residents were seen to be supported in their home during the day.

One resident likes to listen to the radio and a comfortable area was set up close to the kitchen for them to relax and enjoy this. This resident is very interested in horse racing and is supported to go to the shop and purchase the Racing Post newspaper. In the residents bedroom a folder had been personalised with clippings from various papers and pictures of racing meets and favourite horses.

Other residents who also enjoyed listening to the radio, sat in their personal armchairs in the living room and the staff accessed the radio via the television for them. As they relaxed, some residents were offered blankets for their lap and some were seen to flick through a magazine. Over the course of the day some residents were observed to share looking at a memory book with staff and others were seen playing board games such as 'Connect four' at the table. One resident who enjoyed knitting had multiple bags of wool available to them and examples of their work such as patchwork blankets on display.

For one resident whose faith was important to them the staff had supported them with displays of their photos and statues in their room and were seen to arrange outings to the local church to light a candle or to have available a CD of favourite hymns.

One resident was unwell and supported to attend the GP, they were resting in bed for most of the day and when they felt well enough to get up, staff were seen to keep their pace of interaction slow and respectful and to provide additional care when offering a drink or snack.

Individuals were observed to be offered snacks and meals at times that suited them over the day and staff joined them at the table for a coffee break and a chat. Short walks or drives were offered to some and staff used quiet, consistent prompts to guide residents in alighting the centre vehicle.

Family members reported to the inspector that they were always welcome in the centre when they called and that there was a feeling of home and comfort in the house. They reported that they are included in planning meetings and kept informed of concerns. In addition they are made aware of how to use the complaints mechanism although they have not needed to use it.

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

staff support and on the variety of activities available to them. The residents were supported by either a member of staff or a family member who knew them well in completing their questionnaires. The overriding themes in the questionnaires were that residents loved their home and that it had a warm and welcome atmosphere. They all enjoyed personal activities and were happy with opportunities offered to them for outings.

## Capacity and capability

Overall, the inspector found that the registered provider and the staff team in place had ensured that the individuals living in this designated centre received a good quality service. This inspection found evidence, across the regulations reviewed, of a service that supported and promoted the health, personal and social needs of the residents.

The governance and management arrangements in the centre ensured, that the service was effectively governed, with good oversight systems. Some minor improvements to a number of recording systems were discussed, such as consistent methods for the reporting of incidents and accidents, that may further enhance this oversight. There was a clearly defined management structure in place, with the provider having recently recruited a residential services manager who is scheduled to carry out monthly reviews of the centre with the person in charge. The staff team reported directly to the person in charge, who in turn reported to the residential services manager and there were arrangements in place to facilitate sufficient protected time for the person in charge to carry out the responsibilities of the role.

There was an annual review of the quality and safety of care and six monthly visits by the provider or their representative. The inspector found that learning and improvements were brought about as a result of the findings of these reviews. The provider had prepared a statement of purpose, which accurately reflected the service provided. The statement of purpose contained the information required as per Schedule 1 of the regulations.

On the day of inspection there were suitably qualified staff on duty to support residents' assessed needs including their activity programmes. It was evident that staff knew the residents and their care needs well. An actual and planned rota was in place and was managed by the person in charge. Nonetheless, while it was evident that there was a full staffing complement in place as outlined in the Statement of Purpose, the provider had self identified that the service was not adequately resourced to deliver the care and support required, due to residents changing needs. Where two members of staff were on shift it took both of them to support individuals in changing position and moving, leaving periods of time where the other five residents were potentially unsupported. The inspector reviewed correspondence from the provider, as well as meeting minutes, where business

cases for funding to increase the staffing levels were outlined. In the meantime, in order to alleviate some risk, the provider had provided an additional member of staff overnight.

It was seen that staff files were maintained for all staff members working in the designated centre. The inspector reviewed a sample of these which included written references and evidence of Garda Síochána (police) vetting in addition to other documents as required under Schedule 2. While it was also noted that a number of staff members did not have a signed contract of work in place this was an identified and documented matter that the provider was actively working to ameliorate.

Staff had received training in all mandatory areas, for example, fire safety and safeguarding, as well as additional training specific to residents' support needs, such as dementia training. The provider was implementing a formalised supervision process for staff, with arrangements in place that ensured all staff were being effectively supervised and supported. A review of minutes of team meetings and one to one meetings found that the presence of the person in charge in the centre on a regular basis facilitated local supervision on a consistent basis, and it was observed that staff could highlight issues or concerns through these mechanisms.

The residents were encouraged and supported to raise complaints if they choose to do so, and arrangements were in place for any complaints to be resolved locally where possible. Relatives were aware of how they could make complaints if required. On the day of inspection no complaints had been received yet this year. Only one complaint was received in the preceding year and there were clear records kept of all steps to resolve this with a positive outcome. The provider had clear procedures relating to complaints and a complaints log was maintained.

The person in charge maintained a record of all accidents, incidents and near misses in the centre. There was evidence of learning from auditing of incidents within the centre and while consistency with respect to the recording system could be enhanced it was clear that all had been notified as required by the regulations to the Chief Inspector.

### Registration Regulation 5: Application for registration or renewal of registration

All documentation had been submitted within the required time frames. While the floor plans had to be resubmitted due to concerns regarding legibility this was done so promptly by the provider.

Judgment: Compliant

## Regulation 15: Staffing

The registered provider had not ensured that adequate staffing levels were in place to meet the needs of the residents who avail of this service during the day however they had made changes to cover at night. While they had identified this shortfall and were in discussion to make changes; staffing levels remain insufficient to meet the residents assessed needs. Staff who spoke with the inspectors had a strong knowledge of residents' needs and there was continuity of staffing in place. A planned and actual roster was in place.

Judgment: Not compliant

## Regulation 16: Training and staff development

All staff had completed up-to-date mandatory training as required and refresher training was provided on a timely basis. The person in charge and the provider completed regular training needs analysis. All staff received appropriate and regular formal supervision.

Judgment: Compliant

## Regulation 21: Records

The provider had ensured that all records as required in relation to Schedules 2, 3 and 4 were maintained and were reviewed by the inspector.

Judgment: Compliant

## Regulation 22: Insurance

There was a current insurance policy in effect for the service

Judgment: Compliant

## Regulation 23: Governance and management



There was a clear management structure in place and the provider has recently appointed a residential services manager to greater enhance oversight of centres under its remit. An annual review has been completed and six monthly unannounced audits were being completed by a person nominated by the provider. Audits had been carried out in key areas such as health and safety and medicines.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose for the centre contained all information as required in Schedule 1.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were notified to the Chief Inspector in line with requirements of regulation 31.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were no current complaints on the day of inspection regarding the service being provided. Any previous complaints or concerns from residents or their representatives were appropriately recorded and treated in an impartial and robust manner.

Judgment: Compliant

## Quality and safety

Overall the inspector found that this centre was a warm and comfortable home in keeping with the ethos of the provider. The existing staff team were attempting to

support the residents to engage in meaningful activities and to live a life of their choosing while remaining cognisant of individuals evolving needs.

The premises was found to be spacious, well designed, and meeting residents' specific care and support needs. Externally the site is shared with another house, operated by the provider as part of another centre, with a well furnished patio area between the houses. There was a large and bright open plan living space that encompassed kitchen, dining and living space with double height ceilings. One large window required blinds as there were some privacy issues from a main road, however the person in charge had already identified this and ordering was in train. The residents had their own bedrooms which were decorated in line with their wishes and preferences and included a number of items from their family home. There was plenty of storage for their personal items and these were also displayed throughout the house. All doors into the house were on the level making the centre accessible and internally the hallways and circulation spaces were spacious.

Each resident had access to a key worker to support them and had an annual assessment of need which outlined which care and support plans they required. On discussion with key workers the inspector noted that where residents can no longer easily communicate then their goals are based on perceived and observed enjoyment while taking previous goals into account. The inspector reviewed a number of residents' personal plans and found that care plans were in place in line with residents' assessed needs. The person in charge was reviewing residents' support plans to ensure they were effective. Residents had access to photographs and symbol supported information from activities and these were incorporated into memory books or as prompts in discussion.

Health care needs of residents were appropriately assessed and support plans were in line with these assessed needs. Individuals had access to appropriate health and social care professionals in line with their assessed needs and staff were seen to follow specialist recommendations and programmes that arose from these reviews. In addition there was access to dental and GP services of their choice and all individuals in this centre were engaged with National screening programmes. Residents were supported to attend specialist medical appointments and hospital clinics as required, and there were up to date recommendations from these that staff were familiar with and supported the residents in complying with.

Effective behaviour support systems ensured that residents received the care and support they required and currently no residents in the centre required formal behaviour support plans. Staff who spoke with the inspector were found to be knowledgeable in how they were to support these residents should a need arise. The registered provider encouraged a restraint free environment and restrictive practices in use during this inspection were clearly identified and regularly reviewed. Use of restrictive practices were logged daily and the person in charge reviewed these monthly with quarterly reviews by the provider. Residents were observed to move freely through the designated centre and the surrounding environment.

Safeguarding arrangements ensured that residents were safeguarded from abuse and the provider had systems in place to support staff to identify and report any concerns they had regarding the safety and welfare of residents. Areas of vulnerability had been identified and the inspector saw evidence that reasonable and proportionate measures were taken to ensure the safety of residents where required. Throughout the inspection residents were observed to be comfortable and relaxed in the presence of staff.

Residents were protected by policies, procedures and practices relating to health and safety and risk management. An up to date health and safety statement was in place and the person in charge carried out periodic unannounced review of health and safety practices with staff. There was a system for keeping residents safe while responding to emergencies. All equipment in the centre was serviced regularly by qualified technicians. There was a risk register which was reviewed regularly by the person in charge and residential service manager. General and individual risk assessments were developed and there was evidence that they were reviewed regularly and amended as necessary. There were also systems to identify, record, investigate and learn from adverse events in the centre.

There were suitable arrangements to detect, contain and extinguish fires in the centre. Suitable equipment was available and there was evidence that it maintained and regularly serviced. Each resident had a personal emergency evacuation procedure that had recently been reviewed. Fire procedures were available in an accessible format and on display. Staff had completed fire training and fire drills were occurring.

## Regulation 12: Personal possessions

The provider and person in charge had ensured that residents personal belongings were respected and protected. Up to date records were kept of all residents belongings. Residents were supported to manage their own finances or where required clear and accountable systems were in place for others to manage on residents behalf.

Judgment: Compliant

## Regulation 17: Premises

The designated centre was suited to meet the needs of the residents living in the centre. It was presented in a clean manner on the day of inspection, was observed

to be a good state of repair, well decorated and furnished and provided a homely environment for residents living in the centre. It was noted that the premises had been personalised with photographs and keepsakes.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a system in place to identify, assess, respond to and monitor risks in this centre. The safety of residents was promoted through appropriate risk assessment and the implementation of the centres' risk management and emergency planning policies and procedures. There was evidence of incident review in the centre and learning from adverse incidents.

Judgment: Compliant

### Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Staff had appropriate training and fire drills were held regularly. Residents' personal evacuation plans were reviewed regularly.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

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

Judgment: Compliant

### Regulation 6: Health care

Residents had appropriate assessments completed and were given appropriate support to enjoy best possible health. Residents' changing needs were recognised and appropriate assessments and supports put in place. Residents had access relevant health and social care professionals in line with their assessed needs.

Judgment: Compliant

### Regulation 8: Protection

There were policies and procedures to keep residents safe. Staff had completed training in relation to safeguarding residents and the prevention, detection and response to abuse. Staff who spoke with the inspector were knowledgeable in relation to recognising and reporting suspicions or allegations of abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were observed to be treated in a manner which respected their rights, dignity and privacy throughout the course of this inspection. The registered provider had ensured that each resident, in accordance with their wishes, participated in decisions about their care and support. Residents also had the freedom to exercise choice and control in their daily lives.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Delta Willow OSV-0005526

Inspection ID: MON-0023046

Date of inspection: 22/01/2020

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

**Section 1**

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The organization had made numerous requests to the funders to increase funding for more staff for Delta Willow. Further documentation was sent to funders to highlight the need to increase the staffing levels. The funders have escalated this process and have made a visit to Delta Willow to validate the request increase in funds. Conformation has been received from the funders that the application has been forwarded to Dracc funding structure and a response will be received by the 30<sup>th</sup> of April 2020. In the interim Delta have put in place waking night supports through the night; also have an emergency on call service 24hrs a day, Delta Willow also have supports from the day service staff. PIC’s and PPIM also present during the week and weekends.</p> <p>Delta willow also has another designated Centre on the same site for supports if required.</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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30th of April 2020