Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Delta Evergreen
Name of provider:	Delta Centre Company Limited by Guarantee
Address of centre:	Carlow
Type of inspection:	Unannounced
Date of inspection:	08 June 2022
Centre ID:	OSV-0004708
Fieldwork ID:	MON-0032115

About the designated centre

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

Delta Evergreen is a residential designated centre situated in Carlow town. Residents living in the centre are male and female adults and have an intellectual disability. All residents need a level of support. The centre comprises of two houses Tintean Blackbog and Tintean Coille 1&2. The centre strives to ensure that the rights of each individual resident are upheld, including a right to equality, dignity, respect, privacy and safety. The centre also strives to ensure that each resident can be supported to maintain a sense of individual identity and ownership of their own lives. The service is available 24/7. Staffing consists of social care workers and healthcare assistants. Nursing care is also available when needed. All of the residents living within these community residential settings have daily access to Delta Centre Ltd campus in Carlow. Residents also have access to a wide range of community based social activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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 (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 8 June 2022	09:00hrs to 18:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, completed to assess the centre's ongoing compliance with regulations and standards. The inspection took place during the COVID-19 pandemic, therefore appropriate infection control measures were taken by the inspector and staff to ensure adherence to COVID-19 guidance for residential care facilities. This included the wearing of personal protective equipment (PPE).

To gather a sense of what it was like to live in the centre the inspector spoke with residents to determine their views of the service, observed care practices, spoke with staff and reviewed relevant documentation. The overall impression was that residents received a good level of care and support in line with their assessed needs, wishes and preferences.

The inspector met with four residents that lived in this designated centre. The designated centre comprises two separate buildings located a short distance from each other.

On arrival at the first home, the door was opened by a resident who welcomed the inspector. A staff member completed COVID-19 symptom checks upon entering the home and took the inspector's temperature. The resident spoke with the inspector and offered to show them around their home. This part of the designated centre comprises of two adjoining semi-detached homes. There was an internal door between both homes that remained open so that residents could access both sides of the home. Each resident had their own individual bedroom which for the most part was personalised to their individual preferences. For example, pictures of residents' favourite music bands were on display in their bedroom. One resident had recently moved into a bigger bedroom and they were in the process of personalising their room. Each home had the same layout with three bedrooms located upstairs with access to a main bathroom, downstairs was a kitchen and separate sitting room. There was a small bathroom downstairs also in each home. One bedroom in one of the homes was allocated to staff and the other bedroom for respite stays. There was a conservatory that spanned across the back of both homes which was an additional communal area for residents to use if they so wished. The centre was homely, warm and well kept.

The two residents present in this home spoke with the inspector. Two other residents that lived in this home were on family visits at the time of the inspection. The residents discussed different topics such as the importance of family, favourite type of music, participation in Special Olympics and employment to name a few. A resident had recommenced in their employment and expressed that they were very happy to be back to this routine. Residents freely moved around their home and chatted easily with each other. They were independent in many of their routines and were seen to independently prepare their breakfast. Both residents stated they like living in their home, that staff were there to support them when they needed and

that they had opportunities to have choice and control in their daily routines.

The second home within this designated centre was a large dormer style bungalow located within a housing estate. At the time of this inspection three residents lived in this home. The residents had access to all the lower floor of the bungalow, each resident had a their own bedroom, access to bathrooms, two sitting rooms, a visitors room and kitchen/living area. The staff office was located upstairs. The home was large and spacious and was suitable for people with specific assessed needs in relation to their mobility. On arrival at the centre the inspector met with two residents that lived here. The third resident was still in bed. One resident was in a sitting room sitting at table eating their breakfast. Staff explained that this was the resident's preferred area to relax in. They were being supported on a one-to-one basis. With support they told the inspector that they were enjoying their meal. They were seen to bring back their dishes to the kitchen later on that morning. The second resident was being supported with their meal in the kitchen area. The resident appeared very comfortable in staff presence and were seen to smile and interact with the person in charge. Later in the day all residents went out to a seaside town for a day trip.

In summary, based on what the residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care and support. However, there were areas of improvement needed which included resident's access to their own finances, residents rights to privacy, positive behaviour support and staff training.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, there were management systems in place to ensure that the service provided was effectively monitored. There was a clear management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge facilitated the inspection and discussed in detail each resident's specific needs, likes and interests. The person in charge reported directly into the residential manager who was also present on the day of inspection.

There was evidence of regular quality assurance audits taking place to monitor the service. These audits included the the provider unannounced six-monthly visits as required by the regulations and regular audits by the person in charge. The audits identified areas for improvement and actions plans to address same were in place.

There was an established staff team which ensured continuity of care and support to residents. Relief staff were available when required and there was no use of agency staff. Throughout the inspection, staff were observed treating and speaking with residents in a dignified and caring manner.

The inspector reviewed a sample of staff training records and found that for the most part staff had up-to-date training. However, improvements were required. Some staff required training in areas including fire safety, managing behaviour that is challenging including de-escalation and intervention techniques and feeding, eating, drinking and swallowing training.

Regulation 15: Staffing

The person in charge maintained a planned and actual roster. The inspector reviewed the roster and this was seen to be reflective of the staff on duty on the day of inspection. There was a core staff team in place which ensured continuity of care and support to residents. Each home was staffed with social care workers and care assistants. There was a full staff compliment in place on the day of inspection.

It was evident that staff knew the residents and their care needs well. The inspector found that residents appeared happy, relaxed and content. Staff members were observed by the inspector to be warm, caring, kind and respectful in all interactions with residents.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The inspector viewed evidence of mandatory and centre specific training records. From a review of a sample of training records, the majority of the staff team had up-to-date training. However, a small number of the staff team required training in areas including fire safety and de-escalation and intervention techniques. Some members of the staff team required training in feeding, eating, drinking and swallowing. This meant that not all of the staff team had the skills and knowledge to support the needs of the residents.

In terms of supervision, staff were in receipt of this as per provider's policy. A sample of supervision notes were reviewed and they were found to evidence good quality support to staff. Staff spoken to on the day of inspection stated they felt supported in their roles. One staff member made positive comments on the induction process as they had recently completed this.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were effective governance and management arrangements in place which ensured that the service received by residents in the centre was safe and of a good quality. In addition to the six monthly unannounced audits mentioned above there were detailed person in charge audits which occurred on a regular basis. Theses audits reviewed many aspects of the quality of care being provided and actions were completed in a timely manner. The annual review was scheduled to be completed within the next couple of weeks. Regular staff meetings occurred both at management level and at the local team level. These meetings evidenced good communication between all relevant staff within the organisation.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed records of incidents and adverse events in the centre and observed that that required notifications to the Chief Inspector had been made in line with the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the centre presented as a comfortable, homely environment. Person centred care was provided to the residents. A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting with residents and staff, a review of personal plans, risk documentation, fire safety documentation, and protection against infection practices and documentation. Improvements were required in relation to relation to personal possessions, residents rights and positive behaviour support.

There were many positive practices in promoting residents rights within the centre. For example, observations indicated that all residents were treated with care and respect on the day of inspection. The language staff used when describing residents' needs, likes and dislikes was person-centred and respectful. However, improvements were required in this area. Consideration of residents rights in

relation to access to their own finances and impact of restrictive practices will be addressed under the relevant regulations. In addition to this, storage of documents which contained personal information about residents needed to be improved. This was brought to the attention of the residential manager on the day of inspection and immediately rectified.

For residents that had access to their own bank account, there was good evidence of financial safeguards in place which included regular audits and balance checks. However, there was a small number of individuals within the centre that did not have bank accounts in their own name. This required review to ensure that residents had financial autonomy in line with their assessed needs.

A sample of behaviour support plans were reviewed on inspection. One resident's behaviour support plan had been recently updated and there were regular reviews of this plan with the staff team and the relevant health and social care professional. Another resident had a behaviour support plan which was dated 2014, this was in the process of being reviewed on the day of inspection. There were some restrictive practices in place. These required review to ensure they were the least restrictive measure for all residents that they potentially impacted.

Both premises visited by the inspector was found to be clean, spacious, well designed and homely. Each home was very clean and in general there were good infection prevention and control measures in place. There were suitable arrangements to manage risk within the centre, including suitable arrangements to ensure systems were in place around fire safety.

Regulation 12: Personal possessions

The person in charge had systems in place to ensure that residents had control over their clothes with large wardrobes provided to store them. Some residents had purchased furniture for their own bedrooms. Bedrooms also were personalised for residents with pictures and items on display. There were systems in place to manage residents' finances. However, improvements were required to ensure that residents were supported to manage their own financial affairs. The provider needed to ensure that residents had access to their own finances on a continuous basis to ensure each resident had autonomy over their own finances in line with their assessed needs.

Judgment: Not compliant

Regulation 17: Premises

The designated centre comprises two separate homes both located in residential areas close to local amenities. Each home was well laid out with ample communal

spaces for residents. Residents had access to garden areas from both homes. Each home was well maintained and nicely decorated. Each bedroom for the most part was personalised for each resident. Each home was equipped with relevant aids as per residents' assessed needs. There was ample storage for each individuals personal items.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found good practices in relation to risk management. Relevant risks were identified and assessed with control measures in place to ensure risk levels were accordingly reduced. Learning was identified from incidents and accidents and appropriately communicated with the staff team.

Judgment: Compliant

Regulation 27: Protection against infection

There was evidence of contingency planning in place for COVID-19, with relevant guidelines and policies and procedures in place. All staff had adequate access to a range of PPE as required. There was sufficient access to hand sanitising gels and hand-washing facilities observed throughout the centre. Staff had completed a range of training to enable them to practice effective infection prevention and control measures.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire evacuation drills taking place in the centre. Residents had individualised evacuation plans which detailed the supports they required. Both premises had works completed to ensure ease of evacuation of residents. This included widening of doors for evacuations residents in their bed if they so required and installation of ramps at relevant areas of the home.

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. Personal plans were reviewed at least annually in line with regulations to ensure they best reflected residents' specific needs. Each resident had specific goals in line with their individual preferences. For example one resident's goals included volunteering, gardening, and cookery lessons. Likes and dislikes were clearly documented to ensure staff could best support residents, for example, one resident's plan clearly stated they did not like loud noises and specifically described the types of noises they disliked the most.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of residents were suitably identified. Health care plans outlined supports provided to residents to experience the best possible health. Residents were facilitated to attend appointments with health and social care professionals as required. Nursing care was available if required. On the day of inspection a resident was attending a follow-up appointment with their General Practioner (GP).

Judgment: Compliant

Regulation 7: Positive behavioural support

There were improved practices noted in relation to ensuring residents had access to positive behaviour support services as required. One resident's behaviour support plan had been recently updated and reflected their individual needs in line with their changing cognitive profile. Staff were supported on a frequent basis to ensure the plan was adhered to and changed as needed. A second resident had been referred to the behaviour support specialist for a review and this was ongoing at the time of the inspection.

There were a small number of restrictive practices used in the centre. Although these were risk assessed, there was limited evidence in place to indicate if these were the least restrictive measures in place for all residents that they potentially impacted. For example, one restrictive practice had been reviewed and the use of it

had been moved to a communal area. Although this reduced the restriction for the person it was assessed for, the impact on the other resident in the home had not been thoroughly reviewed or assessed.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems in place to keep residents in the centre safe. There were policies and procedures in place and safeguarding plans were developed as necessary. Any incidents which were deemed a safeguarding concern were reported as required. The inspector reviewed a number of residents' intimate care plans and found they were detailed and guiding staff practice in supporting residents. There was evidence that residents were being supported to gain knowledge and skills around keeping themselves safe.There was an easy read document available for each resident in their personal file. There was evidence that the residents keyworker reviewed this document on a one-to-one basis with each resident. There were systems in place to ensure residents' finances were appropriately safeguarded.

Judgment: Compliant

Regulation 9: Residents' rights

An immediate action was issued to the provider on the day of inspection relating to the privacy of residents' personal information. On the walk around of one of the premises, it was noted that residents personal plans were stored on a kitchen counter in a communal area. This was not in line with best practice to ensure that residents' personal information was stored to ensure adequate privacy and dignity. The information was moved to the office area immediately. Under this regulation the provider was required to address an immediate risk that was identified on the day on the inspection. The manner in which the provider responded to the risk did provide assurance that the risk was adequately addressed

From observation and engagement with residents on the day of inspection it appeared that they had the freedom to exercise choice and control in their lives. Residents who spoke with the inspector expressed that they were well supported to make choices around their care and support. Residents were seen to be treated in a respectful manner throughout th day of inspection.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Delta Evergreen OSV-0004708

Inspection ID: MON-0032115

Date of inspection: 08/06/2022

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff will be trained in fire safety by 31/7/22 All staff will be trained in de-escalation and intervention techniques by 31/8/22 All staff will be trained in feeding, eating, drinking, and swallowing by 31/8/22 All staff will be trained in Dementia training 20/6/22	
Regulation 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: The PIC will begin the process of opening bank accounts for the individuals who reside 7 days per week in Delta Evergreen who do not hold an account yet. If required advocacy services will be requested to assist with this process. The organisation's policy in relation to residents' personal possessions and finances will be adhered to throughout this process. A consent/will and preference document will be developed and provided to residents who don't reside fulltime in Delta Evergreen, this document will provide these individuals with the choice to have the organisation support in personal finances or to appoint another person/family member to assist them with the support required to access personal finances. Timeline for completion: 31st March 2023	

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
The resident's behavior support plan is at present being fully reviewed by the behavior therapist. The behavior support plan will be completed and in place by 31/8/2022. Ongoing reviews and staff/resident consultation will continue after implementation of the BSP.

A review will be completed of the current restrictive practices in Delta Evergreen, particular attention will be paid to ascertaining if these restrictive practices have any impact on other residents. A consent document will be developed for any restrictive practices in place and discussions held with all residents in line with best practice. At a minimum quarterly review will continue of all restrictive practices in the designated centre.

Timeline: 31/8/22

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The PIC will undertake regular discussions with the staff at team meetings to ensure all individual assessments and care plans are stored correctly in a locked press in the staff room to ensure that the residents personal plans are never stored in a communal area.

The PIC will also ensure all residents P.C. Ps are stored in the residents' bedrooms in line with best practice to ensure that residents' personal information is stored to ensure adequate privacy and dignity. Audits will continue to be completed by the PIC and the external auditor to ensure these practices are always in place.

Supplementary to immediately resolving the issue on the day of inspection, the PIC also sent an email to the Evergreen team ensuring that all staff never stored personal plans and individual assessments in communal area.

Timeline: Completed

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	31/03/2023
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	31/08/2022
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour	Substantially Compliant	Yellow	31/08/2022

	necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	07/07/2022