

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	A designated centre for people with disabilities operated by Delta Centre Ltd
<b>Centre ID:</b>	OSV-0004708
<b>Centre county:</b>	Carlow
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Delta Centre Ltd
<b>Provider Nominee:</b>	Eileen Brophy
<b>Lead inspector:</b>	Julie Pryce
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	17
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
27 January 2016 10:30	27 January 2016 19:30
28 January 2016 10:30	28 January 2016 21:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This inspection of a community based designated centre operated by Delta Centre Limited was conducted in response to an application from the provider to register the centre under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013).

During the inspection the inspector met with management, residents and staff members, observed practice and reviewed documentation such as personal plans, medical records, accident and incident records, meeting minutes, policies and procedures and staff training records.

The inspector was satisfied that a high standard of care and support was offered to residents by appropriately skilled and qualified staff, and that there was evidence of residents enjoying their quality of life.

Some improvements were required in order to achieve compliance with the Regulations, in the areas of risk management, documentation and in ensuring choice of accommodation. These issues are discussed in the body of the report and in the action plan at the end.

**Section 41(1)(c) of the Health Act 2007. Compliance 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.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

There was clear evidence of respect and dignity being afforded to residents, for example, staff spoke respectfully both to and about residents, and residents were clearly comfortable and content in their company. However, improvement was required in the management of complaints and in offering residents meaningful choice of accommodation.

The inspector found that there was an emphasis on consultation with residents. Weekly residents meetings were held, and a record of these meetings was kept. Topics for discussion included household issues, activities and menus. Residents were supported to engage in these meetings in accordance with their needs.

The inspector was concerned that the processes for the management of complaints were not robust. Whilst there was a displayed, accessible version of the procedure for residents to follow if they wished to make a complaint, this was not supported by an adequate policy. The policy presented was copied from a source in the UK and referred to British policies and Health Act, and to the NHS.

A complaint which had been recently made by a resident was kept by the person in charge in a sealed envelope. Whilst the person in charge reported that she had spoken informally to staff about the issue raised, there was no record of this either in the resident's personal plan or in the minutes of staff meetings. There was no evidence that the required action following the complaint had been implemented, and there was no record of whether or not the complainant was satisfied with the management of the complaint. In addition there was no external advocate available to residents, and they

did not have access to advocacy services.

Four of the residents in the centre were accommodated in shared double rooms. It had been identified by the person in charge that two of the residents were not happy with this arrangement, and did not wish to share with each other. This had been documented in the person centred planning meeting of one of the residents. There was insufficient evidence that the other two residents had made a clear choice to share a room, in that there was no single room available as an option. One of the residents, when asked by the inspector would they like to move into a single room if there was one available responded 'Oh, I would love that'.

**Judgment:**

Non Compliant - Moderate

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

It was clear from interactions between staff and residents that staff were familiar with the communication needs of residents. Communication was supported for some people by the use of pictures, and for some by the use of touch. There was some information in the personal plans of residents in relation to their communication needs.

However, the documentation in the personal plans in relation to communication was not in sufficient detail as to guide practice. For example, guidance in one of the plans stated that the resident 'requires a bit of prompting', with no explanation as to what kind of prompting was meant.

Residents were supported to have access to media including papers, magazines, tvs and internet. Some had tablets and all had access to the centre's laptop. In addition sensory books had been provided for a resident with communications needs.

Residents were supported to engage in residents' meetings in accordance with their abilities.

**Judgment:**

Substantially Compliant

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

Links were maintained with the families of residents, for example, visits home were facilitated, either for short visits or for weekends. Family contact and involvement was supported and recorded in the residents' personal plans. For example, there was a family support plan for each resident which outlined the involvement of family members.

Residents had been supported to forge and maintain links with the local community in accordance with their wishes and assessed needs. For example, residents used local shops and restaurants and pubs. On visits to the pub residents had made friends with other people in their community and often sat with them. Several residents used public transport, and some were involved in community groups such as badminton and a local mindfulness group.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

There were contracts of care in place for residents which outlined the services offered and any charges incurred. However, these contracts were not signed by the provider or the person in charge, not the representative of the residents.

There was an admission committee in place through which any admissions were managed. Whilst there was a policy in place in relation to the management of admissions, it did not make any reference to considering the wishes of existing

residents, or to protecting residents from their peers as required by the regulations.

**Judgment:**

Non Compliant - Moderate

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

There was a personal plan in place for each resident, each of which began with a brief assessment, with direction to the appropriate section of the personal plan for guidance if necessary. There was also a detailed social care assessment together with an assessment of healthcare needs. There was dementia baseline and second assessment in place for one resident considered to be at risk.

There were sections in the personal plans relating to various aspects of daily life, for example, personal care and communication. However, not all the plans were in sufficient detail, for example, whilst staff reported that one of the residents needed a specific type of care around oral hygiene, there was no mention of this in the personal plan. The guidance in relation to mealtime for another resident stated 'needs a small bit of assistance with feeding', with no detail as to the type of assistance required.

Personal plans included some goals towards maximising potential for residents. For example, the goal of one of the residents to move residence had been supported and achieved. However, not all residents had their goals broken down, or steps taken towards achieving them. For example, there was no evidence of any steps being taken towards the goal of one resident in relation to preferred occupation. Furthermore one of the residents had no goals or aspirations identified, and that section in the personal plan had been left blank.

All the personal plans examined by the inspector had been reviewed at least within the last year as required, and more frequently in some cases. A review record was kept in which any changes to the plan were recorded.

Accessible versions of some aspects of the personal plans had been developed, by the use of pictures and symbols. Pictures were available of any goals achieved, and of preferred activities.

There was evidence of family involvement in the personal planning process, and their attendance at personal planning meetings was recorded.

The inspector was satisfied that residents were facilitated to engage in a variety of activities, both in the community, in the home and in their day services. One of the residents was supported to have a job in the community, and others were involved in various training courses as further discussed under outcome 10.

Leisure activities in the evenings and at weekends included cinema, meals out and local sport and keep fit groups.

**Judgment:**  
Substantially Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**  
Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The designated centre was in three separate locations and accommodated seventeen residents. One of the locations comprised two semi detached houses which had been joined to make one home, located in a quiet residential area. There was a kitchen, living area and conservatory, making up sufficient communal space. There was an enclosed back garden, and parking to the front of the house.

The other two houses were large five bed houses; each had two living areas and a kitchen dining room. Each had a large enclosed back garden and parking to the front. Each resident in these two houses had their own room, and there were sufficient bathrooms including assistive bathrooms in one of the houses.

At each of the locations the outside space was functional and safe, and there were adequate private and communal spaces, sufficient storage and an appropriate number of bathrooms.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that there were some systems were in place for the prevention and detection of fire, however, some improvements were required in the management of risk.

There was regular fire safety training for the staff, although not all staff had yet received this, as discussed under outcome 17, and fire drills had been conducted every six months. Records of fire drills included a description of the drill and outlined any areas requiring improvement. There was evidence of the management of fire drills for one resident who was distressed by them. Staff were aware of the fire evacuation plans and were able to describe the procedures involved. There was a personal evacuation plan in place for each resident, and all fire safety equipment had been tested regularly.

However, the fire policy was not centre specific, and made reference to issues which did not apply to the centre, for example, it directed staff to empty sand ashtrays.

Some risk assessments were available, for example in relation to manual handling and mobility issues. However, there was no risk assessment in place for some identified risks, including a resident being left alone in the house for short periods, and for the use of an audio monitor. In addition the risk management plan in relation to lone workers was not sufficient to mitigate the risk as it did not identify any control measures in the event of emergencies such as sudden illness of staff.

A document was available which was referred to as the risk register, however this document was limited to a list of identified risks, and there was no system of escalation of risks that could not be managed.

The risk policy, again was a copy of a UK sourced policy which referred to the CQC (the UK equivalent of HIQA) and the UK regulations, did not contain sufficient detail as to guide staff and did not include all the information required by the regulations.

**Judgment:**

Non Compliant - Major

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The provider had put in place systems to promote the safeguarding of residents and to protect them from the risk of abuse.

The inspector found that staff were knowledgeable in relation to types of abuse, recognising signs of abuse and their role in the safeguarding of residents. There was a current policy in place which contained sufficient detail as to guide staff. However, five staff members had not received training in the protection of vulnerable adults. The person in charge undertook to rectify this as a matter of urgency and provided evidence on the second day of the inspection that training had been organised.

There were robust systems in place in relation residents' personal money. Each resident was supported to have their own bank account, and had access to a money management advocate if further support was required. Personal spending was managed appropriately, transactions were signed for and receipts were kept. A monthly local audit had been introduced, and an external financial audit took place annually.

Where residents had been assessed as requiring behaviour support there was a behaviour support plan including clear descriptions of behaviours and of strategies both to reduce the frequency of behaviours and to manage any incidents. These behaviour support plans had been reviewed regularly, and there was a behaviour specialist and psychologist available to residents. However implementation of these plans had not always taken place. For example, a visual schedule recommended for one resident to aid prediction of events had not been put in place, and there was no evidence of the implementation of a self management of anxiety programme for another.

Where restrictive practices were in place to support residents these were documented, and risk assessments were in place. However the use of these strategies was not recorded as required. For example, the front door was locked on occasion when staff were engaged in particular tasks and were unavailable to supervise a resident who had been assessed as at risk of leaving the house unattended. The occasions on which this door was locked were not recorded, and reviews were not documented.

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

No notifications had been received from the designated centre, including the required quarterly notifications or nil returns. The provider and person in charge had been under the impression that these were not required until the registration process was complete.

**Judgment:**

Non Compliant - Major

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

There was evidence that residents had a meaningful day, that their communication needs were met and that goals were set in relation to maximising potential. Staffing levels were appropriate to meet any specific needs, and residents were involved in the planning of their activities and routines.

In addition residents were supported in their education and training needs. For example, some residents had successfully completed their leaving certificates in the local vocational school. Some residents were being supported to continue on to their leaving certificate.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

There were some systems and structures in place to promote health for residents, however, some improvements were required in the detail and knowledge of healthcare plans.

There was evidence of a balanced and nutritious diet. Snacks and drinks were readily available and choice was facilitated in accordance with each resident's needs, and a recorded of these choices kept and a record of meals offered was maintained. Staff had received training in the safe management of food.

Residents had access to allied healthcare professionals in accordance to their assessed needs, for example, the speech and language therapist for one of the residents. There was detailed plan of care based on the recommendations of the therapist.

Records of engagement with other healthcare professional were maintained, for example physiotherapy. Each resident had a GP, and access to out of hours GP service. An annual physical examination had been completed for each resident.

Healthcare plans were in place for all the assessed needs of residents, for example in relation to diabetes management and epilepsy management. However, some of these care plans lacked sufficient detail as to guide staff, or gave misleading direction. For example, while daily blood sugars levels were taken for one resident, there was no food diary maintained, so that there was no record of the possible cause of any difficulties with the levels. In addition the guidance given in the emergency management plan for a continuing seizure for one resident stated 'put in the coma position' and 'open airway'. Staff engaged by the inspector did not know what the 'coma position' was, and felt that it would be inappropriate to attempt to open the airway of a resident who was in a seizure.

However, there was evidence that many of the healthcare needs of residents had been identified and addressed, for example, a dementia baseline assessment and follow up assessment had been conducted in relation to dementia for one resident. A memory box had been devised for another resident which contained photographs and memorabilia.

**Judgment:**  
Substantially Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**  
Health and Development

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

There was evidence of structures and processes in place in relation to the management of medications, for example, each resident had self medication assessment in place, and one resident was supported to manage their own medication.

Documentation relating to the management of medications for residents was in place for the most part. Prescriptions for regular medications contained all the information required by the regulations. However, while protocols were in place for some of the 'as required' (PRN) medications, which outlined the conditions under which they should be administered, they were either missing or vague for some prescriptions.

Medications were supplied to the centre in blister packs, all of these were checked on receipt and a stock record sheet was maintained. Storage of medications was managed safely. Stock checked by the inspector was correct.

All staff had received training in the safe administration of medications, and there was a centre specific policy in place in sufficient detail as to guide staff. Medication errors were reported and recorded, and reviewed by nursing staff attached to the centre.

There was a centre specific policy in place outlining the structures and processes in place to ensure the safe administration of medications.

**Judgment:**  
Substantially Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. It accurately described the service provided in the centre and was kept under review by the person in charge. It was available to residents and their representatives.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

There was a clear management structure in place, and all staff were aware of this structure. Regular staff meetings were held, and minutes were kept of these meetings. Actions were agreed and the person responsible named, and these actions were reviewed at the subsequent meeting. There were no formal or recorded meetings between the person in charge and the provider, and the provider undertook to introduce these.

There was a system of audits in place, and there had been unannounced visits by the provider. These visits resulted in an action plan, and these actions were monitored. Those examined by the inspector had been completed. Although there was not yet an

annual review of the quality and safety of care and support as required by the regulations, much of the information was available in the records of the unannounced visits.

The person in charge of the centre was suitably qualified and experienced. She was knowledgeable regarding the requirements of the Regulations and of her responsibilities. She had a thorough knowledge of the health and support needs of the residents. She was clear about her roles and responsibilities and about the management and the reporting structure in place in the organisation and provided evidence of continuing professional development.

**Judgment:**  
Substantially Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**  
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

There were appropriate arrangements in place in the event that the person in charge should be absent. The appointed deputy person in charge would take over with support from the social care leader.

**Judgment:**  
Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**  
Use of Resources

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The centre appeared to be adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The number of staff on duty was appropriate to meet the needs of residents. There were vehicles available at each of the homes in accordance with the assessed needs of residents.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The current staffing levels and skills mix were appropriate to the needs of residents, including both healthcare needs and social needs. Staff engaged by the inspector were knowledgeable about the individual care needs of each resident, including their preferences and their communication needs. Interactions observed by the inspector between residents and staff were appropriate to the assessed needs of the residents, and appeared to be both respectful and caring.

Staff training was up to date, with the exception of training in the protection of vulnerable adults for some recently recruited staff (as discussed under outcome 8) and fire training for a small number of staff. The person in charge gave assurances that these staff members would not be working alone, and by the second day of the inspection had arranged the appropriate training.

Staff files were reviewed by the inspector and found to contain all the information required by the regulations.

An annual staff appraisal system was in place, as was a six to eight weekly supervision, and records were kept of these.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

All records to be kept in the designated centre in respect of each resident were in place, including the residents' guide and the directory of residents.

Not all the policies required under Schedule 5 were in place. For example there was no policy on Food safety. Of those policies that were in place, many of them were copies of UK sourced documents, referred to UK agencies and legislations, and were not relevant to the designated centre. These included the risk management policy, the policy on visitors, the policy on provision of information to residents, the policy on the provision of intimate care and the policies on staff recruitment and staff training. These policies were not signed or dated.

**Judgment:**

Non Compliant - Moderate

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Julie Pryce  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Delta Centre Ltd
<b>Centre ID:</b>	OSV-0004708
<b>Date of Inspection:</b>	27 January 2016
<b>Date of response:</b>	30 March 2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Residents had not all been afforded choice in relation to sharing rooms.

#### 1. Action Required:

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**Please state the actions you have taken or are planning to take:**

On the completion of the building of the new house and renovations to current house soon to be vacated by current residents, it is intended to offer residents sharing the opportunity to relocate.

**Proposed Timescale:** 30/03/2017

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Residents did not have access to advocacy services.

**2. Action Required:**

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

**Please state the actions you have taken or are planning to take:**

An Advocacy service was contacted on the 4/02/2016. Still awaiting a reply and further contact will be made. All residents will have access to an advocate. National advocacy agency contacted on the 21/03/2016, a presentation will be take place 30/05/2016 to residents, families and staff.

**Proposed Timescale:** 30/05/2016

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not all agreed actions required to deal with complaints had been implemented.

**3. Action Required:**

Under Regulation 34 (2) (e) you are required to: Put in place any measures required for improvement in response to a complaint.

**Please state the actions you have taken or are planning to take:**

A new centre specific complaints policy is now in place. Required actions from the complaint will be completed by 30/01/2016. Complaints will be filed appropriately, records of any feedback to relevant staff will be documented and required actions for complaints will be documented and filed with the complaint. A meeting will be held with residents regarding the satisfactory outcomes of required actions.

**Proposed Timescale:** 01/02/2016

## Outcome 02: Communication

**Theme:** Individualised Supports and Care

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Not all support needs were outlined in the personal plan

### **4. Action Required:**

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

**Please state the actions you have taken or are planning to take:**

More detailed guidance will be outlined in all individuals personal plans by 30/05/2016. An audit will be completed by the PIC by 30/07/2016 to ensure this has been completed.

**Proposed Timescale:** 30/07/2016

## Outcome 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Written agreements of care had not been signed by residents or their representatives.

### **5. Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

**Please state the actions you have taken or are planning to take:**

All contracts of care will be signed by a family member or external advocate as a witness.

**Proposed Timescale:** 30/05/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The admissions policy did not address the needs of current residents.

### **6. Action Required:**

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

**Please state the actions you have taken or are planning to take:**  
The admissions policy has been updated to address the needs of current residents.

**Proposed Timescale:** 02/02/2016

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Not all aspects of care needs were detailed in the personal plans

**7. Action Required:**

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

**Please state the actions you have taken or are planning to take:**

Personal plans will outline more detailed guidance for all residents by 30/05/2016. The Person in Charge will complete an audit by 30/07/2016.

**Proposed Timescale:** 30/07/2016

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Not all residents had adequate goals towards maximising their potential.

**8. Action Required:**

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

**Please state the actions you have taken or are planning to take:**

Goals will be identified for all residents and steps for achieving goals will be detailed.

**Proposed Timescale:** 30/05/2016

## Outcome 07: Health and Safety and Risk Management

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not all risks had risk assessments or appropriate management plans in place.

**9. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**

All staff are now trained in fire safety - 04/03/2016. A new centre specific Fire safety policy is now in place. February 2016. A "buddy system" for lone workers was put into place on the date of inspection. 27/01/2016. A new risk management policy was put in place March 2016. A risk management team was trained in risk management on the 11/02/2016, they will meet monthly to conduct risk assessments and review risk assessments. First meeting took place 2/03/2016, the next is scheduled for 6/04/2016. A risk register will be compiled and maintained by the Person in charge.

**Proposed Timescale:** 30/04/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The risk policy did not relate to the designated centre and did not contain all the information required by the regulations.

**10. Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**

A new risk management policy was put in place March 2016.

**Proposed Timescale:** 11/03/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not all staff had received training in fire safety.

**11. Action Required:**

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

**Please state the actions you have taken or are planning to take:**

All staff have now completed fire training.

**Proposed Timescale:** 04/03/2016

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Not all recommendations in behaviour support plans had been implemented.

**12. Action Required:**

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

**Please state the actions you have taken or are planning to take:**

Behaviour support plans will be reviewed by the MDT team regularly. A behaviour therapist will be available from May 2016. PIC will ensure behaviour support plans are followed in full.

**Proposed Timescale:** 31/05/2016

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Restrictive practices were not all managed in accordance with evidence based practice.

**13. Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

**Please state the actions you have taken or are planning to take:**

Risk assessment will be conducted on all restrictive practices and these will be logged. A restraints log is now in place.

**Proposed Timescale:** 30/04/2016

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Not all staff had received training in the protection of vulnerable adults.

**14. Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**

All staff have now received training.

**Proposed Timescale:** 09/02/2016

**Outcome 09: Notification of Incidents**

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The required quarterly notifications were not submitted to the Authority.

**15. Action Required:**

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

**Please state the actions you have taken or are planning to take:**

The quarterly notifications will be returned to Hiqa for the next quarter.

**Proposed Timescale:** 30/04/2016

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not all plans were appropriate to ensure delivery of healthcare in a consistent way.

**16. Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

**Please state the actions you have taken or are planning to take:**

A food diary is now in place for all residents that are diabetic. Care plans will be broadened to contain sufficient detail to guide staff. Any inappropriate guidance in plans has been removed and updated.

**Proposed Timescale:** 30/03/2016

**Outcome 12. Medication Management**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

There was insufficient detail to ensure that PRN medications were administered as prescribed.

**17. Action Required:**

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**

PRN protocols will be more detailed in consultation with nursing staff.

**Proposed Timescale:** 30/04/2016

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was not an annual review as required by the regulations.

**18. Action Required:**

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

**Please state the actions you have taken or are planning to take:**

Annual reviews will be completed by 30/09/2016.

**Proposed Timescale:** 30/09/2016

## Outcome 18: Records and documentation

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Many of the policies required under schedule 5 were generic policies from another jurisdiction.

**19. Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**

Most policies under schedule five will be written to be centre specific. Any outstanding policies will be made centre specific.

**Proposed Timescale:** 30/06/2016