

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Delta Oaks
Centre ID:	OSV-0004712
Centre county:	Carlow
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Delta Centre Ltd
Provider Nominee:	Eileen Brophy
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	10
Number of vacancies on the date of inspection:	1

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 1 day(s).

The inspection took place over the following dates and times

From: 22 June 2016 10:30 To: 22 June 2016 19:30

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 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
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 follow up inspection was carried out in order to monitor compliance with the regulations and standards and to inform a registration decision. The previous inspection was on 22 March 2016 and as part of the current inspection inspectors reviewed the actions the provider had undertaken since then, and inspected against the outcomes which were not included in the March inspection.

How we gathered our evidence:

As part of the inspection, the inspector met with six residents. Residents told the inspector that they were happy and safe in their homes. The inspector also met with staff and the person in charge, observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures.

Description of the service:

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. Inspectors found that the service was being provided as it was described in that document. The centre comprised three community bungalows in rural settings but in close proximity to a small town.

Overall findings:

Overall, the inspector found that residents had a good quality of life in the centre and the provider had arrangements to promote the rights of residents and the safety of residents.

Good practice was identified in areas such as:

- Residents were supported to engage in meaningful activities (Outcome 5)
- residents were safeguarded (Outcome 8)
- residents' healthcare needs were met (Outcome 11)

The inspector found that improvements were required in:

- residents' rights to privacy (Outcome 1)
- the provision of fire doors
- medication stock control (Outcome 12)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included 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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there were structures in place relating to the management of complaints or allegations. There was a complaints procedure which was detailed enough to guide staff, including a clear process of the management of complaints. This procedure was available in an accessible version so as to guide residents if required, and was made available to families of residents in a 'family information pack'.

The inspector found that there was an ethos of promoting rights for residents, for example, residents had attended a class on advocacy and rights, and the person in charge had organised for an external advocate to visit the residents in their homes. Residents were supported to vote if they wished, and no rights restrictions had been identified in the centre.

Regular residents' meetings were held, and the discussion included menu planning, activity planning and suggestions. There was clear evidence of residents being offered choice, including their choice to participate in weekly meetings or not.

Residents dignity and privacy was respected for the most part, however on approach to one of the houses, visitors had a clear view directly into one of the resident's bedrooms, so that their possessions and personal space were clearly visible.

Judgment:

Substantially Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspector observed interactions between staff and residents during this inspection and the previous inspection, and it was clear that staff were familiar with the communication needs of residents.

Personal plans included a section on the important aspects of communication for each resident. Where residents required assistance with communication various strategies were in place. For example there was a communication booklet in place for one resident which included pictures of various activities, needs and menu choices to assist the resident to make their preferences known. Another resident was assisted to write to communicate.

Residents used the landline telephone regularly to keep in touch with family and friends, and residents were supported to have mobile phones if they chose. There was internet available in the houses, and a computer available to residents to access this.

Accessible versions of information were available to residents, including the complaints procedure, the procedure for making suggestions and residents' personal plans.

A schedule of off duty with pictures of staff members was displayed to assist residents to know which staff were on duty that day, and picture charts of their own schedules were available for some.

Judgment:

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):

No actions were required from the previous inspection.

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, families were invited to attend person centred planning meetings.

Communication between the centre and the families was managed by the use of communication books which residents took home with them.

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. Some residents were members of local community group such as crafts, or exercise classes.

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):

No actions were required from the previous inspection.

Findings:

There was a policy in place to guide the admissions process, which included the requirement for consideration of the wishes of any current residents. No admissions were being planned at the time of the inspection.

Written agreements in relation to the services provided to residents and any charges incurred were in place. These had been signed by residents and their representatives. There were also tenancy agreements in place, and a record that these had been explained to residents by staff was maintained.

Judgment:

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

Findings:

The designated centre was in three separate locations and accommodated eleven residents. One of the locations was a detached bungalow on the outskirts of the town. The other two locations were detached houses in a rural setting, but in close proximity to the town.

The bungalow had three bedrooms, two of which had en suite bathrooms. One of the houses had three bedrooms, and the other four. Each had spacious kitchen and living areas and sufficient bathrooms to meet the needs of residents.

Each of the houses had spacious and functional outside area 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):

No actions were required from the previous inspection.

Findings:

As part of this follow up inspection, systems in relation to fire safety were inspected in the house which had not been visited on the previous inspection.

All staff had received regular fire safety training and fire drills had been conducted every four months. There was a detailed fire policy in place dated February 2016. Records of fire drills included a description of the drill and outlined any areas requiring improvement. There was a personal evacuation plan in place for each resident, and all fire safety equipment, including emergency lighting had been tested quarterly.

Weekly checks were kept of alarms and lighting, and daily checks were maintained of clear fire exits. Staff were aware of the fire evacuation plans and were able to describe the procedures involved.

However there were no fire doors in the house to ensure the containment of fire and smoke in the event of a fire.

This was the only area of this outcome inspected during this follow up inspection.

Judgment:

Non Compliant - Moderate

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Actions were agreed following the previous inspection in relation to a particular issue for a resident which had not been assessed or addressed in relation to behaviour.

This issue had now been addressed, a behaviour support plan was in place, and staff reported significant improvements in outcomes for the resident, although recording of these had only commenced the previous week.

Behaviour support plans were reviewed in relation to residents in the house which had not been visited on the previous occasion, and thorough behaviour support plans were in place which included sufficient information as to guide staff.

An audio monitor was in place in the room of one of the residents, in order to alert staff in the event of an emergency. There was a thorough risk assessment in place, which included evidence that alternatives had been considered, and a clear rationale for the use of the device.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The person in charge was aware of any issues which require notification to the authority and all required notifications had been submitted appropriately.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were two actions required from the previous inspection in relation the management of healthcare. Both of these issues had been fully addressed. For example one resident now had a diagnosis and recommendations for appropriate diet from the relevant consultant.

This was the only aspect of this outcome to be addressed during this follow up inspection.

Judgment:

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Following the previous inspection a required action was agreed in relation to the introduction of a stock control checklist for 'as required' (p.r.n.) medication. A stock sheet had been introduced and was reviewed by the inspector.

Stock checks involved counting boxes of medications but did not include the counting of actual numbers of doses. In addition the stock checks were not consistently recorded or monitored. For example a medication that came in boxes of four doses was only counted in boxes, and there was a discrepancy in the count of boxes over the previous three occasions which had not been identified.

In addition there was a small stock of over-the-counter medication kept in the house which staff reported was on the instruction of the first aid trainer. This medication did not appear on any stock sheet, and was not prescribed for residents.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

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.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Following the previous inspection required actions included the introduction of an audit of medication management and personal planning. The medication audit had been undertaken in April 2016, and a full review of all personal plans had been undertaken.

The inspector also reviewed progress towards the development of an annual review of the quality and safety of care and support as agreed following the previous inspection. This action was to have been completed by 30 September 2016, and the inspector saw that a strategic plan had been developed in conjunction with family members, that a family survey had been undertaken and that unannounced visits on behalf of the provider, and by an external consultant had taken place. The inspector was satisfied with the progress towards this action.

Judgment:
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):

No actions were required from the previous inspection.

Findings:

The person in charge was aware of the requirement to notify the Authority of absences, and appropriate arrangements were available in the event of such an absence.

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):

No actions were required from the previous inspection.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Following the previous inspection the provider was required to ensure that references were in place in staff files. A review of files confirmed that this action had been completed.

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):
No actions were required from the previous inspection.

Findings:
All records to be kept in the designated centre in respect of each resident were in place, all the policies required under Schedule 5 were in place, with the exception of the required policy on the management of restrictive practices, which was not in place. Records required under Schedule 4 were available and were examined by the inspector.

All information was readily retrievable, and stored appropriately.

Judgment:
Substantially Compliant

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 report¹

Centre name:	Delta Oaks
Centre ID:	OSV-0004712
Date of Inspection:	22 June 2016
Date of response:	09 August 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:

The privacy of a resident's room was not ensured.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living

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

space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

A voile curtain has now been placed on the window to protect the resident's privacy.

Proposed Timescale: 09/08/2016

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:

There were no fire doors in one of the houses.

2. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Fire Doors will be fitted throughout the premises.

Proposed Timescale: 30/09/2016

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:

Stock of medications were not appropriately monitored.

3. Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

All medications are now subject to stock checks and any discrepancies are followed up.

Proposed Timescale: 09/08/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

There was no policy on the management of restrictive practices.

4. 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:

A policy is now in place for the management of restrictive practices.

Proposed Timescale: 09/08/2016