

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Delta Maples
<b>Centre ID:</b>	OSV-0004706
<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>	9
<b>Number of vacancies on the date of inspection:</b>	2

## **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:
14 September 2016 10:30	14 September 2016 18:30
15 September 2016 10:30	15 September 2016 15:30

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 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 was an 18 Outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

How we gathered our evidence:

As part of the inspection, the inspector spent time with eleven residents. The inspector observed that residents appeared to be content in their home and interacted comfortably with staff members.

The inspector met with staff members and management. The inspector observed

practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures and staff files.

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 two homes with easy access to local shops and to public transport. The service is available to adult men and women with disabilities.

Overall findings:

Overall, it was found that residents had a good quality of life in the centre and that significant improvements had been made since the previous inspection. The Inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met. The provider and person in charge demonstrated adequate knowledge and competence during the inspection and the inspector was satisfied that both were fit persons to participate in the management of the centre.

This resulted in positive experiences for residents.

Good practice was identified in areas such as:

- the rights of residents were promoted (outcome 1)
- residents were facilitated to communicate (Outcome 2)
- positive relationships with family and friends were promoted (Outcome 3)
- Residents were supported to reach personal goals (outcome 5)
- staff were available to provide appropriate care and support for residents (Outcome 7)

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 and that the rights of residents were upheld.

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'. A complaints log had been developed to facilitate data analysis. This log included information as to the type of complaint and highlighted any occasion where a complaint had taken longer than 30 days to resolve.

The inspector found that there was an ethos of promoting rights for residents, for example, a focus group was being held in the community by an advocacy agency which residents and their families were attending. There was an 'easy read' information sheet available to residents about advocacy, and a named advocate available to residents. The picture of the advocate was included in the information available.

Regular residents' meetings were held, and the discussion included menu planning, activity planning and suggestions. A staff member had arranged for the designated person to attend one of these meetings to discuss protection of vulnerable adults.

Residents' dignity and privacy was respected, for example the particular choice of a resident in relation to intimate care was documented in detail and respected.

One of the residents was in transition to alternative accommodation, and there was a detailed transition plan in place which included discussions about the move and a schedule of visits to the new home.

**Judgment:**  
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:**

It was clear throughout the inspection that interactions between staff and residents were based on the assessed communication needs of residents.

There were communication care plans in place for each resident who required support in this area. One of these plans reviewed by the inspector included information about the meaning of non verbal communication for a resident, the level of understanding of the person and guidance for staff in the event that the resident did not understand their communication.

In addition 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.

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

**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 were welcomed and facilitated. There was clear evidence of family contact, sometimes on a daily basis. Families were involved in the personal planning process for residents, and records were kept of all contacts. Families were involved in decisions relating to any restrictive practices, for example the use of bedrails.

Satisfaction surveys had been sent to families, and completed surveys reviewed. Many of the returned surveys were complementary about the service, and in particular in relation to the support provided by staff members. A 'family pack' had been provided to families which included information about the service, the complaints policy and a glossary of terms used in providing care to their relatives.

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 were supported to visit their friends.

**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. Some of these contracts included a fixed charge for alternative therapies in the organisation's day service, and a discussion was held with the provider at the close of the inspection in relation to these charges. The provider gave assurances that the charge was not mandatory, and that the use of these therapies was based on an assessment of need in the day service, and was in accordance with the residents'

choice.

**Judgment:**

Compliant

**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):**

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

**Findings:**

There was evidence of appropriate steps having been taken to provide a meaningful day for residents, and all residents had a personal plan in place.

All information in personal plans was easily retrievable, each section was signed and dated and had been recently reviewed.

Personal plans for each resident began with a brief assessment, including various aspects of health and social care needs. This section identified any requirement for a more detailed plan of care, and all areas of need examined by the inspector had a detailed and current plan in place. For example there were sections in the personal plans relating to various aspects of daily life, including health care, intimate care, activities and mental health.

Personal plans included goals towards maximising potential for residents. These goals had been broken down into achievable steps for residents, and progress towards them was recorded. This is further discussed under outcome 10.

Accessible versions of personal plans had been developed, and some residents showed their plans to the inspector.

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. Leisure

activities in the evenings and at weekends included home based activities, meals out and local groups. There was a fully equipped sensory room available to residents including an interactive board, games and sensory equipment.

**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

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**

The designated centre comprised two community homes, both within easy access of the local town which could accommodate 11 residents altogether, seven in one of the homes and four in the other.

Both homes were spacious and had adequate private and communal areas to meet the needs of residents. There was a sufficient number of bathrooms to meet the needs of residents, and plenty of storage space for residents' belongings. Each home had a functional outside area, and one of the homes had a fully equipped sensory room.

**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):**

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

**Findings:**

The inspector found that there were systems in place for the management of risk and

for the prevention and detection of fire,

All staff had received regular fire safety training and fire drills had been conducted every six months, including fire drills involving the reduced staffing numbers at night. 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. Staff were aware of the fire evacuation plans and were able to describe the procedures involved in the event of an emergency. Fire doors were in place throughout, and there was a self closing fire door to one of the bedrooms to accommodate the needs of a resident who required their bedroom door to be left open.

Each resident's personal plan included an emergency plan with guidance in the event of their going missing, and detailed information in the event of an emergency hospital admission.

An appropriate, centre specific risk policy was in place which included all the information required in the regulations. A risk management team was available to which risk would be escalated if necessary and at which all risks were reviewed. There was a risk register in place which included information on all identified risks, including individual risks to residents and environmental risks. This register referred to full risk assessments where appropriate. All required actions identified in risk assessments reviewed by the inspector had been implemented.

Accidents and incidents were recorded on a detailed form which included a description of any incidents and any actions required both to manage the event and to prevent recurrence. Any incidents were reported to the provider for oversight.

All staff had received training in moving and handling, and appropriate practices were in place for those residents with mobility needs. Appropriate equipment including hoists and wheelchairs were available, and had been recently serviced.

The centre was visibly clean and a hygiene checklist was maintained. A flat mop system was in place, mops were appropriately maintained, and a coloured chopping board system was observed by the inspector.

**Judgment:**

Compliant

**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:**

The provider had put in place systems to promote the safeguarding of residents and to protect them from the risk of abuse, restrictive practices were appropriately managed and there were behaviour support plans in place for those residents who required support in this area.

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 and all staff members had received training in the protection of vulnerable adults. The person designated to deal with issues of protection of vulnerable adults had attended residents' meetings to discuss issues of protection with residents.

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 was conducted and an external financial audit took place annually.

All residents who had been assessed as requiring behaviour support had been referred to a behaviour therapist who was in post since the previous inspection. Referrals had been prioritised according to need, behaviour support plans had been reviewed and data collection was underway to inform further reviews.

Where restrictive practices were in place to support residents these were recorded on a daily basis. Risk assessments were in place which included rationale for their use and evidence of consideration to alternatives. Where a restriction was in place which impacted on other residents, risk assessments were in place for each person affected. For example, access to food storage was limited for a resident, and risk assessments were in place for others which included control measures to protect their rights.

**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

<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The person in charge was aware of their responsibilities under the regulation in relation to notifications, and all notifications had been submitted in a timely manner.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 10. General Welfare and Development</b> <i>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.</i></p>
<p><b>Theme:</b> Health and Development</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> There was evidence of a meaningful day for residents, and of measures taken to maximise their potential, in accordance with the regulations.</p> <p>Residents were involved in various activities in accordance with their needs and preferences, and steps had been taken towards supporting residents in developing new skills.</p> <p>A resident who had shown interest in using a mobile phone was being supported in this. A long term goal had been set, and broken down into manageable steps. The first step in relation to number recognition had been implemented and recorded. Another resident who had an interest in photography was being supported in the use of a camera.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 11. Healthcare Needs</b> <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p><b>Theme:</b></p>

Health and Development

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

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

**Findings:**

There was evidence of a balanced and nutritional diet for residents, and of healthcare needs being addressed.

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, including the use of pictures to support choice making, and the understanding of the communication of residents' use of gesture to indicate choice. Staff were knowledgeable in relation to the dietary requirements of residents.

Restricted diets had been thoroughly reviewed since the previous inspection, and detailed care plans based on the recommendations of the relevant members of the multi-disciplinary team (MDT) were in place. Food diaries were kept for residents and records were maintained in relation to the implementation of nutritional care plans.

Residents had access to allied healthcare professionals in accordance to their assessed needs, for example, the speech and language therapist, diabetes specialist, counsellor and physiotherapist. The recommendations of these healthcare professionals had informed the healthcare plans for residents, and staff were aware of the interventions. Each resident had their own general practitioner (GP), and there was an 'out of hours' GP service available.

Healthcare plans were in place for assessed needs of residents, for example, there was a detailed care plan in place relating to the management of epilepsy for some residents and for diabetes for others.

There was an emergency document in place for each resident which included information that might be required in the event of an emergency transfer to acute services

**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):**

No actions were required from the previous inspection.

**Findings:**

There was evidence of structures and processes in place in relation to the safe management of medications although improvement was required in the documentation of prescriptions.

Self medication assessments had been conducted for each resident. Documentation relating to the management of medications for residents was in place for the most part. Prescriptions for 'as required' (p.r.n.) medications outlined the conditions under which they should be administered, and there were additional protocols in place in sufficient detail as to guide practice. However prescriptions for regular medications were not individually signed by the prescriber in accordance with best practice.

Breaking of medications was being undertaken for a resident to support administration, but this had not been prescribed by the GP or recommended by the pharmacist. This was rectified during the course of the inspection and the appropriate documentation put in place.

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

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.

A system of auditing medication management had been introduced immediately after the previous inspection and audits were available.

**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):**

No actions were required from the previous inspection.

**Findings:**

A statement of purpose had been developed by the provider which accurately described the service offered to residents,

**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:**

There was a clear management structure in place, and all staff were aware of this structure. There was evidence of monitoring of the safety and quality of care and support.

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. Actions reviewed by the inspector had been implemented. Formal meetings between the person in charge and the provider were in place, clear minutes were recorded and any required actions were identified.

There was a system of auditing in place including a health and safety audit, audits of medication management and audits of the personal planning process. There had been six-monthly unannounced visits by the provider as required by the regulations, and these visits resulted in an action plan. All required actions identified by these processes which were reviewed by the inspector had been completed.

An annual review of the quality and safety of care and support was underway, and sufficient progress had been made towards its completion within the agreed timeframe from the previous inspection.

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:**

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 their responsibilities to inform HIQA of extended absences. No such absences were anticipated, and there were appropriate deputising arrangements in place.

**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 and skill mix 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 and all equipment required to meet the needs of residents was available.

**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):**

No actions were required from the previous inspection.

**Findings:**

The current staffing levels and skills mix were appropriate to the needs of residents, including both healthcare needs and social needs.

Many of the staff were qualified social care staff, and the provider ensured that all staff on duty at night were qualified in accordance with the assessed needs of residents.

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

A sample of staff files were reviewed by the inspector and found to contain the all the information required by the regulations.

Continuity of care was assured by the presence of familiar staff and any unexpected shortfalls were covered by staff that were known to residents.

**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):**

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

**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 and the records required under Schedule 4 were available and were examined by the inspector.

All information was stored safely and was readily retrievable.

**Judgment:**

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 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-0004706
<b>Date of Inspection:</b>	14 and 15 September 2016
<b>Date of response:</b>	06 December 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 12. Medication Management

**Theme:** Health and Development

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

Medications were being administered from prescriptions which were not individually signed by the prescriber.

**1. Action Required:**

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable

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

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:**

Appointments will be made with prescribers of regular medications in an attempt to facilitate them to sign every medication individually. All Kardex except two are now properly signed. The remaining two will be fully signed on the 13th January 2017.

**Proposed Timescale:** 13/01/2017