

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Delta Evergreen
Centre ID:	OSV-0004708
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	Unannounced
Number of residents on the date of inspection:	17
Number of vacancies on the date of inspection:	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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 05 July 2017 14:00 To: 05 July 2017 19:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This inspection was 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 met with staff members and the person in charge. 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. The inspector found that the service was being provided as it was described in that document. The centre comprised three community homes with easy access to the local community.

Overall findings:

Overall, the inspector found that residents had a good quality of life in the centre and that significant improvements had been made since the previous inspection.

Good practice was identified in areas such as:

- residents were facilitated to have a meaningful day (Outcome 5)
- risk assessment and management (Outcome 7)
- appropriate healthcare (Outcome 11)

Improvements were required in:

- respect for the privacy of residents' homes (Outcome 1)
- implementation of behaviour support plans (Outcome 8)

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):

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

Findings:

Improvements had been made in the management of complaints and in residents' choice of accommodation; however, residents' homes were being utilised during the day to accommodate a day service for service users who were not residents of the houses.

Residents were consulted on the daily operation of their homes, for example, weekly residents meetings were held, and a record of these meetings was kept. Issues discussed at these meetings included household issues, activities and menus. Residents were supported to engage in these meetings in accordance with their needs. In addition, regular individual discussions were held with residents, and a record of these discussions was also maintained.

There was a clear and detailed complaints policy, and structures for the management and resolution of complaints. There was a named advocate available to residents, and a representative had been to meet the residents.

Improvements had been made in ensuring a meaningful choice for residents in relation to sharing rooms. Some residents who had been sharing now had their own rooms. Arrangements had been made for two other residents to move to another home, and there were clear and detailed transition plans in place.

This inspection was unannounced, and on arrival at the centre it was clear that a day service was being conducted in the living areas of the home. Approximately ten service users, none of whom were residents of the house, were in the kitchen/dining area preparing and eating a meal. This practice took place in each of the three homes of the

designated centre approximately every three weeks.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Written agreements in the form of contracts of care were now in place for each resident. These contracts outlined the services offered to residents, and any charges incurred.

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:

Personal plans were in place for each resident, and there was evidence that each resident had a meaningful day.

Personal plans began with a brief assessment, with direction to a more detailed section

of the personal plan for guidance if necessary. There was a detailed social care assessment together with an assessment of healthcare needs.

There were sections in the personal plans relating to various aspects of daily life, for example, personal care and communication. All areas reviewed by the inspector had a detailed plan in place. In addition there was evidence of implementation of these plans, both in the documentation and in the equipment and practices observed by the inspector.

Personal plans included goals towards maximising potential for residents. Goals had been broken down into small steps to facilitate achievement. For example, the goal for one of the residents related to managing their own health, and this resident had achieved independence in one area of healthcare. Accessible information, such as pictures of the steps towards goals were included in the personal plans.

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.

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

Residents were facilitated to engage in a variety of activities, both in the community, in the home and in their day services. Two residents were supported to have jobs in the community, and others were involved in various training courses and daily activities in accordance with their needs and preferences.

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

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 were in place for the prevention and detection of fire and that improvement had been made in the assessment and management of risk.

There was regular fire safety training for the staff 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 a personal evacuation plan in place for each resident, and all fire safety equipment had been tested regularly. There was now a fire safety policy in place which was evidence based and centre specific.

The risk policy had also been reviewed, and now included all the information required by the regulations. There was a risk register in place which included all identified risks and control measures.

Risk assessments were in place for various identified risks, including road safety, understanding communication and supervision in the community.

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.

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):

Some action(s) required from the previous inspection were not 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. However there was insufficient evidence that behaviour support plans had been implemented, although this had been identified as a failing on the previous inspection.

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.

Residents who had been assessed as requiring behaviour support had been referred to a behaviour therapist and detailed behaviour support plans were in place. Regular meetings were held with the behaviour specialist and staff. However some of the recommended strategies reviewed by the inspector were not in place. For example, a clearly displayed weekly schedule including identified staff was required for one resident, but was not in place, and a system of self regulating behavioural responses had not been implemented for another.

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.

Judgment:

Non Compliant - Moderate

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 systems and structures in place to promote health for residents, and evidence of a balanced diet being offered.

Snacks and drinks were readily available and choice was facilitated in accordance with each resident's needs, and a record of meals offered was maintained. Staff had received training in the safe management of food.

Mealtimes were observed by the inspector to be social occasions, and residents were seen to have various different meals in accordance with their needs and preferences.

Healthcare plans were in place for all the assessed needs of residents, for example in relation to diabetes management and epilepsy management. Improvements had been made in these plans since the previous inspection, and they now included detailed guidance.

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.

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):

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

Findings:

There was evidence of structures and processes in place in relation to the management of medications.

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. Prescriptions for regular medications contained all the information required by the regulations. Protocols 'as required' (p.r.n.) medications had been reviewed, and now included all the required information, including the conditions under which they should be administered.

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.

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:

Compliant

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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. 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 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):

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

Findings:

The current staffing levels and skills mix were appropriate to the needs of residents, including both healthcare needs and social needs and improvements had been made in staff training since the previous inspection.

Staff engaged by the inspector were knowledgeable about the individual care needs of each resident, including their preferences and their communication needs.

Staff training was up to date, including the protection of vulnerable adults and fire training for a small number of staff.

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

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 report¹

Centre name:	A designated centre for people with disabilities operated by Delta Centre Ltd
Centre ID:	OSV-0004708
Date of Inspection:	05 July 2017
Date of response:	30 August 2017

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' homes were being used for day services for non-residents.

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:

Residents' homes will no longer be used for day service.

Proposed Timescale: 30/08/2017

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 behaviour support plans were implemented.

2. 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:

All behaviour support plans will be implemented, a meeting will be held with behaviour support therapist to ensure this.

Proposed Timescale: 30/10/2017