



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

Issued by the Chief Inspector

Name of designated centre:	Maples Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	26 February 2024
Centre ID:	OSV-0004950
Fieldwork ID:	MON-0036751

About the designated centre

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

Maples Services is a centre operated by Brothers of Charity Services Ireland CLG. The centre can provide residential care for up to eleven male and female residents, who are over the age of 18 years, who have intellectual disability and complex health and physical needs. The centre is located on a campus setting on the outskirts of Galway city, and comprises of two separate buildings located in close proximity to each other. Here, residents have their own bedroom, some en-suite facilities, shared bathrooms, sitting rooms, kitchen and dining areas, sun rooms and staff offices. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 26 February 2024	09:50hrs to 15:30hrs	Anne Marie Byrne	Lead
Monday 26 February 2024	09:50hrs to 15:30hrs	Mary Costelloe	Support

What residents told us and what inspectors observed

This was an unannounced inspection to assess the provider's overall compliance with the regulations, and to follow-up on the findings of the previous inspection, carried out in October 2021. In the absence of the person in charge, the inspection was facilitated by the service coordinator, a clinical nurse manager and later joined by another senior member of management. The inspectors also had the opportunity to meet with some staff members who were on duty, and five of the residents who lived in the centre, were also present.

These residents had lived together for several years, and were supported by a staff team who knew them well. Many had complex care needs, and required support from staff with regards to their manual handling, nutrition, and personal and intimate care. Some residents attended day services on the campus, while others were facilitated to engage in activities in the comfort of their own home. While they were unable to tell the inspectors about their views of the service, they appeared in good form, content and comfortable in the company of staff and in their environment.

This designated centre comprised of two single storey houses situated adjacent to one another, on a campus setting on the outskirts of Galway city. Inspectors visited both houses, and at the time of inspection there were three residents living in one house and four residents living in the second house. The external areas of both houses were well-maintained with colourful flower pots at the entrance areas providing an inviting entry. The centre was warm, visibly clean, furnished and decorated in a homely style. One of the houses had been recently refurbished, with extensive improvement works including the upgrading of bathrooms, new flooring, repainting and decorating taking place to the other house at the time of this inspection. There was a variety of spacious and bright communal areas available in each house, and the layout and design allowed residents to enjoy a variety of settings, including, space to relax in quieter areas if they wished. There were well equipped kitchens, laundry's and sufficient bathrooms and toilets. Residents were accommodated in individual bedrooms which were comfortable and nicely decorated, with some bedrooms having en-suite shower and toilet facilities. Bedrooms were personalised and decorated in line with individual preferences, with many items of interest to residents proudly displayed. Residents had been consulted with, and involved in, selecting their preferred wall colours and wall paper for bedrooms as they were being refurbished. There were lots of framed photographs of residents enjoying a variety of activities displayed throughout the communal areas of the houses. Residents had easy access to a well-maintained courtyard gardens to the rear of both houses. There was a paved patio area with outdoor furniture and lawn area. The provider had plans to upgrade the paved patio areas as outlined in the recent annual review of the service. Staff mentioned how some residents enjoyed spending time outside during the summer months and some liked to partake in gardening activities.

The houses were well-equipped with aids and appliances to support and meet the assessed needs of the residents. Overhead ceiling hoists were provided to all bedrooms and bathrooms to assist with mobility. Specialised equipment including beds, bath and showering equipment was also provided. Service records reviewed showed that there was a service contract in place, and all equipment was being regularly serviced. Corridors were wide and clear of obstructions, which promoted the mobility of residents using wheelchairs. However, further works were required in one of the houses visited, in order to facilitate a second exit route for bed evacuation, in the event of fire at night time.

From conversations with staff, observations made by inspectors while in the centre, and information reviewed during the inspection, it appeared that residents had good quality lives in accordance with their capacities, and were regularly involved in activities that they enjoyed, on the campus, in the community and also in the centre. The campus provided many facilities for the residents to avail of for recreational use, for example, residents had access to a polytunnel, a swimming pool, hydrotherapy and a rebound therapy unit. Some residents availed of massage and music therapies. Some also enjoyed partaking in activities out in the community such as going for walks, drives, visiting local hotels, attending the cinema, going bowling, attending music concerts and meeting with friends. Some residents had recently attended the Christmas light show at Dublin Zoo, celebrated birthdays, attended local theatre shows and bounce disco. Each house had its own transport which residents could use to attend activities and go on day trips. Some residents preferred to remain in the house and enjoyed having their hair and make-up done, listening to music, partaking in baking activities and spending time in the garden.

Residents' rights were promoted and a range of easy-to-read documents and information was supplied to residents in a suitable format. For example, easy-to-read versions of important information such as the complaints process, the annual review, human right charter, agenda items for advocacy meetings and staffing information were made available to residents. Staff had established residents' preferences through the personal planning process, and through their ongoing communication with residents and their representatives. Many residents had been supported to register on the electoral register and were eligible to vote. Some residents liked to attend religious services and were supported to attend local churches. The inspectors observed that the privacy and dignity of residents was well respected by staff throughout the inspection. There was a warm and friendly atmosphere in the centre and residents were observed smiling as they interacted with staff in a familiar way.

Due to the complex health care needs of some of the residents who lived in this centre, much emphasis was placed on ensuring continuity of care was provided. Staff spoken with knew the residents very well and were knowledgeable regarding the level of care and support needs of residents. Inspectors observed that staff attended to, and supported residents in a very kind and caring manner. Staff were observed to be very attentive and maintained regular supervision of residents throughout the day in line with their assessed needs. For example, on the morning of this inspection, staff informed the inspectors that one resident was not feeling well. Throughout the day, inspectors observed staff to regularly attend to this

resident, to ensure their comfort was maintained.

Overall, this was a positive inspection that identified many good examples of care. The provider had rectified issues raised upon the previous inspection, particularly in relation to fire evacuation, and had maintained these improvements under regular monitoring. However, this inspection did identify where some further improvements were required to some aspects of the areas inspected against. These will now be discussed in the next two sections of this report.

Capacity and capability

There was a clearly defined management structure in place, and the findings from this inspection indicated that the centre was well-managed. While the issues identified in the compliance plan from the previous inspection had largely been addressed, further improvements were identified upon this inspection. These pertained to some elements of fire safety, residents' assessment and personal planning, risk management, and to some aspects of the provider's oversight and management arrangements for reviewing the quality and safety of care.

The person in charge held responsibility for this centre and was supported in their role by their staff team and by line management. Regular staff meetings were occurring, and those facilitating this inspection in the absence of the person in charge, informed that management team meetings were also occurring on a regular basis. Continuity of care was very much promoted in this centre, with a consistent staff team in place to support residents with their assessed needs. At night-time, minimum staffing levels were in place, with additional staff support available to the centre through campus based staff. Although at the time of this inspection, this was reported to be working well, the provider had not formally assessed this arrangement specifically for this centre, in supporting the on-going review of this night-time staffing arrangement.

The provider had some systems in place to monitor and review the quality and safety of care in the centre including an annual review and six monthly unannounced audits. The annual review for 2023 had recently been completed. Residents and their families had been consulted with as part of this review, and questionnaires returned as part of this consultation indicated complimentary feedback. Priorities and planned improvements for the coming year were set out and included plans for further development of the advocacy group, upgrading works to the outdoor areas and organising family fun days and information coffee mornings. The most recent provider-led visit occurred in December 2023, and areas for improvement that were identified, were also set out in an action plan to be addressed.

Although there was clear evidence that the provider had systems in place to monitor for the quality and safety of care in this centre, inspectors found that some of these systems required further review to ensure these were effective in identifying specific

improvements, based on the specific type of care and support that residents received in this centre. At the time of this inspection, the provider was transitioning some monitoring systems to a computerised system, whereby, many audits were now taking place electronically. Although inspectors could see that this included a wide range of areas that would be subject to regular monitoring, some of the information gathered as part of this new monitoring system was observed to be limited in scope, which didn't always identify improvements required, specific to the assessed care and support needs of residents. There were also regular reviews of infection, prevention and control and medication management completed by clinical nurse specialists in the organisation. These reviews were found to be comprehensive, and clearly set out corrective actions and improvements required. However, action plans as a result of these reviews had not been updated and therefore, the inspectors were unable to determine if improvements had been addressed or not.

Regulation 14: Persons in charge

The person in charge held a full-time role and was regularly present at the centre. They were supported by their staff team and by line management. They were currently on leave at the time of this inspection, and in their absence, the provider had appointed a member of management to oversee the running of the centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that consistency in staffing levels was maintained. Based on the assessed needs of residents, some were identified as requiring nursing support, and this was also consistently provided. Where additional staffing resources were required by this centre, relief staff were available to provide this support. At the time of this inspection, the provider was in the process of recruiting for vacant positions, to further support this centre's staffing arrangement.

However, a review of this centre's night-time staffing arrangement was required, to ensure staffing levels provided during this time, was supported by a staffing assessment, to demonstrate that this arrangement adequately met the assessed staff support needs of residents. For instance, staffing reduced to minimum levels at night-time, with one member of staff on duty each night, in each house. These staff were supported, by a member of nursing staff and a sleepover staff, who were based on this campus setting, as and when required. Both staff and management reported to inspectors that this arrangement was working very well. However, the provider had not formally assessed this arrangement based on the current assessed needs of the seven residents currently residing in this centre, so as to allow for

effective oversight and monitoring of this arrangement.

Staff rosters were also reviewed as part of this inspection process. Improvements were found to be required to staff rotas to ensure that the roles of each staff member were clearly set out, and to ensure that the staff member in charge of each shift was identified.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff training records reviewed indicated that that all staff, including relief staff, had completed mandatory training, with some also having completed further training in safe administration of medicines, gastronomy care, residents' rights, epilepsy care and feeding eating and drinking guidelines. However, some training was out-of-date and refresher training in areas such as fire safety, infection, prevention and control and managing behaviour that challenged was required for some staff. Records reviewed showed that while refresher training was scheduled for some staff, it was unclear if refresher training had been scheduled for all staff who required this updated training.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced to meet the assessed needs of residents. Good internal communication systems were also in place, with regular local and management team meetings occurring. Records of some meeting minutes were reviewed by inspectors, and indicated that staff were kept informed of any changes happening within the organisation. Suitable persons were also appointed to this centre, to ensure it was effectively overseen and managed.

However, this inspection did identify where some improvements were required to aspects of the provider's monitoring systems for overseeing the quality and safety of care in this centre. At the time of this inspection, the provider had begun utilising a new computerised system, which was being used to assist internal auditing processes. Although various audits were scheduled to occur on a weekly, monthly and quarterly basis, some of these required further review to ensure that they were meaningful in reviewing the quality and safety of care specific to this centre. For example, quarterly reviews completed on a computerised template were not informative and were limited in bringing about improvements to practice in the centre. Given the complexity of residents' assessed needs in this centre, due

consideration was also required by the provider to be given in relation to this new monitoring system, to ensure it would be effective, going forward, in specifically reviewing certain aspects of care and support that was provided to residents in this centre.

Where the provider had identified improvements through their own monitoring systems, better oversight of the progress made towards addressing these issues was required. For example, inspectors reviewed action plans relating to reviews which had taken place in respect of medication management and infection, prevention and control. However, it was unclear to inspectors on the day of inspection, based on the records available, what progress the provider had made in rectifying the issues identified.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had a system in place for the reporting, review, response and monitoring of any incidents that occurred in this centre. They had also ensured that all incidents were notified to the Chief Inspector of Social Services, as and when required by the regulations.

Judgment: Compliant

Quality and safety

In accordance with the assessed needs of residents, the provider had ensured that residents were provided with the care and support that they required. While many good examples of care were found upon this inspection, there were some improvements found to aspects of residents' assessment and personal planning, fire evacuation routes and risk management.

Many residents had complex care and support needs and required two-to-one staffing at various times throughout the day, particularly in relation to personal and intimate care, as well as, support with their manual handling needs. Many also had assessed health care needs, and staff were found to be very knowledgeable of their role and responsibilities in the specific care and support that they provided to those residents. Although the provider had many assessments and personal plans in relation to residents' assessed needs, some of these required further review so as to give better clarity on the specific care that staff did provide each day to these residents, particularly in relation to wound care, epilepsy management and nutritional care.

Where risk was identified, the provider had systems in place to ensure a quick response to these, and to ensure that safer measures were put in place. Staff who met with inspectors were aware of specific risks relating to residents' care and support, and were aware of the additional control measures that they were required to implement, on foot of these risks being identified. Although there were many risk assessments in place in relation to residents' assessed needs, not all risks that staff were routinely mitigating against, were supported by a risk assessment. This was particularly found in relation to a recent incident which had occurred, pertaining to a resident requiring specific nutritional care. The assessment of organisational risks was largely overseen using a separate risk register for each house. Although these did contain a wide range of risks that the provider was routinely monitoring for, again, some specific risks relating to each house, were not always included within these registers.

Since the last inspection, the provider had improved the evacuation arrangements for residents in this centre. Along with various upgrade works to facilitate bed evacuation, the provider had also carried out a number of fire drills, and records of these demonstrated that staff could support these residents to evacuate the centre in a timely manner. However, in one house, inspectors observed that a hallway door, leading from where residents' accommodation was located to the front door, had not been widened to facilitate a second bed evacuation route, should it be required, in the event of a fire.

Although this inspection did identify where some aspects of this service required further review by the provider, these findings did not negatively impact the quality and safety of service that these residents received. Residents enjoyed a good quality of life, based on their assessed capacities, disability and wishes and were supported by a staff team, who were proactive in ensuring residents' enjoyed a good quality of social care.

Regulation 10: Communication

Many of the residents had assessed communication needs, where they had limited verbal skills, with one resident also having a visual impairment. Staff were very familiar with, and were able to interpret, the mannerisms, gestures and vocalisations used by residents when they wanted to express their wishes. Sensory based communication tools were regularly used to aid residents' to communicate and the consistency of regular staffing in this centre, played a fundamental role in effectively supporting the assessed communication needs of these residents.

Judgment: Compliant

Regulation 11: Visits

Residents were actively supported and encouraged to maintain connections with their friends and families. There were no restrictions on visiting the centre. There was plenty of space for residents to meet with visitors in private if they wished. Some residents received regular visits from family members and some residents were supported to regularly visit family members at home.

Judgment: Compliant

Regulation 13: General welfare and development

Residents' were supported with appropriate care and support, in accordance with the nature and extent of their disability, along with their assessed needs and preferences. Staff were familiar with the assessed cognitive and communication needs of these residents, and scheduled activities that were meaningful to them. Due to the adequacy of the centre's staffing and transport arrangements, this meant that these residents had the opportunity to regularly get out and about. A variety of activities were made available for them to choose from, and staff endeavoured to trial new activities with these residents, to see if they responded well to them.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of two houses, located very close to each other on a campus setting. Since the last inspection, one house had re-decoration works completed, which greatly enhanced the homeliness of this house. At the time of this inspection, the second house was undergoing a number of redecoration and refurbishment works, which were due to be completed in the weeks subsequent to this inspection.

Each house was well-maintained and laid out in a manner that was cognisant of the assessed needs of these residents. For example, many of these residents were wheelchair users, with rooms and doorways big enough to allow these residents to comfortably manoeuvre. Where maintenance works were required, the provider had arrangements in place for these works to be attended to in a timely manner.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had risk management systems in place and where risk was identified, it was quickly responded to. However, some improvements were required to aspects of the assessment of risk, to ensure this process fully supported the provider in demonstrating what action they had taken, in response to specific risks relevant to this centre.

For instance, in recent weeks, an incident had occurred relating to the nutritional care of a resident. Although staff could tell inspectors what controls measures had been put in place in response to this, no risk assessment had been developed to support them in implementing these measures, and monitoring for their continued effectiveness. In addition, for one resident who required specific wound care, the risk assessment supporting this aspect of their care required further review, so as to give clarity on the specific control measures that staff were currently implementing to mitigate against this risk.

Similar improvements were also found in relation to the centre's risk registers. For example, a separate risk register was maintained for each house; however, specific risks that the provider was mitigating against, were not always included within these registers. In one house, much work and planning had been completed by the provider to ensure refurbishment works would not pose any risk to the residents, while these works were in process. However, the risk register for that house, didn't include this. Furthermore, the provider was also overseeing the implementation of new control measures in response to a recent nutritional related incident, however, the risk register for this house didn't include this risk.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire safety systems in place, to include, fire detection and containment arrangements, emergency lighting and regular fire safety checks were occurring. Since the last inspection, the provider had improved the arrangements to facilitate bed evacuations, and had conducted a number of fire drills to ensure these new arrangements were effective in improving the timeframe of residents' evacuation from the centre. The staff and management team demonstrated good fire safety awareness, knowledge of the evacuation needs of residents and on the workings of the fire alarm system. They clearly outlined the night time procedures and how other staff on the campus were available to support staff in the event of fire

However, the inspectors did observe that further improvements works were required to one of the houses, to ensure a second alternative fire exit route was facilitated, for those that would required bed evacuation. In this particular house, the provider had done extensive works to widen bedroom doors and the front door, to aid timely bed evacuations. Although there was a fire exit available at the end of the corridor, main corridor leading from residents' bedrooms to a fire exit route via the front

door, was impeded by a regular doorway, which hindered residents requiring bed evacuation, to exit via this route. This posed a risk to residents as it meant there was currently only one exit route at the end of the bedroom corridor to allow for bed evacuation.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had systems in place to ensure safe medication practices were in place in this centre. Prescription and administration records reviewed, were legible and there was clear evidence that these were subject to regular review. A blister pack system was used to administer medicines, and safe storage arrangements were in place for these. All staff had up-to-date training in safe medication administration, and any occurrence of medication related incidents were quickly identified and responded to. At the time of this inspection, no resident was taking responsibility for their own medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured effective arrangements were in place for the re-assessment of residents' needs, and development of personal plans. This process included the assessment of residents' social, health and personal needs, and was evidenced to involve various multi-disciplinary teams, as and when required. The updating of assessments and personal plans was regularly overseen by local management.

At the time of this inspection, the provider had effective arrangements in place to manage previously identified compatibility issues. At the time of this inspection, these measures were still effective and there were plans in place for the future transition of residents. Members of management were clear on the progress that the provider had made in relation to these plans, and were proactive in continuing to re-assess and monitor these resident's needs in the interim.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had suitable arrangements in place to meet these needs. Some residents required nursing support, and this was consistently provided to them. This service also had access to a wide variety of allied health care professionals, as and when required.

Although residents' health care needs were well known to staff, and staff were confident in their role in support residents with this aspect of their care, some improvements were required to some personal plans relating to residents' assessed health care needs. For example, one nutritional related personal plan did give clear guidance to staff in relation to the feeding regime that the resident was prescribed. However, further review of this plan was required to ensure it also reflected the routine daily care that this resident also received from staff, in relation to this aspect of their health care. Similar improvements were also noted to the personal plans relating to residents' neurological care needs and wound care, whereby, these personal plan would also benefit from additional review, to again give better clarity on the routine daily health care that staff provided to these residents.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Some residents were assessed as requiring positive behaviour support. Of the staff who spoke with the inspector, they were aware of the proactive and reactive strategies they were required to regularly implement, in line with recommendations from multi-disciplinary teams. Where behavioural related incidents occurred, these were recorded and reviewed to inform any changes required to behaviour support interventions.

There were some restrictive practices in place and these were maintained under regular multi-disciplinary review. At the time of this inspection, some of these were subject to further review by the provider in conjunction with the organisation's restrictive practice committee.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to support staff in the identification, response, review and monitoring of any safeguarding concerns. The centre was also supported by a safeguarding designated officer, and all staff had received up-to-date training in safeguarding. At the time of this inspection, there were no active safeguarding concerns in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

The provider ensured that this centre was operated in a manner that respected their disabilities, age and preferences of each resident. Despite the assessed communication and cognitive needs of these residents, staff endeavoured to the best of their ability, to include residents in choosing how they wished to spend their time. Staff were mindful of residents preferences and wishes, and ensured these were considered in all aspects of their care.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Maples Services OSV-0004950

Inspection ID: MON-0036751

Date of inspection: 26/02/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • Assessment of night support requirement for each resident in the Maples Designated centre to be completed identifying the assessed support needs at night. • Staff rosters from Mar 10th, 2024 identify the roles of each staff member and the shift leader is now also identified. 	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • A review of staff training has been completed and staff members requiring training have been booked on the next available training dates. 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • Additional training to be delivered to team leaders to ensure correct use of computerized audit tool. Correct use of the audit tool creates an action plan with completion dates for team leaders to follow to ensure monitoring of the quality of care. This action plan will also be reviewed quarterly by the PIC providing an additional layer of oversight to ensure completion of actions. • Additional questions to be added to the audit tool to reflect actions required due to changing needs of the residents. 	
Regulation 26: Risk management procedures	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • Centre’s Risk Register has been reviewed and has been updated to include a risk assessment with regard to the care needs of the resident identified during the inspection and one relating to maintenance and refurbishment. • Discussion regarding importance of maintaining an up to date risk register will be added to the agenda of the next team leader meeting. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The BOCSI fire officer was contacted to review fire exit routes within the building. Under Technical Guidance Document B and classification 1(d) Community Dwelling House it was advised that there is no requirement for alternative exit routes under this regulation. A second evacuation route for residents who are mobile or use wheelchairs is available to provide an alternative route of evacuation. • A full review of the property in line with Category 1(d) Community Dwelling technical guidance is scheduled. • Fire evacuation documentation including resident’s individual evacuation plans have been updated to reflect this alternative option for evacuation. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • All care plans will be reviewed to ensure that they provide clear guidance reflecting routine daily health care practices. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	14/04/2024
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	25/03/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a	Substantially Compliant	Yellow	31/05/2024

	continuous professional development programme.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/04/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/04/2024
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	26/04/2024
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	31/05/2024