



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

Issued by the Chief Inspector

Name of designated centre:	The Maples
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	25 April 2023
Centre ID:	OSV-0003601
Fieldwork ID:	MON-0035267

About the designated centre

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

The Maples is a designated centre operated by St. Michael's House. The centre provides a community residential service to five adults. The service can accommodate both males and females with varying ranges of intellectual disability and additional mental health support needs. The centre is a bungalow which consists of a kitchen/dining room, two sitting rooms, five individual bedrooms, and staff office. It is located close to a town with access to shops and local facilities. The centre is managed by a person in charge and the staff team consists of nurses and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 25 April 2023	09:50hrs to 17:30hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

The centre comprised a large single-storey house in a busy Dublin suburb. It was very close to many amenities and services including shops, cafés, and parks. The inspector carried out a thorough walk-around of the centre in the company of staff. Overall, it was found to be clean, bright, comfortable, and nicely furnished.

Since the previous inspection of the centre in April 2022, the premises had been renovated and redecorated to a high standard. The interior had been repainted including in the hallway, kitchen and dining room, and bedrooms. There was also new flooring throughout the house, the storage facilities had been enhanced, and some equipment used by residents had been replaced. Infection hazards such as cracked bathroom tiles had also been mitigated.

The residents' bedrooms provided adequate space and were personalised to their individual tastes. The communal space including two sitting rooms which were homely and nicely decorated with photos of residents, and a kitchen dining room with a smart television used to stream different entertainment services. There was also a small utility room, staff office, store room, and bathroom facilities. The inspector also observed a visual staff rota and activity planner in the hallway for residents to refer to.

The inspector observed some good fire safety systems such as fire detection, containment and fighting equipment. However, some exit doors were key operated which posed a risk to a quick evacuation of the centre, and while there was a fire panel, it did not indicate the location of a potential fire. There were significant improvements to the infection prevention and control (IPC) precautions since the previous inspection, for example, the centre was very clean, and appropriate arrangements were in place for managing soiled laundry. Fire safety and IPC are discussed further in the quality and safety section of the report.

The inspector met all of the residents during the inspection. Two residents had attended day services and the inspector met them when they returned to the centre. One resident was unable to attend their day service due to an issue with their wheelchair, and they stayed in the centre for the day. They were observed using their smart tablet device, and attending an online appointment. Another resident did not attend day services on the day of the inspection and was instead supported by staff in the centre with their social and leisure activities. They were observed watching television and playing with a sensory activity object before going out for their lunch in the afternoon.

Two residents chose to speak with the inspector while the others chose not to communicate their feedback about the service.

The first resident told the inspector that they were happy living in the centre. They liked the premises, especially their bedroom which had been recently renovated and

they said provided enough space. They were happy with the variety of food in the centre, and sometimes liked to bake cakes and prepare small meals. They had participated in fire drills, and knew the evacuation arrangements. They described the staff as being "brilliant" and "great fun", and said they got on very well with their housemates. They felt safe in the centre, and showed the inspector an emergency alarm that they carried to call for assistance if required. They also showed the inspector some of their other electronics, such as a smart tablet device they watched television on.

The resident usually attended a day service, however could not attend recently due to an issue with their wheelchair that prevented them from using the centre's vehicle. The wheelchair had been reported for repair, and in the meantime the resident spent most of their time in the centre. They told the inspector that they kept busy by doing chores, listening to music and watching television, but got bored at times and missed some of their friends in the day service. They told the inspector that they liked being "out", for example, they liked shopping, eating out, and concerts, and that being restricted in movement was impacting on their mental health. Residents' general welfare and development is discussed further in the quality and safety section of the report.

Another resident briefly communicated with the inspector through verbalisations and facial expressions. They said they enjoyed their day service, and liked living in the centre and the staff supporting them.

The annual review of 2022 had consulted with residents and their representatives. Residents were supported by their key workers in providing feedback which was mostly positive. Some residents expressed concerns regarding noise in the centre and access to day services. Feedback from residents' representatives was very positive and included comments such as staff are "exceptional". Residents attended regular house meetings. The inspector viewed a sample of the recent meeting minutes which noted discussion on IPC, activity planning, fire safety, rights, safeguarding, complaints, and maintenance issues.

The inspector met and spoke with different members of staff working in the centre, including the person in charge, nurse manager, nurses, and direct support workers. The inspector observed staff engaging with residents in a kind and respectful manner.

Nursing staff told the inspector that the service provided to residents was very good, and that the staff team were committed to meet residents' needs. They said residents had good access to multidisciplinary team services, such as psychologists, occupational therapists, dietitians, and general practitioners. They knew about the safeguarding procedures in the centre, and spoke about how residents were supported with behaviours of concern, for example, implementation of behaviour support plans. It was clear that they knew the residents' and their individual needs well.

Staff had also completed human rights training, and spoke about how residents were supported to exercise their rights, for example, being consulted with and

having control in their lives, involving their representatives and advocates in decisions, and ongoing discussions at residents' meetings to promote understanding of rights. They also spoke about some of the recent improvements in the centre, such as premise renovations and enhanced IPC precautions. They had no serious concerns about the service and felt confident raising any concerns with the person in charge or service manager who they described as being supportive.

Other staff spoke to the inspector about how residents were supported to choose their meals, for example, using pictures as visual aids. They knew about the residents' individual dietary needs and associated plans. During the inspection, the inspector heard one resident making very loud vocalisations. Staff told the inspector that the resident vocalised loudly as part of their regular individual communication means, and that the noise did not impact on the other residents in the centre.

The person in charge and nurse manager told the inspector that residents received a good and safe service, had active lives, and were being supported in line with their assessed needs and wishes. There was one resident vacancy in the centre, and the person in charge said that any new admission would be carefully considered in line with the provider's admission policy to ensure that their needs could be met and that they would be compatible with the other residents. Overall, they were happy with the recent improvements to the centre, but felt that the kitchen required upgrading and was escalating this to the provider. They were also concerned about aspects of the staffing arrangements and these matters are discussed further in the capacity and capability section of the report.

From what the inspector was told and observed during the inspection, it appeared that overall, residents received a good quality of care and support, and person-centred service in the centre. However, some aspects of the service, such as staffing, staff training and development, IPC, and fire safety systems, were found to require improvement.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems in place to deliver a service to residents in the centre that was safe, consistent and appropriate to their needs. However, improvements were required in the areas of staffing, staff training and development, and notification of incidents.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time and had responsibility for two centres. The person in charge was supported in their role by a nurse manager, and reported to a service manager. There were systems for the

management team to communicate and escalate any issues.

The registered provider had implemented management systems to monitor the quality and safety of the service through annual reviews, six-monthly reports, and a suite of other audits. The nurse manager prepared a regular quality and safety report for the service manager to support their oversight of the centre, however the recent reports viewed by the inspector were not complete in full which impinged on their comprehensiveness.

The skill-mix in the centre comprised nurses and direct support workers. The skill-mix was appropriate to the needs of the residents and for the delivery of safe care. There was one part-time vacancy in the complement and it was managed well to reduce any potential adverse impact on residents. However, there was an additional deficit of approximately sixteen hours per week that was usually covered by staff from the centre beside this centre. This arrangement was not formalised or consistent, and required more consideration from the provider. The planned and actual rotas maintained by the personal in charge were also found to require improvement to ensure that all staff working in the centre were shown on the rotas.

Staff working in the centre were required to complete training as part of their continuous professional development and to support them in the delivery of appropriate care to residents. However, training records showed that some staff had not completed training in all required areas, for example, fire safety and emergency first aid.

The person in charge and nurse manager provided support and formal supervision to staff working in the centre, and staff spoken with advised the inspector that they were satisfied with the support they received. Staff could also contact the service manager or on-call service if outside of normal working hours. However, not all staff had received formal supervision in the frequency outlined in the provider's policy.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose was available to residents and their representatives, and parts of it were in easy-to-read format.

The person in charge had not notified the Chief Inspector of Social Service of all occasions restrictive practices were implemented in the centre in accordance with the requirements of regulation 31.

Regulation 15: Staffing

The staff skill-mix in the centre consisted of nurses and direct support workers. There was one part-time direct support worker vacancy. The vacancy and other staff leave was filled by the provider's relief panel and permanent staff working additional shifts. To maintain consistency of care for residents, agency staff were rarely used and only when the provider's staff were not available.

In addition to the part-time vacancy, there was also a deficit in staffing of approximately sixteen hours per weeks. These hours were not part of the staff complement and were mostly filled by staff from another designated centre operated by the provider beside the centre. However, the arrangement was not formalised or consistent, for example, on occasion the hours were not covered which the person in charge and nurse manager said led to increased pressure and demands on the staff team. The person in charge told the inspector that the staff rota and complement was under review and due to be discussed at an upcoming management meeting.

The person in charge maintained planned and actual staff rotas. The inspector viewed a sample of the recent rotas, and found that they showed the names of permanent staff working in the centre during the day and night. However, the names of staff from the other centre working the aforementioned sixteen hours were not recorded. Furthermore, some of the codes on the rota were not explained.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents. The inspector reviewed a log of the staff training records provided by the person in charge, and found that some staff required training, including refresher training, in fire safety, IPC, manual handling, emergency first aid, and supporting residents with eating and drinking. Furthermore, the training records did not include training in the administration of emergency medication, and it could not be demonstrated during the inspection that all non-nursing staff were trained in this area which posed a potential risk to the care of residents with epilepsy.

The person in charge and nurse manager provided informal and formal supervision to staff. Formal supervision was to be carried out quarterly as per the provider's policy. However, the supervision records showed that not all staff had received formal supervision in first quarter of 2023 which posed a risk to their professional development. However, there was good informal supervision and support arrangements, and staff spoken with told the inspector that were satisfied with the support and supervision they received.

In the absence of the local management team, staff could contact the service manager for support and direction. There was also an on-call service for staff to contact outside of normal working hours.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall, the registered provider had ensured that the centre was resourced to deliver effective care and support to residents, however some improvements were required as noted under other regulations, such as regulation 15.

There was a clearly defined management structure with associated lines of authority and accountability. The person in charge was based in the centre and supported in their role by a nurse manager. They reported to a service manager who in turn reported to a Director of Care.

There were arrangements for the management team to communicate and escalate issues. The person in charge also attended group meetings with other managers who reported to the service manager for the purposes of sharing information and updates.

The provider had implemented systems to effectively monitor and oversee the quality and safety of care and support provided to residents in the centre. Comprehensive annual reviews (had consulted with residents and their representatives, and were prepared in an easy-to-read format) and six-monthly reports were carried out, and local audits had also been carried out in the areas of health and safety, and medication.

There were arrangements for staff to raise concerns. In addition to the supervision and support arrangements, staff also attended sporadic team meetings which provided a forum for them to raise any concerns. Staff spoken with advised the inspector that they were confident in raising any potential concerns with the management team.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. A minor revision was made to the statement of purpose by the person in charge during the inspection to ensure that all information was correct. The statement of purpose was available in the centre to residents and their representatives, and parts of it were in easy-to-read format.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had not ensured that all occasions on which restrictive practices were used in the centre were notified to the Chief Inspector as per the requirements of this regulation.

Judgment: Substantially compliant

Quality and safety

The inspector found that residents' well-being and welfare was maintained by a good standard of care and support, and residents spoken with were happy living in the centre. However, improvements were required in the areas of infection prevention and control (IPC), general welfare and development, and fire safety.

Where required, positive behaviour support plans were developed for residents. Staff also completed relevant training in behaviour support to support residents in this area. There was a small number of restrictive practices implemented for residents' safety and well-being. The use of the restrictions had been approved by the provider's oversight group, and were deemed to be least restrictive option. Minor improvements were required to the recording of the use of the restrictions.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Safeguarding concerns were reported and screened, and safeguarding plans were developed as required. Intimate personal care plans were also developed to guide staff in supporting residents in this area in a manner that respected their dignity and integrity.

Residents chose their activities in accordance with their will and personal preferences, and had active lives. Residents were also supported to maintain relationships meaningful to them, for example, with their families, and friends. However, some residents were unable to access their day services due to damage to their wheelchair which prevented them from using transport, and this was impacting on their opportunities to engage in meaningful activities outside of the designated centre, for example they were unable to attend their day service which they told the inspector they missed going to.

There was a good quantity and variety of food and drinks in the centre for residents to choose from. Some residents told the inspector that they were happy with the food and drinks in the centre, and that they were able to choose their favourite meals. They also enjoyed baking and making small meals. Some residents required support with their meals and dietary intake, and corresponding plans were available for staff to refer to.

Residents spoken with were happy with their homes. The premises had been

renovated since the previous inspection. Overall, it was found to be bright, clean, nicely decorated and furnished. There was sufficient communal space, however the person in charge felt that the kitchen required upgrade and reconfiguration to enhance its accessibility for all residents. There were servicing arrangements for equipment used by residents to ensure they were kept in good working order.

Fire safety was discussed at residents meetings, and some residents told the inspector about the evacuation procedures. There were arrangements for the servicing of the fire safety equipment, and the fire doors tested by the inspector closed properly when released which demonstrated suitable containment arrangements.

However, there were a number of fire safety systems that required improvement. Staff completed regular checks on the fire safety equipment and precautions however, consistency in recording of the checks required improvement. The fire panel, located in the front hallway was not addressable and could not identify the location of a potential fire which impinged on its effectiveness. Some arrangements to support the easy egress of the centre in the event of an emergency required improvement. Fire evacuation plans and individual evacuation plans had been prepared to be followed in the event of a fire. The effectiveness of the plans was tested as part of regular fire drills carried out in the centre. However, the fire evacuation plan required updating and there had been no fire drill reflective of a night-time scenario in the previous twelve months. Staff were required to complete fire safety training, however, at the time of inspection two staff had not received training.

The infection prevention and control (IPC) measures and arrangements to protect residents from the risk of infection had been significantly enhanced since the previous inspection, however improvements were required to meet optimum standards. The provider had prepared comprehensive IPC policies and procedures, and there was also support available from the provider's IPC team. However, the arrangements for the oversight and monitoring of the IPC measures were poor as there had been no stand-alone IPC audit completed following the previous inspection. The outbreak plan was also found to require review.

The centre was clean, and infection hazards had been mitigated. There was a good supply of personal protective equipment, cleaning chemicals and equipment, and clear arrangements for the management of soiled laundry. However, the measures to reduce the risk of legionella required expansion.

Regulation 13: General welfare and development

Residents were being supported to partake in a variety of different leisure, occupational, and recreation activities in accordance with their interests, wishes and personal preferences.

Residents attended day services, with the frequency varying from resident to

resident. However, one resident was unable to attend their day service due to an issue with their wheelchair which preventing them from using vehicles. The person in charge had reported the wheelchair for repair, however there was no confirmed time for when it would be repaired. The resident told the inspector that they wished to return to their day service and see their friends, and that their mental health was being affected.

When not in day services, residents were supported by staff in the centre to access and engage in activities meaningful to them. There was a vehicle in the centre to transport residents, and they could also use taxis. Visual planners were used to plan activities, and records were maintained of the activities residents partook in. The records viewed by the inspector noted activities such as, shopping, eating out, day services, drives, massages, walks, family calls, watching television, religious services, listening to music, and health appointments. Some residents had also recently attended concerts.

Residents were being supported to develop and maintain their personal relationships, for example, through visiting and keeping in contact with their family and friends.

Judgment: Substantially compliant

Regulation 17: Premises

The centre comprised a large-single storey house in a busy Dublin suburb. The premises had been recently renovated and redecorated, and was found to be clean, bright, warm, comfortable, and well maintained. The recent works included repainting, replacement of flooring, and mitigation of infection hazards. Guards had also been put around some wall corners to prevent damage from contact with wheelchairs.

There was sufficient communal and living space, and adequate bathroom facilities. Residents had their own bedrooms which provided sufficient space and were decorated in accordance with their personal tastes. Servicing records for equipment used by residents, such as overhead hoists and electric beds, indicated that they were up to date with their servicing requirements.

Some of the residents told the inspector that they were happy with the premises and the facilities in the centre.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector observed a good variety of food and drinks in the centre. The person in charge had ensured that residents were supported to choose their meals. Residents chose their main meals at weekly house meetings, and staff used visual aids to help them make their decisions. There was a menu displayed in the kitchen, however residents could also have alternative meals if they wished. Some residents liked to be involved in the preparation of meals, for example, one resident told the inspector that they liked to bake cakes and make their own lunch. They also said that they liked the food in the centre and were happy with the selection of food and drinks.

Some residents required specialised and modified diets. Feeding, eating, drinking, and swallow (FEDS) plans and nutritional guidelines had been prepared as required, and were readily available for staff to follow. Residents also had access to speech and language therapy and dietitian services. Some staff had completed relevant training in this area. Staff spoken with were aware of the residents' individual dietary needs.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had implemented good infection prevention and control (IPC) measures and procedures, however some aspects were found to require improvement, in particular, the oversight arrangements.

There was a suite of policies and procedures on IPC, as well as the associated national standards, in the centre for staff to refer to. There was also signage displayed on IPC and COVID-19 matters. The provider had an established IPC team and they provided support and guidance on IPC matters. The IPC outbreak plan, dated March 2022, was found to require review. However, a recent suspected infection had been managed successfully to prevent an outbreak.

There had been no stand-alone IPC inspection carried out by a person competent in this area to assess the implementation of the IPC improvements. There was also no IPC self-assessment tool, as issued by the Chief Inspector, and the monthly infection inspections were last completed in April 2022. However, monthly health and safety audits had been completed which covered some aspects of IPC, such as handling and storage of chemicals, waste management, and housekeeping.

There was good access to hand hygiene facilities and personal protective equipment (PPE) in the centre. The centre was very clean and tidy, and IPC hazards noted in the previous inspection report had been mitigated, for example, damaged flooring.

Staff in the centre were responsible for cleaning duties in addition to their primary roles, and there was guidance and cleaning schedules to inform their practices. There was cleaning chemicals with safety data sheets, and colour coded-cleaning products were used to reduce the risk of cross contamination of infection. There

were also arrangements for the management of soiled laundry, for example, alginate bags. There were measures to reduce the risk of legionella, such as the flushing of unused water outlets, however not all unused outlets were being routinely flushed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire safety systems in the centre required improvement in several areas to ensure that they were effective. Some exit doors including the front door and utility room door were key operated. Another exit door had a 'push release' bar for quick egress, however it was also partly key operated and while the key was in the lock, the break glass unit was empty. These practices posed a risk to the prompt egress of the centre, and required more consideration from the provider.

The fire panel was located in the front hallway, however it was not addressable and therefore could not accurately identify the location of a potential fire or smoke which impinged on its effectiveness.

Staff completed daily, weekly, monthly, and quarterly fire safety checks, however the inspector observed gaps in the recording of the checks, and the quarterly checks were not completed in the first quarter of 2023.

The controls in place for the safe storage of medical oxygen, which posed a risk of combustion, required improvement as they were not in line with all of the measures outlined in an associated risk assessment, for example, the containers were not chained.

The fire evacuation plan, dated October 2021, was not up to date, and required updating as some of the information was not accurate, such as the number of residents in the centre and the means of communicating with the next door centre. Fire drills were carried out, however there had been no drill reflective of a night-time scenario in the previous twelve months which was required by the provider's fire policy.

Two staff had not completed fire safety training which posed a risk to their understanding and implementation of the fire safety systems.

Judgment: Not compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff working in the centre had up-to-date

knowledge and skills to respond to and appropriately support residents with behaviours of concern. Staff were required to complete training in positive behaviour support, and behaviour support plans had been prepared to guide their practices. The inspector viewed a sample of the plans, and found that they were up to date.

There was a small number of physical and environmental restrictive practices implemented in the centre. The rationale for the restrictions was clear, and had been approved by the provider's oversight group. The use of restrictions was recorded, however minor improvements were required to better demonstrate that they were for the shortest duration necessary.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The systems were underpinned by comprehensive policies and procedures. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with able to describe the safeguarding procedures.

The inspector found that safeguarding concerns were reported and screened, and safeguarding plans were developed as required.

Intimate care plans had also been prepared to guide staff in supporting residents requiring support in this area.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Maples OSV-0003601

Inspection ID: MON-0035267

Date of inspection: 25/04/2023

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>1 Roster review meeting was held on the 27th of April 2023 by Service Manager and PIC.</p> <p>2 From the 01/06/2023 The Maples will have the 0900h to 1300h shift added to their planned Roster as the WTE has been increased to reflect this. The staff in The Maples will be doing these shifts as part of their roster therefore there is no requirement for support from another Designated Centre.</p> <p>3 PIC and Service Manager will continuously monitor and review the staffing resources as the residents needs change.</p> <p>Completed 01/06/2023</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>1. PIC Contacted the training dept for an up-to-date training Audit.</p> <p>2. PIC scheduled staff for EFA training in June 2023.</p> <p>3. List of SAM trained staff obtained from the training dept. A request was sent to the training dept on the 09/05/2023 to request SAM training for the staff the still require this.</p>	

4. PIC emailed all staff on the 25/04/2023 to complete all their online training.

Compliance Date: 30th of June 2023

Regulation 31: Notification of incidents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

1. HIQA Notification for year 2022 Quarterly 4 – NF39A has been submitted by PIC
2. HIQA Notification for year 2023 Quarterly 1 – NF39A has been submitted by PIC

Completed: 03/05/2023

Regulation 13: General welfare and development

Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:

1. PIC contacted OT to get an update on Resident's Wheelchair. The OT reviewed the wheelchair on the 18/05/2023 and a footrest has been ordered.
2. The Resident can continue to access the community.
3. The Resident can use transport and return to Day Service once the footrest is acquired.

Compliance Date: 31st of August 2023

Regulation 27: Protection against infection

Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ol style="list-style-type: none"> 1. Self-Assessment Tool for IPC has been completed. 2. Monthly IPC audit has been completed and is up to date. This will be done monthly. 3. Log for checking the water in the bath tub has commenced on the 25th of April 2023. 4. PIC liaised with IPC Link Practitioner to update IPC Policies and complete the IPC audit. 5. PIC emailed the IPC team for the Yearly Hygiene Audit to be conducted this year. 6. Quality Improvement Plan is completed to reflect the action plans for the identified IPC gaps. <p>Compliance Date: 30th of June 2023</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. PIC has linked in with Fire Safety Officer on the 27th of April 2023 regarding the thumb turn lock for 3 fire exit doors (End of Hall, Utility Area and the sliding door). This will be completed by the 31/07/2023 as part of the Organisational Plan. <p>Compliance Date: 31st of July 2023</p> <ol style="list-style-type: none"> 2. The fire alarm zone list for The Maples and the floor plan was reattached to the wall. <p>Completed: 25th of April 2023</p> <ol style="list-style-type: none"> 3. The fire safety quarterly checks has been completed for the first quarter of year 2023. <p>Completed: 27th of April 2023</p> <ol style="list-style-type: none"> 4. Fire Evacuation Procedures reviewed and updated – 30th of April 2023. <p>Completed on the 30th of April 2023</p>	

5. PIC has Obtained a quotation for the oxygen trolley through BOC Company to ensure safe storage of the oxygen supply and promote safe transportation of the oxygen cylinder within the unit. Awaiting Approval.

Compliance Date: 30th of June 2023

6. Fire Safety Training has been completed.

Completed: 19th of May 2023

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 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	31/08/2023
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	27/04/2023
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	Substantially Compliant	Yellow	27/04/2023

	maintained.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/06/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/06/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/06/2023
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	31/07/2023
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	31/07/2023

	reviewing fire precautions.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/07/2023
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	19/05/2023
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	27/04/2023

Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	25/04/2023
Regulation 31 (2)	In the case of an unexpected death notified to the chief inspector pursuant to paragraph (1)(a) the person in charge shall also ensure that written notice is provided to the chief inspector setting out the cause of the death when same has been established.	Substantially Compliant	Yellow	21/05/2023