



# 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:        | Announced                                |
| Date of inspection:        | 12 October 2021                          |
| Centre ID:                 | OSV-0004950                              |
| Fieldwork ID:              | MON-0026799                              |

## 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 fifteen 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 three 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: | 14 |
|--|----|

## How we inspect

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 - 2015 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 12<br>October 2021 | 10:00hrs to<br>16:45hrs | Anne Marie Byrne | Lead    |
| Tuesday 12<br>October 2021 | 10:00hrs to<br>16:45hrs | Ivan Cormican    | Support |

## What residents told us and what inspectors observed

Overall, this was found to be a centre that was considerate of residents' assessed needs and capacities, ensuring they received the care and support that they required.

This designated centre comprised of three houses situated on a campus setting on the outskirts of Galway city. Residents had lived here with their peers for a number of years and each resident was well-known to all staff working in the centre. Residents had their own bedroom, some en-suite facilities, shared bathrooms, sitting rooms, sun rooms, staff offices and kitchen and dining areas. Rear garden areas were also available for residents to use. The layout and design of the centre took into consideration the needs of the residents who lived there, particularly those who were wheelchair users. Tracking hoists were fitted to the bedrooms of those who required manual handing support and communal rooms were spacious to allow residents to move from one room to another. In addition to this, where residents had specific communication needs, inspectors observed the use of sensory lighting in some bedrooms. Photographs of the residents were proudly displayed, which gave the centre a lovely homely feel. Overall, the centre was tastefully decorated, clean and provided residents with a very comfortable living environment.

Upon the inspectors' arrival, the centre was found to have a very calm and relaxed atmosphere, where staff were supporting residents with their morning routines. As part of this inspection, all three houses that made up the designated centre were visited by inspectors. In one house, inspectors had the opportunity to meet briefly with four out of the six residents who lived there, but due to their communication needs, they were unable to speak with the inspectors about the care and support they received. Many of these residents were full-time wheelchair users, with some requiring staff support to get around the centre, while others were able to manoeuvre independently from the kitchen to the sitting room. Although some residents couldn't verbalise their wishes, staff knew these residents well and were able to interpret residents wishes through their facial expressions and gestures made. When attending to residents, staff were observed to do so in a very kind and caring manner. Staff sat with residents and eye level when engaging with them and were observed by inspectors to maintain regular supervision of residents who were assessed as requiring this.

Much effort was made by staff to ensure these residents had opportunities to engage in meaningful activities, in accordance with their capacities. Some residents attended day service on the campus, while others were facilitated to engage in activities in the comfort of their own home. 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 an activity area comprising of bean bags and water beds. Staff who spoke with the inspectors, told of how some residents liked train watching, feeding ducks, having take-away coffees, shopping and going for walks in nearby coastal areas. Due to their communication needs,

other residents responded well to sensory activities, including, baking and make-up therapy. The quality of the social care provided in this centre was largely attributed to the adequacy of transport and staffing arrangements, meaning residents had the support and resources they needed to engage in activities that they enjoyed.

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. As previously stated, staff knew the residents very well and spoke confidently with inspectors about the level of care and support required by residents on daily basis. Where newly recruited staff were appointed to the centre, the person in charge told of how a robust induction programme was in place to ensure these staff members were supported to get to know these residents and their assessed needs, prior to working directly with them. Over the course of this inspection, staff interaction with residents was also found to be pleasant, kind and caring.

The next two sections of the report outline the findings of the inspection.

## Capacity and capability

The inspectors found that the centre was well-managed and well-resourced. However, some improvements were identified with regards to fire safety and an urgent action was issued to the provider on the day of inspection. Subsequent to the inspection, the provider submitted their response which gave assurances that these issues had been addressed. This inspection also highlighted that further improvements were also required to aspects of health care, infection, prevention and control, behavioural management, medication management and governance and management. These will be discussed in the following sections of this report.

The person in charge was recently appointed to the role and she had good knowledge of the residents' needs and of the operational needs of the service delivered to them. She was supported by her staff team, team leaders and line manager and she was regularly present at the centre to meet with staff and residents. She was also responsible for another designated centre operated by this provider and current arrangements gave her the capacity to ensure she could effectively manage this centre.

This centre' staffing arrangement was subject to regular review to ensure a suitable and adequate number and skill-mix of staff were on duty to meet the needs of residents. In response to their assessed needs, some residents required one-to-one staff support and the provider had ensured that this was available to these residents. Nursing support was provided during the day and the provider had arrangements in place to ensure staff had access to nursing support at night, as and when required. Arrangements were also in place to provide additional staffing resources to this centre, which included relief staff who were familiar with the residents and the service delivered to them. Staff were also supported by an on-call system after hours and at weekends. Due to the health care complex needs of some

residents, the continuity of care was very much an important aspect of the service that the provider delivered to residents. Many of the staff working here had supported residents for a number of years and were very familiar with the residents and their assessed needs. Similarly, where staff were newly recruited, robust induction arrangements ensured that these staff were afforded the time to become familiar with the residents, prior to working directly with them.

The provider had ensured that this centre was adequately resourced in terms of staffing, equipment and transport. The person in charge held regular staff team meetings, which facilitated regular discussions about the care and welfare of residents. Separate to these meetings, she met frequently with team leaders and also maintained regular contact with her line manager to review operational related matters. In conjunction with six monthly provider-led audits, various other internal audits were completed on a frequent basis to oversee the quality and safety of care, and where improvements were identified, time bound action plans were put in place to address these. However, improvements were required to these monitoring systems to ensure their overall effectiveness in identifying specific improvements required within this service. For instance, a sample of audits were reviewed by inspectors and although they were found to be extensive in nature, they didn't always support the provider to identify specific improvements required within this centre, particularly in areas such as health care and medication management.

#### Registration Regulation 5: Application for registration or renewal of registration

At the time of inspection, the provider had submitted an application to renew the registration of this designated centre.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge held a full-time position and was regularly present at the centre to meet with residents and staff. She was supported in her role by her staff team and line manager and suitable arrangements were in place to ensure she had the capacity to effectively manage the service.

Judgment: Compliant

#### Regulation 15: Staffing

The centre's staffing arrangement was subject to regular review to ensure an

adequate number and skill-mix of staff were on duty to meet the assessed needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Effective training arrangements were in place to ensure staff received the training they required, appropriate to their role. Arrangements were also in place to ensure staff received supervision from their line manager.

Judgment: Compliant

### Regulation 23: Governance and management

Although the provider had monitoring systems in place to review the quality and safety of care delivered to residents, improvements to these systems were required to ensure their overall effectiveness in identifying specific improvements required within this service.

Judgment: Substantially compliant

## Quality and safety

Overall, the inspectors found that this centre was operated in a manner that was considerate of residents' assessed needs and capacities.

The centre comprised of three houses situated on a campus setting on the outskirts of Galway city. Here, each resident had their own bedroom, some en-suite facilities, shared bathrooms, sitting rooms, sun rooms, kitchen and dining areas and staff offices. Rear garden areas were available to residents to use as they wished. The design and layout of the centre was considerate of the manual handling needs of residents, with ramped exits and entry points, built in tracking hoists and spacious communal areas. Overall, the centre was found to be spacious, clean, nicely decorated and had a lovely homely feel to it.

The person in charge had ensured that a comprehensive assessment of each resident's health, personal and social care needs was completed on a minimum annual basis. Many of the residents had complex health care needs and required full staff support with their activities of daily living. The inspectors spoke with some staff



who were on duty and they demonstrated very good understanding of residents' health care needs, particularly in areas such as nutrition, neurological care, skin integrity and pain management. Staff were supported in caring for these residents through multi-disciplinary input and regular contact was maintained with relevant allied health care professionals, as and when required. Nursing support was provided daily in each house and arrangements were in place to ensure staff had access to nursing support at night. Along with having a good understanding of the residents' health care needs, the inspectors found that staff were also very responsive to the health care needs of residents. For example, for one resident who required weight management, staff demonstrated a clear understanding of the current monitoring systems in place for this resident and were in weekly communication with allied health care professionals to review this resident's progress. However, inspectors did identify where some improvements were required to aspects of residents' health care. For example, upon review of medication administration records, it was observed that one resident was regularly receiving pain relief that was prescribed on an as-required basis. It was unclear from the documentation available, what protocol was in place to ensure staff were appropriately guided on the threshold of administrations to prompt when this resident's pain management may need to be reviewed. Furthermore, although there were personal plans in place to support this resident's pain management, better clarity was required to adequately guide staff on how to interpret the residents' communication style so as to accurately assess the level of pain before and after pain relief was administered. Similarly, where residents were in use of enteral feeding, some improvement to the personal planning to this aspect of their care was also required. For example, staff spoke confidently about the specific care and observational assessment required while enteral feeding was occurring, particularly for some residents, as due to their presentation, some feeding regimes required to be paused for a certain length of time and re-started. However, the supporting personal plans didn't accurately describe the specific presentation of the resident which may warrant their feeding regime to be paused. Furthermore, there was a lack of guidance in these personal plans to guide staff on what to do, should the resident's presentation impact on their ability to tolerate their overall recommended daily nutritional intake.

The identification and timely response to risk was largely attributed to the regular presence of management at the centre, regularity of staff team meetings and centre's incident report system. From conversations inspectors had with staff on the day of inspection, it was clear that where any risk relating to the care and welfare of residents was identified, it was discussed with them and they were informed of any measures to be implemented to mitigate against the risk. Although the provider had risk management systems in place, some improvement was required to the assessment of risk. For example, even though risks relating to residents' care needs were being effectively managed, these were not always supported by risk assessment, for example risk relating to nutritional care needs.

Some residents required support with their behavioural needs and there were behavioural support plans in place to guide them in this area of care. Staff who met with the inspectors could clearly outline residents' behaviours of concern and the associated proactive and reactive strategies which were implemented to minimise

the impact of these behaviours. Although staff had a very good understanding of supporting these residents, improvements were required to some associated behavioural support plans, as these did not clearly describe behaviours which residents could engaged in. Good examples of practice were found in regards to the implementation and use of restrictive practices. For example, each practice had a clear rationale for it's use and a clear and concise risk assessment was in place which enhanced the safety of these practices. Additional protocols were also implemented which ensured staff were guided in their use and only implemented as the least restrictive option. Furthermore, each restriction was referred to a committee which assisted residents in regards to their rights and also ensured that the use of these practices was open and transparent.

The provider had fire precautions in place such as fire detection equipment and emergency lighting was available in the three houses which made up the designated centre. Fire evacuation procedures were clearly displayed and individual evacuation plans guided staff in supporting each resident to evacuate the centre in the event of a fire. Staff who met with the inspector had a good understanding of residents' evacuation needs and they also clearly explained how they would identify the location of a potential fire by using the centre's fire alarm system. The provider had also completed fire safety audits and they had identified areas for improvement which required additional building works to be completed. Although, many areas of fire safety were maintained to a good standard, the evacuation of residents and fire containment required significant improvement. As a result of concerns in these areas, an urgent action was issued to the provider on the day of inspection. Subsequent to the inspection, the provider submitted their response which gave assurances regarding the interim arrangements and long term plan that were put in place to address the concerns raised.

This response also gave assurances on the long term plan that the provider intended to put in place wihtof what interim measures were put in place and also gave assurances of what the long-term plans were in that these issues had been addressed.

The provider had procedures in place for the prescribing, administration and storage of medicines. Some prescription and medication administration records were reviewed by inspectors and these were found to be legible and well-maintained. However, some improvement was required to prescribing practices. For example, although documentation was available at the centre to inform staff on the enteral feeding regime to be administered to residents, these had not been appropriately prescribed on prescription records.

## Regulation 17: Premises

The premises was warm, comfortable and had a homely atmosphere. There were pictures on display of residents enjoying social events and their bedrooms were individually decorated to reflect their preferences.

Judgment: Compliant

### Regulation 26: Risk management procedures

Although the provider had risk management systems in place, some improvement was required to the assessment of risk. For example, even though risks relating to residents' care needs were being effectively managed, these were not always supported by risk assessment, for example risk relating to nutritional care needs.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The provider had enhanced cleaning regimes in place and staff were observed to wear surgical face masks when interacting with residents. The inspectors met a member of the cleaning staff and they clearly explained the enhanced cleaning methods which were implemented in response to COVID 19. The provider also had isolation plans in place for responding to residents who may be suspected or confirmed as having COVID 19. Although, many of these plans gave clear guidance on how to support some residents, one plan required improvement in regards to the use of identified toileting facilities and the arrangements for them when entering or leaving the centre.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Although, many areas of fire safety were maintained to a good standard, the evacuation of residents and fire containment required significant improvement. As a result of concerns in these areas, an urgent action was issued to the provider on the day of inspection and subsequent to the inspection, the provider submitted their response which gave assurances that these issues had been addressed

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had procedures in place for the prescribing, administration and storage of medicines. However, some improvement was required to ensure enteral feeding regimes were appropriately prescribed.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of each residents' health, personal and social care needs was completed on a minimum annual basis.

Judgment: Compliant

### Regulation 6: Health care

Where residents required pain management, improvement was required to their personal plans to ensure staff were appropriately guided on the oversight of the use of as-required pain relief to prompt timely review of this aspect of their care.

Improvements were also required to the personal plans in place for residents in use of enteral feeding regimes, to ensure these plans gave better guidance to staff, particularly where these regimes required to be paused and re-started, in response to residents' presentation.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

The provider failed to ensure that a behavioural support plan clearly described the behaviours of concern which a resident may engage in.

Judgment: Substantially compliant

### Regulation 8: Protection

The provider had ensured adequate arrangements were in place to support staff in the identification, response, monitoring and review of any concerns regarding the

care and welfare of residents.

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 - 2015 as amended and the regulations considered on this inspection were:

| Regulation Title   | Judgment                |
|--|-------------------------|
| <b>Capacity and capability</b>   |                         |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant               |
| Regulation 14: Persons in charge   | Compliant               |
| Regulation 15: Staffing  | Compliant               |
| Regulation 16: Training and staff development                                      | Compliant               |
| Regulation 23: Governance and management   | Substantially compliant |
| <b>Quality and safety</b>  |                         |
| Regulation 17: Premises  | Compliant               |
| Regulation 26: Risk management procedures  | Substantially compliant |
| Regulation 27: Protection against infection  | Substantially compliant |
| Regulation 28: Fire precautions  | Compliant               |
| Regulation 29: Medicines and pharmaceutical services                               | Substantially compliant |
| Regulation 5: Individual assessment and personal plan                              | Compliant               |
| Regulation 6: Health care  | Substantially compliant |
| Regulation 7: Positive behavioural support   | Substantially compliant |
| Regulation 8: Protection   | Compliant               |

# Compliance Plan for Maples Services OSV-0004950

Inspection ID: MON-0026799

Date of inspection: 12/10/2021

## 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 23: Governance and management   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The auditing tool previously used to review the quality of service provided has been amended to include audit of the specific care needs identified in each house within the designated centre. This audit will be completed by the PIC with support of team leaders on a monthly basis and will be included in the quarterly audit report.</p> |                         |
| Regulation 26: Risk management procedures  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Where appropriate individual care plans will be amended to include a risk assessment which will be used to assess the effectiveness of the plan.</p>   |                         |
| Regulation 27: Protection against infection  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 27: Protection   |                         |



against infection:  
 Further detail has been added to the isolation plan for one individual to include details of toileting facilities and the arrangements for them when entering or leaving the centre. All other plans have also be reviewed to ensure they contain the relevant information required for staff to ensure the safety of residents.

|  |                         |
|--|-------------------------|
| Regulation 29: Medicines and pharmaceutical services | Substantially Compliant |
|--|-------------------------|

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  
 Enteral feeding has been added to the Individual Medication Administration Recording System for the resident in question.

|                           |                         |
|---------------------------|-------------------------|
| Regulation 6: Health care | Substantially Compliant |
|---------------------------|-------------------------|

Outline how you are going to come into compliance with Regulation 6: Health care:  
 A monthly review of as required pain relief will be completed by the team leader and PIC. GP's visit twice weekly and can be consulted if required. A comprehensive enteral feeding plan has been developed in consultation with the GP, dietician and palliative care team which gives clear guidance to staff in relation to regimes for enteral feeding.

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|--|-------------------------|
| Regulation 7: Positive behavioural support | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:  
 Further detail will be added to the Positive Behaviour Support plan to include behaviours the individual may engage in.

## 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 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      | 20/10/2021               |
| 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      | 30/11/2021               |
| Regulation 27       | The registered provider shall ensure that residents who may  | Substantially Compliant | Yellow      | 20/10/2021               |

|                     |   |                         |        |            |
|---------------------|---|-------------------------|--------|------------|
|                     | 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.   |                         |        |            |
| Regulation 29(4)(a) | The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely. | Substantially Compliant | Yellow | 31/10/2021 |
| 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 | 14/10/2021 |
| Regulation 07(1)    | The person in charge shall ensure that staff have up to date knowledge and skills, appropriate  | Substantially Compliant | Yellow | 30/11/2021 |

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|  | to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour. |  |  |  |
|--|--|--|--|--|