



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

Issued by the Chief Inspector

Name of designated centre:	Maple Grove
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Cavan
Type of inspection:	Short Notice Announced
Date of inspection:	09 January 2024
Centre ID:	OSV-0008571
Fieldwork ID:	MON-0040683

About the designated centre

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

Maple Grove is a full-time residential service that can cater to the needs of up to five residents. The residents are supported twenty-four hours a day. It is a two-storey detached community house; one resident is supported in an individual self-contained apartment. The remaining residents live in the centre's main part, with four single bedrooms. The house is in Co Cavan and close to some towns and villages. The house's location means residents can access a wide range of facilities and activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

2

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 9 January 2024	09:30hrs to 15:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This was the first inspection of this service following its opening in July 2023. The inspection findings were positive, with only one area requiring improvement. The residents living in the centre presented with varying complex needs and the inspector found that, the provider and staff team provided appropriate person-centred care and support to the residents.

One resident lived in a self-contained apartment, and the other in the larger part of the house. The residents engaged in activities separately and had no interaction with one another, as they also had separate gardens and modes of transport. The residents' home had been modified to meet their needs before them moving in, there was a homely atmosphere and the premises were clean and free from clutter.

The inspector observed that there was a significant staff presence. One resident was assigned two-to-one staffing support 24 hours daily, and the other received one-to-one support 24 hours everyday. The provider ensured that the staffing resources were appropriate to the needs of the residents.

The inspector had the opportunity to meet with both residents. The first resident came to meet with the inspector and was supported by the person in charge. The resident spoke about their pets and a plan to get a new one. The resident also spoke of their wish to visit the United Kingdom and also go on a sun holiday this year. During the conversation, the resident spoke of their desire to leave their current living arrangements and transition to a more independent living arrangement closer to where they were from. The resident had been encouraged to raise a complaint regarding this, and the provider and person in charge responded to the complaint. The person in charge spoke to the resident's requests and how the resident could work towards this. The resident told the inspector they were "ok" with living in the service but they did want to move eventually. Following the conversation, the resident went out with staff to engage in the tasks they had arranged for the day.

The inspector met with the second resident who lived in the apartment. The resident had some verbal communication and also used some visual aids to communicate and they were supported by staff to use these aids. A review of the resident's plan showed that, visual planners and timers were used to support the resident and the inspector found that, the planners and timers were on display. Staff spoken with stated that, when the resident first came to live in the centre they were slow to engage with staff members. Discussions with the staff members and the person in charge identified that a consistent approach resulted in positive outcomes for the resident. For example, they were now engaging with those supporting them and also going out with staff to engage in their preferred activities. The resident had a keen interest in farming, and the person in charge was in the process of securing a social farming placement for them.

The contact with the second resident was brief in order not to disrupt their routine. Still, the inspector did observe the resident appear comfortable in their interactions with the staff members.

The inspector found that, the residents were still settling into their new living arrangements and were forming relationships with the staff team supporting them. Evidence was found in the daily notes of staff members following support plans and giving residents time and space to process information and engage in their preferred activities. Residents were provided with daily opportunities to engage in activities outside their home. Daily planning schedules were used to support both residents, and there were examples of staff members respecting the residents' wishes to not always engage in the plans and making alternative arrangements.

The information review identified that the residents' needs were under close review and that the provider had ensured that residents could avail of their multidisciplinary team (MDT team). As noted above, support plans were developed, which were found to be detailed and provide staff members with clear guidance on how to support and care for the residents.

The following two sections of the report present the findings of this inspection about the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The inspector found that there were effective management systems in place. The management team was led by a person in charge who was supported by a deputy person in charge and a shift team lead.

The provider had completed an unannounced visit to the service, and an assessment of the safety and quality of care provided to residents in October 2023. A number of areas that required improvement to ensure the service provided to residents was compliant with the regulations were identified. While one action identified had not been addressed, the inspector found that the management team had addressed all other concerns.

As stated above, the service opened in July 2023. There was a significant staff presence each day, and the provider ensured that the skill mix of staff was appropriate. The roster review identified some deficits in staffing numbers but noted that regular relief staff had been used to ensure safe staffing levels were maintained. The person in charge and a member of the provider's senior management informed the inspector that a new starter would begin working in the service in the coming days, and further recruitment was ongoing to address the deficit.

The provider and person in charge also ensured that the staff team had completed

appropriate training to support the residents. The provider could demonstrate that the staff members had completed the assigned training and that the staff had received supervision from a management team member.

Overall, the inspector found that the provider had ensured that appropriate arrangements were in place to ensure that the service provided to the residents was safe and meeting their needs.

Regulation 14: Persons in charge

The provider ensured that the person in charge had the necessary qualifications, skills and experience to manage the designated centre. The person in charge had arrangements in place that ensured that the service was effectively monitored and that the needs of residents were being met.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that the number and skill mix of staff was appropriate to the number and assessed needs of residents. During the inspection, the inspector observed that the staff members respectfully support the residents and that the residents appeared to enjoy the staff members' company.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that staff development was prioritised and that the staff team had access to appropriate training. Staff members had been provided with a suite of training that prepared them to support and care for the residents.

Judgment: Compliant

Regulation 23: Governance and management

There was an internal management structure appropriate to the residential service's size, purpose, and function. Leadership was demonstrated by the management and

staff team, and there was a commitment to improvement. Existing management systems ensured the service was safe, appropriate to residents' needs, consistent and effectively monitored.

The provider had also ensured that the service was well-resourced with high levels of staffing each day; the management and staff team were providing a service that was appropriate to the needs of each resident. The review of information also demonstrated that the provider had identified areas that required improvement through auditing and had promptly addressed the majority of issues.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge submitted notifications for review by the Chief Inspector per the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents were provided with information regarding the provider's complaints process. The inspector reviewed the complaints records and found that a resident had been supported to raise a complaint. The person in charge and the provider had responded to the resident's complaint, and the resident was satisfied with the response.

Judgment: Compliant

Quality and safety

The provider and the person in charge ensured that, comprehensive assessments of the residents' health and social care needs had been completed. Support plans had been developed which were detailed and gave clear, concise information on how to support the residents.

The plans also reflected the residents' changing needs, and there was evidence of them being updated regularly. The health needs of the residents were under close review. Residents had been supported to attend healthcare appointments, and

health action plans were on file.

The inspector found that a person-centred approach had been developed around the needs of the residents. They received differing levels of care and support, one resident chose their daily schedule and planning and staff identifying things to do for the other resident. While the approaches were different, there was evidence to demonstrate that the strategies were leading to positive outcomes for the residents. The person in charge spoke of the staff team developing relationships with the residents and providing the residents with a consistent environment. The inspector spoke with a staff member who reiterated this and referenced some of the positive developments a resident had had in recent weeks, due to staff following the guidance and promoting a consistent environment.

An example of the staff team promoting a consistent approach was found when the inspector reviewed the adverse incident records. The review showed that staff members had responded to escalating behaviours in a consistent manner and were effectively supporting the residents by following the guidance provided to them.

Residents had accessed the provider's multidisciplinary team (MDT team) if required. The inspector reviewed a sample of behaviour support plans and found that they were focused on understanding the residents' presentation and reducing occurrences of behaviours of concern. The staff team had been provided with guidance on how to best communicate with the residents to de-escalate incidents and promote positive outcomes.

As noted earlier, some improvements around goal planning and tracking goals was required. The staff team with residents or acting on their behalf had identified topics for residents to engage in or work towards. However, there was limited information to demonstrate whether or not residents had begun working towards the goals or if they had achieved them. The person in charge accepted this and stated that this was an area that needed to be improved.

During the inspection, the inspector reviewed the provider's fire safety and risk management arrangements. The review found that the provider had ensured that these were appropriate to reduce risk and promote the safety of the residents and those supporting them.

Regulation 10: Communication

The inspector reviewed samples of daily notes and support plans. The review showed that residents were communicated to in a manner that fitted their needs. There was guidance for how staff should respond to residents during difficult periods and there was evidence of staff members following the guidance.

Judgment: Compliant

Regulation 12: Personal possessions

One of the residents managed their finances. The other resident required full support with theirs. There were measures in place to ensure that the resident was safeguarded from financial abuse. The resident was also supported in opening a bank account following their admission to the service.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that there were appropriate systems regarding risk management. There were arrangements for identifying, recording, investigating, and learning from adverse events. Adverse incidents were reviewed as part of team meetings, and learning was prioritised to reduce the risk for residents and staff.

Risk assessments were developed for the residents linked to their support plans. The risk control measures were found to be proportionate to the identified risks, and the assessments were under regular review to reflect the changing needs of the residents.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured adequate fire safety management systems were in place. There was suitable fire detection, containment and fire fighting equipment. Records demonstrated that residents and staff members could safely evacuate the building, and the staff team had been provided with suitable fire safety management training.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

As discussed earlier, the provider and person in charge had ensured that comprehensive assessments of the residents' social and healthcare needs were conducted.

The inspector found that social goals had been identified for residents to engage in activities such as swimming or to enrol in educational courses. While the goals had been set, there was limited information showing that the residents had been supported to work towards or achieve them. The provider identified this in their audit in October, and this area still required improvement to best support the residents.

Judgment: Substantially compliant

Regulation 6: Health care

The health needs of the residents were being met. Their health was under review, and their support plans had been created to guide staff members in promoting the resident's health.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that support plans were created to guide staff in promoting positive outcomes for residents and how to respond to escalating and challenging behaviours if required. The staff team had also received appropriate training in the management of behaviours. There were restrictive practices in place to maintain the safety of the residents. These were under review, and restrictive practices had been reduced or discontinued where possible.

Judgment: Compliant

Regulation 8: Protection

The review of information identified that there were systems in place to respond to safeguarding concerns if required. The person in charge had carried out investigations into concerns and had submitted the required notifications. The staff team also received the appropriate training, and there was evidence of the staff supporting residents to maintain their safety when interacting with others in the community and online.

Judgment: Compliant

Regulation 9: Residents' rights

The staff team supported the residents in a manner that promoted and respected their rights. The review of information identified that, where possible, the residents were engaging in what they wanted to do. As noted earlier, the residents received a service tailored to their needs.

The provider had also ensured that residents had access to independent advocates. A resident met with their advocate during the inspection.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Maple Grove OSV-0008571

Inspection ID: MON-0040683

Date of inspection: 09/01/2024

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 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: To demonstrate that the Designated Centre is in line with Regulation 05(4)(b) The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plans</p> <ol style="list-style-type: none"> 1. PIC will ensure all Comprehensive Needs Assessments are updated and that they are in line with Individuals Assessed Needs (Due Date 29 February 2024) 2. PIC will ensure all Personal Plans are revised following the review of the Comprehensive Needs Assessments to ensure goals are meaningful and in turn these will be communicated to all Team Members (Due Date 29 February 2024) 3. PIC will complete a review of all Individual Planners and ensure meaningful activities are being offered and any refusal will be documented (Due Date 29 February 2024) 4. Following review of Individual Personal Plans PIC will ensure all action plans are closed out. (Due Date 29 February 2024) 	

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 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	29/02/2024