



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

Name of designated centre:	Maples Services
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	16 October 2018
Centre ID:	OSV-0004950
Fieldwork ID:	MON-0021989

About the designated centre

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

Maples Services provides a combination of residential and day supports to adults with an intellectual disability. Maples Services can support 15 individuals of mixed gender who are over 18 years of age and with an intellectual disability, who present with very high complex medical and physical needs and who may also experience mental health issues, behaviours that challenge and sensory needs. The service is intended to support residents throughout their adult years to end of life. This service provides a combination of full-time residential and day supports. The centre comprised three single-storey houses adjacent to each other in a campus setting in an urban area. There are communal and private accommodation for residents and well laid out garden areas adjoining each house. The physical design of the building suits the needs of residents and there is suitable equipment available to support individuals with physical disabilities. All residents in the centre have their own bedrooms. Residents are supported by a staff team that includes nurses, social care workers and social care assistants. Staff are based in the centre when residents are present and there are waking staff on duty at night to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
--	----

How we inspect

To prepare for this inspection the inspector or 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
16 October 2018	09:30hrs to 14:55hrs	Jackie Warren	Lead

Views of people who use the service

The inspector met with five residents who lived in this centre.

Due to residents' communication needs, none of the residents spoke with the inspector. However, the inspector observed that residents were comfortable, relaxed, and happy in the company of staff, and in their environment. The inspector also observed that staff supported residents' involvement in activities that they appeared to enjoy.

The inspector also read questionnaires that had been completed by families on behalf of residents. Overall, the questionnaires expressed a high level of satisfaction with all aspects of the service including staffing, healthcare, activity and family involvement and stated that staff provided an excellent level of care and support.

However, one family, although generally happy with the care provided, was dissatisfied with an aspect of the service, and this was reviewed as part of the inspection process.

Capacity and capability

Governance and management arrangements ensured that a good quality and safe service were provided for residents living at this centre. Furthermore, the inspector found that the provider had put measures in place to ensure that the previous inspection's findings had been addressed.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in an improved standard of care, support and safety being provided to residents living at the centre. Six-monthly audits of the centre's practices were being carried out by the management team and staff carried out regular audits of areas such as, medication management and residents' finances. Records showed that audit findings had been addressed in a timely manner.

Since the last inspection, the provider and management team had introduced several changes to improve the quality of service to residents. For example,

occupational therapy and physiotherapy services had increased and were readily available to residents as required, and a more concise and user friendly version of person profiles had been introduced. In addition, the medication auditing system had been updated and was now more robust. Consequently, the number of medication errors had decreased.

The person in charge was based in the complex, she frequently visited the centre, and she worked closely with the team leaders in the each house, and with staff. She knew the residents and was familiar with their care and support needs. There were suitable cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty.

The provider had made arrangements to ensure that staff were competent to carry out their roles. Staff had received training relevant to their roles, in addition to mandatory training in fire safety, manual handling, safeguarding and behaviour management.

The provider had measures in place for the recording and reviewing of adverse incidents. There had been a low level of accidents and incidents in the centre since the last inspection and any adverse events were being suitably notified to the chief inspector in HIQA.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that the prescribed documentation for the renewal of the designated centre's registration was submitted to the chief inspector as required.

Judgment: Compliant

Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience. The person in charge was based in the campus of the centre and was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding - in addition to other training relevant to their roles, such as training in assisted decision making, dysphagia care, communication, first aid and end of life assessment. There was a training schedule to ensure that training was delivered as required.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents which included the required information relating to each resident who lived in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. There was an effective management structure, and there were systems in place, such as audits, staff supervision and management meetings to ensure that the service was provided in line with residents' needs and as described in the statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was informative, described the service being provided to residents and met the requirements of the regulations. The statement of purpose was being reviewed annually by the person in charge, and up to date copies of the

statement were readily available in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications, including quarterly notifications, had been made to the chief inspector within the required time frames. The person in charge was aware of the incidents which required notification to HIQA.

Judgment: Compliant

Quality and safety

The inspector found the residents received care and support which was person centred in nature and supported them to take part in activities that they enjoyed on a daily basis. The provider's practices further ensured that the resident's well-being was promoted at all times and that they were kept safe.

The centre was warm, clean, comfortable and suitably furnished and suitably equipped to meet the needs of residents. The centre was centrally located and residents had good access to the local amenities, facilities in the complex, and public transport. All residents had their own bedrooms. The rooms were tastefully decorated and there was adequate furniture such as wardrobes, bedside lockers and chests of drawers for residents to store their clothing and belongings.

The provider ensured that the residents were kept safe from harm. There were effective measures in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire fighting extinguishers and the fire alarm system. Staff also carried out a range of fire safety checks. The fire evacuation procedure was displayed, staff had received formal fire safety training and effective fire evacuation drills involving residents and staff were being carried out. However, the provider was asked to provide assurance that the arrangements for the containment of fire were adequate.

The management team had taken measures to safeguard residents from being harmed or from suffering abuse. There was a safeguarding policy in place and all staff had received specific safeguarding training. This ensured that they had the knowledge and skills to treat each resident with respect and dignity and to recognise the signs of abuse and or neglect. Systems, including training, were also in place to ensure that any behaviour management issues that might arise were managed

appropriately and safely.

There were safe medication management processes to protect residents from the risk of medication errors.

The provider had systems in place to ensure that residents' nutritional needs were well managed. Staff ensured that residents received food suited to their preferences and needs. Dietitians and speech and language therapist assessed residents as required and plans of care were developed based on their recommendations. Staff who spoke with the inspector were very clear about residents' nutritional needs and how they would be met. Since the last inspection, the staff team had improved the quality and choice of foods for residents who required modified consistency diets. Additional training has been organised for staff on improving the presentation of these meals, and the preparation of a wider variety of modified consistency foods. The learning from this training has been implemented in the centre.

Overall, there was a good level of compliance with regulations relating to the quality and safety of resident care.

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. All three houses in the centre were comfortably furnished and decorated, were well maintained both internally and externally, and were equipped with assistive equipment to meet the needs of residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Suitable foods were provided to suit any special dietary needs of residents. The services of a dietitian and speech and language therapist were available to residents, and informative nutritional plans of

care had been developed to based on residents' assessed needs.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, fire safety training for all staff, completion of fire evacuation drills, and individualised emergency evacuation plans for all residents. There was, however, no up-to-date confirmation that the arrangements for the containment of fire in parts of the centre were adequate. The provider was asked to provide assurance that the arrangements in place were safe and in line with current fire safety requirements.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre. In addition to the organisation' national policy and there was a centre-specific protocol to guide staff. Residents' medication was securely stored at the centre and staff who administered medication had received training in safe administration of medication.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had a positive approach to the support and management of behaviour that challenges. All staff had attended training in relation to the management of behaviour that challenges, and there were several staff with behaviour management expertise available to support staff and residents. Behaviour support plans had been developed when required, and these plans were being implemented. There had

been limited occurrences of incidents arising from behaviour that challenges.

Judgment: Compliant

Regulation 8: Protection

The provider had appropriate arrangements in place to safeguard residents from harm or abuse. All staff had received safeguarding training, there was an up-to-date safeguarding policy, and there was access to a designated safeguarding officer to support staff and residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Maples Services OSV-0004950

Inspection ID: MON-0021989

Date of inspection: 16/10/2018

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: On the 5th of November 2018 a meeting between the PIC Helen Lawrence and Dave O Halloran Building and Facilities Manager was held to discuss the issue. It was clarified that the properties within the designated centre are registered as residential institutional buildings and comes under the requirement for a Fire Safety Certificate. The buildings within the designed centre do not come under the fire safety in community dwelling houses code of practice for fire safety in new and existing community dwelling houses (September 2017)</p> <p>There was an extension added on to two of the properties in 2008 at which time a Fire Safety Compliance Report was carried out and a Fire Certificate applied for.</p> <p>The PIC has submitted additional information to the HIQA inspector following the inspection. These include the drawing and Fire Safety Compliance Report carried out in 2008 when the extension was added. The PIC has also submitted a house drawing showing the separation zone for the bedrooms, laundry, boiler house and kitchen as laid out on the fire cert application. These zones are separated from the bedroom zone via fire doors in the corridor, internal walls and fire rated ceilings. An inspection was carried out on the 26th of November 2018 by Dave O Halloran the Buildings and Facilities Manager and this confirmed that these zones and their construction still remain in place and are uncompromised.</p> <p>The sunroom and pantry have been added to two properties since, but these additions have been on the opposite end of the building and have not effected the original fire cert requirements.</p> <p>As the buildings have not under gone a change of use or material alteration a re-application for a fire safety certificate is not required as the current requirements still stand.</p>	



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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	26/11/2018