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

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Maples Services</th>
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</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Brothers of Charity Services Ireland CLG</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Galway</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Short Notice Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>23 June 2020</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0004950</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0029522</td>
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</tbody>
</table>
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: | 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:
<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday 23 June 2020</td>
<td>10:30hrs to 14:45hrs</td>
<td>Angela McCormack</td>
<td>Lead</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

The designated centre comprised of three houses within close proximity to each other on a campus setting. During this time of the COVID-19 pandemic, the inspector spent time in one house that made up the centre and did not visit the other two houses. The inspector got the opportunity to meet briefly with five out of the six residents who lived in this location. Residents were non-verbal and the inspector interacted with residents on their own terms while adhering to public health guidelines, and observed residents being supported in their daily activities throughout the day.

On arrival to the centre, one resident was observed going out with support staff and appeared happy, greeting the inspector by waving and smiling. Other residents were observed to be supported having snacks in the kitchen and another resident was sitting in the living area listening to music. Residents appeared comfortable in their environment and with staff supporting them. Staff supporting residents were observed to be treating residents with dignity and respect and were responsive to residents' needs throughout the day.

In addition, the inspector got the opportunity to meet with staff who were supporting residents on the day of inspection. Staff spoken with talked about the activities that residents had been taking part in during the COVID-19 restrictions; including arts and crafts, music sessions, gardening, going on picnics and walks. Each location had their own transport which facilitated residents to go for drives in the community, and one resident that the inspector met was observed going on an outing with staff. Staff stated that this resident loved going for drives on the bus around their locality and seeing animals. Staff stated that overall residents had adapted well to the COVID-19 restrictions; however staff said that residents were missing their families and activities that they previously enjoyed, such as concerts and going to coffee shops. The inspector was told that visits from families were now being facilitated in line with national guidelines on visits. Staff spoken with appeared very familiar with residents' needs and non-verbal communications, and this was observed in practice throughout the day.

Capacity and capability

This inspection was carried out to monitor compliance with the regulations since the last inspection of the centre in October, 2018.

The inspector found that there were robust governance and management arrangements in place in the centre which ensured that care delivered to residents was safe and consistently monitored. The person in charge worked full time and had
the appropriate qualifications and experience to manage the centre. She was supported in her role by two team leaders who carried out some areas of responsibility and who also worked as part of the frontline staff supporting residents. The person in charge was based on the campus and had oversight of the running of the centre.

Staff received regular training as part of their continuous professional development and a review of the training matrix demonstrated that staff were provided with mandatory and refresher training. Staff who the inspector spoke with said that they felt well supported by the management team and were satisfied with the supports provided to them to facilitate ongoing professional development. Staff were given opportunities to meet as a team and discuss any areas for concern. Staff spoken with stated that if they had any concerns that impacted on the care of residents that they would be able to approach any member of the management team. Staff said that they received supervision from the team leader and felt that they were well supported in their role by the provider during the COVID-19 pandemic.

The provider ensured that unannounced provider audits and an annual review of the quality and safety of care and support of residents were completed as required by regulation. These audits were detailed in nature with actions and priority areas identified for quality improvement. The annual review of the service provided for consultation with residents and families by use of questionnaires distributed to families and feedback from residents’ forum.

There were good systems in place to review the quality and safety of the centre including regular internal audits which was completed by the team leader and person in charge. This included six monthly analysis of all incidents that occurred in the centre which highlighted actions to implement in order to minimise the risk of incidents occurring. In addition, the provider ensured that audits regarding the 'prevention and management of coronavirus' were completed regularly during the COVID-19 pandemic, and a review of these audits demonstrated good oversight with areas that required improvements noted. The person in charge had oversight of these audits and had identified actions to address any issues noted. The inspector found that the centre was adequately resourced on the day of inspection to meet the needs of residents who were availing of the service.

Regulation 14: Persons in charge

The person in charge had the appropriate qualifications and experience to manage the centre. She worked fulltime and was based on the campus where the designated centre was located. She was knowledgeable about the operational management of the centre and residents' needs.

Judgment: Compliant
### Regulation 16: Training and staff development

Staff were given opportunities for mandatory and refresher training as part on their continuous professional development,. Where further training was identified, for example as a result of COVID-19, staff were provided with training to support them in their role. This included a mix of on-line training and practical training. Competencies were reviewed as part of an auditing system for 'prevention and management of coronavirus' to include the appropriate use of personal protective equipment (PPE) and hand hygiene techniques.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that there were was a robust governance and management structure in place with clear lines of accountability for members of the management team. The inspector found that the centre was adequately resourced on the day of inspection to ensure safe and effective delivery of care for residents. Where additional resources had been identified, for example, in relation to compatibility concerns, these resources were provided which ensured a safe and person centred service for residents.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed a sample of incidents that had occurred in the centre and found that notifications that were required to be submitted to the Chief Inspector of Social Services were completed as required by the regulations.

Judgment: Compliant

### Quality and safety

Overall, the inspector found that residents received a good quality and safe service and that there were suitable arrangements in place which ensured a safe and person-centred service.
The health, personal and social care needs of residents were assessed and plans were developed to support residents where required. Residents were supported to have the best possible health with regular multidisciplinary reviews taking place for each resident. Specific protocols were developed to guide staff in supporting residents with their individual healthcare needs. In addition, residents were facilitated to attend a range of allied healthcare appointments including dietitians, dentists, psychiatrists and speech and language therapists as appropriate. In addition, the inspector was told that there was an arrangement in place for residents to have regular reviews with their general practitioners (GPs) on an ongoing basis.

The inspector found that residents who required support with behaviours of concern had comprehensive plans in place detailing proactive and reactive strategies to support them. This included specific guidance for staff to support residents in a variety of scenarios that may cause residents to experience distress and anxiety. Staff who the inspector spoke with were knowledgeable about how to support residents as detailed in residents’ plans.

The person in charge maintained a log of restrictive practices that were used in the centre, and ensured that any restrictive practices were reviewed to be the least restrictive for the shortest duration. A sample of risk assessments for residents were reviewed and these were found to detail the rationale for the use of restrictive practices in order to ensure residents’ safety. Restrictive practices were under ongoing review by the multidisciplinary team and organisation's human rights committee.

The inspector found that there were good systems in place for infection prevention and control; including hand hygiene equipment, posters, PPE, staff training and regular auditing of systems. There was a folder in place with up-to-date information about COVID-19 that included contingency plans in the event of an outbreak of COVID-19. Risks were assessed and measures put in place to mitigate against the risk of infection; including minimising staff moving between locations. Staff spoken with were knowledgeable about measures contained in the protocols.

The centre had systems in place for the detection, containment and prevention of fire. Staff received training in fire safety and regular fire drills were carried out. Signage was observed at exits, which detailed the evacuation plan in an easy-to-read manner. Fire safety management checks were completed with records maintained; including checks on fire fighting equipment, fire doors and emergency lighting. There was a centre emergency evacuation plan in place which provided guidance to staff on how to safely evacuate residents. Residents had personal emergency evacuation plans in place which were reviewed as required. However, one resident’s plan did not include updated information which had been discussed and recommended at a recent multidisciplinary review meeting to support the resident with difficulties in evacuating the centre.

Regulation 27: Protection against infection
The provider had systems in place for the prevention, control and management of infection. Risks had been assessed in relation to COVID-19 with a preparedness and contingency plan in place to include isolation of residents where required and staffing shortages. Staff spoken with were aware of the national guidance in relation to risks associated with COVID-19. The provider had ensured that procedures were updated to reflect the risks associated with the COVID-19 pandemic and the centre had local protocols in place also to minimise the risk of infection.

**Judgment:** Compliant

**Regulation 28: Fire precautions**

The centre had systems in place for fire safety management; including staff training, checklists for fire equipment, fire drills and emergency evacuation plans. However, one resident's personal emergency evacuation plan required review to ensure it contained details of specific strategies and equipment that were recommended to support them in safely evacuating the centre.

**Judgment:** Substantially compliant

**Regulation 6: Health care**

Residents were supported to achieve the best possible health by being supported to access a range of allied healthcare professionals where this was recommended and required.

**Judgment:** Compliant

**Regulation 7: Positive behavioural support**

Residents who required support with behaviours of concern had comprehensive plans in place which had a multidisciplinary input and were under ongoing reviews. The person in charge maintained a restrictive practice log and there was evidence that restrictive practices were assessed to be the least restrictive and for the shortest duration and that a clear rationale to its use was documented.

**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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 27: Protection against infection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Positive behavioural support</td>
<td>Compliant</td>
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Compliance Plan for Maples Services OSV-0004950

Inspection ID: MON-0029522

Date of inspection: 23/06/2020

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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 28: Fire precautions: The PIC and Team leader have reviewed the resident’s personal emergency evacuation plan and it now clearly details the specific strategies and equipment to be used to support this individual to evacuate safely. The Team Leader will inform all team members of this change and ensure that they are all fully aware of how to safely evacuate this resident.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 28(3)(d)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>03/07/2020</td>
</tr>
</tbody>
</table>