



# 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:	23 October 2024
Centre ID:	OSV-0004950
Fieldwork ID:	MON-0036741

## 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 eleven 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 two 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:	8
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 23 October 2024	10:15hrs to 18:30hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

The residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported to achieve best possible health, and were involved in activities that they enjoyed. The person in charge and staff were very focused on ensuring that a person-centred service was delivered to these residents.

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. The inspection also formed part of the registration renewal process for the centre. As part of this inspection, the inspector met with residents who lived in the centre and observed how they lived. The inspector also met with the person in charge and six staff on duty, and viewed a range of documentation and processes.

Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents. Staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed, and going out in the community. Throughout the inspection, all residents were seen to be at ease and comfortable in the company of staff, and were relaxed and happy in their homes.

The inspector met with all residents who lived in the centre at various times during the day. Residents living in this centre required support with communication. Residents did not communicate verbally, and some chose not to engage with the inspector. Therefore, the inspector did not get to hear their views about living in the centre. However, residents were observed to be relaxed and comfortable, both with each other and in the company of staff. It was evident that residents were involved in a variety of activities. Some of the activities that residents enjoyed, and were involved in, included bowling, shopping, cinema, concerts, entertainment events and having outings to places of interest such as the aquarium in Galway and a local garden festival. Residents also took part in everyday community activities such as going out to restaurants and for coffee, and going to the hairdresser and barber. Residents' contact with family and friends was being supported both in the centre and elsewhere.

Prior to the inspection some satisfaction questionnaires had been completed by residents' families on behalf of five residents. These questionnaires reflected a very high level of satisfaction with the service, and commented on 'superb care and support', 'the atmosphere is lovely', and 'a wonderful daily programme that keeps X occupied and stimulated'. The questionnaires were also very complimentary of staff, saying that 'X is cared for and looked after so well by all the staff', 'staff are friendly and always very welcoming and helpful' and 'staff look after X's every need'. There were no issues of concern raised in any of the questionnaires.

The Maples is located on a campus setting on the outskirts of a busy city, with good

access to a wide range of facilities and amenities. The centre consists of two neighbouring self-contained bungalows and can provide a full-time residential service for up to ten people. Each bungalow had a spacious sitting room, a well-equipped kitchen and dining area, an office and laundry facilities, as well as additional communal spaces where residents could spend time alone whenever they chose to. All residents had their own bedrooms and an adequate number of assisted bathroom facilities were provided. The centre was clean and well-maintained, and provided residents with a very comfortable living environment. Both houses in the centre were maintained and decorated to a high standard and one house had recently been fully redecorated. At the time of inspection, houses in the centre were decorated in a cheerful Halloween theme. Houses were provided with televisions, Wi-Fi, and games for residents' use and entertainment.

It was clear from observation in the centre, conversations with staff, information viewed during the inspection, and review of questionnaires, that residents had a good quality of life, had variety and meaningful activity in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community.

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

## Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for residents who lived in this centre, and that residents' quality of life was well supported. There were strong structures in place to ensure that care was being delivered to a high standard.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge who worked closely with staff and with the wider management team. The person in charge was supported by two team leaders, one of whom was based in each house in the centre, and who were involved in the day-to-day running of the service. Arrangements were in place to support staff when the person in charge was not on duty. Arrangements were also in place to manage the centre when the person in charge was absent. The person in charge was very familiar with the running of the service and knew the residents well. Throughout the inspection, the person in charge was very knowledgeable of the provider' processes, their regulatory responsibility, and residents' support needs .

To ensure that a high standard of care, support and safety was being provided for residents, ongoing auditing of the service was being carried out in line with the provider's audit schedule. An extensive range of planned and unannounced audits were being carried out both by staff in the centre and by managers external to the

centre. These indicated a high level of compliance.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included appropriate staffing levels, comfortable accommodation, assistive equipment to meet residents' assessed needs, and transport vehicles for residents' use. The provider had also ensured that the centre was suitably insured. There were sufficient staff on duty during the inspection to support residents to take part in the activities that they preferred, and to ensure that each resident had individualised care and support. Staff had received training relevant to their roles in addition to mandatory training. A range of healthcare services, including speech and language therapy, occupational therapy, and behaviour support were supplied by the provider to support residents as required.

The provider had developed a written statement of purpose which described the purpose and function of the service. Details of the service provided was also stated in a residents' guide which was available to provide this information to residents.

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

The prescribed documentation for the renewal of the designated centre's registration had been supplied to the Chief Inspector of Social Services by the provider prior to the inspection. The inspector reviewed this information and found that it had been suitably submitted.

Judgment: Compliant

#### Regulation 14: Persons in charge

The provider had appointed a suitable person in charge to manage the centre. The role of person in charge was full time and the person who filled this role had the required qualifications and experience.

The inspector reviewed the information supplied to the Chief Inspector in respect of the person in charge. This information demonstrated that the person in charge was suitably qualified for this role and had extensive management experience in management of disability services. The person in charge was present throughout the inspection and the inspector found that she was very knowledgeable of her regulatory responsibilities and regarding the individual needs of each resident.

Judgment: Compliant

## Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection.

Suitable duty rosters had been developed to identify staffing allocation to the centre. The inspector viewed the staffing rosters for the month of October. These rosters were clear, had been updated as required to reflect actual situations and were accurate at the time of inspection. The grades of staff allocated to each shift were stated in rosters and they also identified the person who was taking the lead role each day. A staff member told the inspector that these staffing levels were consistently in place.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff who worked in the centre had received training appropriate to their roles. This ensured that they were equipped to deliver appropriate care to meet residents' assessed needs.

The inspector read the training records which recorded that staff who worked in the centre had received mandatory training in fire safety, behaviour support, and safeguarding. Staff had also attended other relevant training, such as medication management, manual handling, hand hygiene, infection prevention and control, and epilepsy management.

Judgment: Compliant

## Regulation 22: Insurance

The provider had ensured that the centre was suitably insured.

The inspector viewed the centre's insurance policies which provided cover for residents and their property. These were up to date at the time of inspection.

Judgment: Compliant



## Regulation 23: Governance and management

There were effective governance arrangements in place to ensure that the centre was well managed and that a high standard of care, support and safety was being provided to residents. The service was subject to ongoing monitoring and review. This included auditing of the service in line with the centre's audit plan, six-monthly unannounced audits by the provider, and an annual review of the quality and safety of care and support. The inspector viewed these audits, all of which showed a high level of compliance. An organisational structure with clear lines of authority had been established to manage the centre. Arrangements were also in place to support staff and to manage the service when the person in charge was not on duty.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable accommodation, assistive equipment and furnishing, transport, access to Wi-Fi, television, and adequate staffing levels to support residents.

Judgment: Compliant

## Regulation 3: Statement of purpose

A suitable statement of purpose had been prepared for the service, and it was available to view in the centre. The inspector read the statement of purpose and found that it met the requirements of the regulations, was up to date, and was being reviewed annually by the person in charge.

Judgment: Compliant

## Quality and safety

Based on these inspection findings there was a high level of compliance with regulations relating to the quality and safety of care and the provider ensured that residents received a person-centred service. The management team and staff in this service were very focused on maximising the community involvement and general welfare of residents who lived there. The inspector found that residents were supported to enjoy activities and lifestyles of their choice in line with their assessed needs and preferences.

Resident were supported to take part in social and developmental activities both in the centre, at day service groups and in the local community, in accordance with their individual choices and interests, as well as their assessed needs. The

availability of dedicated transport and staff support ensured that the resident could be freely access facilities and leisure amenities in the area. Some of the activities that residents enjoyed included outings to local places of interest, beaches, woodlands and parks. The resident also enjoyed shopping, going to restaurants, visiting churches, cinema and bowling.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of health care. All residents had access to a general practitioner and attended annual medical checks. Other healthcare services available to residents included psychiatry, psychology and behaviour support therapy which were supplied directly by the provider. Assessments of residents' healthcare needs had been carried out and care plans for identified healthcare needs had been developed. Staff, including nursing staff based in the centre, supported residents to achieve good health through ongoing monitoring of healthcare issues, and encouragement to lead healthy lifestyles and take exercise. Reports and information from healthcare professionals were available to guide staff in the delivery of appropriate care.

The centre suited the needs of residents, and was comfortable, well decorated and accessible. All residents had their own bedrooms which were tastefully decorated and personalised. The centre was maintained in a clean and hygienic condition throughout and each house had access to a garden.

The provider had systems in place to safeguard residents from risk and harm. These included risk identification and management, development of individualised risk profiles, and maintenance of a safe environment. The provider also had good measures in place to manage the risk of fire in the centre.

### Regulation 13: General welfare and development

Residents were being supported to take part in a range of social and developmental activities both at the centre and in the local community. Suitable support was provided for residents to carry out these activities in accordance with their individual choices and interests, as well as their assessed needs. Residents were being supported by staff to be involved in activities that they enjoyed, including sports such as equine therapy, bowling, swimming, rebounding, music events, going for walks, outings, drives to places of interest, and visiting their families. Residents also had opportunities to take part in everyday community activities such as shopping, going to the cinema, eating out and visiting coffee shops.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was comprised of two adjacent houses in a campus setting. During a walk around the centre, the inspector found that both houses were well maintained, clean, comfortable and suitably decorated, and there were green areas adjoining both houses. Assistive equipment such as overhead hoists and accessible bathroom, were provided in both houses to meet residents' assessed needs. The centre was served by an external refuse collection service and there were well equipped laundry facilities in each house.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had ensured that information was provided to residents. There was a residents' guide that met the requirements of the regulations. The inspector read this document and found that it met the requirements of the regulations.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had arrangements in place to ensure that any resident who was transitioning between residential services or clinical settings would be well supported. Hospital passports had been developed for both residents which would be used to supply hospital staff with relevant information in the event of the resident requiring a hospital admission. The inspector read two hospital passports and found that they were detailed and informative. The person in charge also kept records of any resident's temporary absences from the centre.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were good systems in place for the management of risk in the centre. The inspector examined the provider's risk management arrangements which demonstrated that risks were identified, monitored and regularly reviewed. The inspector viewed the risk register and found that it identified a range of risks associated with the service and documented interventions to reduce these risks. This included the specific risks set out in the regulations. The inspector also saw that further individualised risk assessments had been carried out for to identify and

manage risks specific to each resident. The person in charge kept the centre's risks under review and these were being updated to ensure that all current risks were being suitably managed, and that historical risks were removed. There was also a risk management policy to guide practice.

Judgment: Compliant

### Regulation 28: Fire precautions

There were effective measures in the centre to safeguard residents, staff and visitors from the risk of fire.

On a walk through the centre, the inspector saw that there were fire doors throughout the building to contain and reduce the spread of fire. The person in charge showed the inspector records of fire drills, equipment servicing, personal evacuation plans and staff training. There were arrangements in place for servicing and checking fire safety equipment and fixtures by external contractors. Records also showed that staff were completing fire safety check in the centre. Records viewed by the inspector showed that these processes were up to date. Fire extinguishers were being serviced annually and alarms and emergency lighting on a quarterly basis. Fire evacuation drills involving residents and staff were being carried out in the centre. The inspector viewed records of four night time fire drills. These had been completed in a timely manner and the outcomes had been clearly recorded. Personal emergency evacuation plans had been developed for each resident, and the three personal emergency plans that the inspector read were clear. Training records viewed by the inspector confirmed that all staff had attended fire safety training.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to medical and healthcare services to ensure their wellbeing. The inspector viewed two resident's healthcare files which included records of medical assessments and appointments. Records viewed indicated that residents could access general practitioners and medical specialist consultations as required. These residents had attended annual medical health checks and the person in charge confirmed that this was the case for all residents. Residents also had access to allied healthcare professionals within the organisation and appointments and assessments were arranged as necessary. The inspector also saw records of monthly health monitoring such as weight checks that were carried out by staff. Nurses in the organisation were available to provide clinical support and review of residents as required. Most residents were not eligible to attend national health

screening programmes, although those who were, were supported in making this decision by their families and general practitioners.

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
<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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant