



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

Issued by the Chief Inspector

Name of designated centre:	The Maples
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Announced
Date of inspection:	18 April 2024
Centre ID:	OSV-0003601
Fieldwork ID:	MON-0035264

About the designated centre

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

The Maples is a designated centre operated by St. Michael's House. The centre provides a community residential service to five adults. The service can accommodate both males and females with varying ranges of intellectual disability and additional mental health support needs. The centre is a bungalow which consists of a kitchen/dining room, two sitting rooms, five individual bedrooms, and staff office. It is located close to a town with access to shops and local facilities. The centre is managed by a person in charge and the staff team consists of nurses and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Thursday 18 April 2024	09:30hrs to 16:00hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of designated centre, The Maples. This inspection was scheduled to inform decision making in respect of the provider's application to renew the centre's certificate of registration.

The inspection was facilitated by the person in charge for the duration of the inspection. The inspector used observations and discussions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life. Overall, the inspector found that this centre was meeting the requirements of the Regulations in all areas looked at.

The centre was comprised of a large single-storey house in a busy Dublin suburb. It was very close to many amenities and services including shops, cafés, and public parks. The centre had the capacity for a maximum of five residents. At the time of the inspection there were five residents living in the centre.

On arrival to the designated centre, the inspector was greeted by a staff member on duty and one of the residents.

All residents were aware of the inspection visit and were supported to meet with and talk to the inspector. The inspector met with two residents who were present on the day of the inspection, the other residents were out attending day services and appointments.

In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre. The feedback in general was very positive, and indicated satisfaction with the service provided to them in the centre, including the premises, meals, and staff, and also noted that residents felt safe and were able to make choices and decisions in their lives. One resident commented that they were happy living in the centre and had no complaints.

One resident gave her survey to the inspector and discussed some of the comments she had put in it. Overall she communicated that it was a nice place to live and she got on well with staff but sometimes the general noise in the house made it difficult for her to hear when she was in conversation with others. Another resident spoke to the inspector in the afternoon and said he was happy living here and that staff were very supportive.

The resident who greeted the inspector on arrival and a staff member accompanied the inspector on an observational walk around of the premises. The staff member supported the resident in her communication and encouraged her to share her communication passport with the inspector.

The centre was observed to be a clean and tidy, warm and comfortable environment. The premises were seen to be well maintained and nicely decorated. There was adequate communal space.

The wall in the hall had the house floor plans clearly displayed alongside the centre's fire evacuation plan. The hall also displayed the centre's certificate of registration, visitors policy and complaints policy alongside an accessible easy read activity board with photo's of each resident and their chosen activities. The resident on the walk around, showed the inspector how she uses the board for routine management and planning and told the inspector about the activities she enjoys.

The communal space including two sitting rooms which were homely and nicely decorated with photos of residents, and a kitchen dining room with a wheelchair accessible counter and dining table. There was also a small utility room, staff office, store room, and bathroom facilities.

To the rear of the property there was a garden area that could be easily accessed by residents and staff.

Each resident had their own bedroom which was decorated in line with their preferences and wishes, and the inspector observed the rooms to include family photographs, and memorabilia that was important to each resident.

Residents were observed receiving a good quality person-centred service that was meeting their needs. The inspector observed residents coming and going from their home during the day, attending day services and making plans for the evening. The inspector saw that staff and residents' communications were familiar and kind. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner. Residents were being supported to partake in a variety of different leisure, occupational, and recreation activities in accordance with their interests, wishes and personal preferences. For example, when the inspector asked staff what activities do residents enjoy participating in, they were told that residents enjoy going to watch horse racing, going to the cinema and concerts, going for walks and drives and dining out in restaurants. One of the residents told the inspector they enjoyed a glass of wine in the evening. Massage therapy was provided on site twice a month and available for all residents to avail of.

Residents were being supported to develop and maintain their personal relationships, for example, through visiting and keeping in contact with their family and friends by phone or video call.

The inspector did not have an opportunity to meet with the relatives of any of the residents, however a review of the provider's annual review of the quality and safety of care evidenced that they were happy with the care and support that the residents received.

Overall, the inspector found that residents in this centre were supported to enjoy a good quality of life which was respectful of their choices and wishes. The person in charge and staff were striving to ensure that residents lived in a supportive environment. It was clear that residents' views and wishes were listened to and that

their autonomy was respected.

The next two sections of the report will describe the oversight arrangements and how effective these were in ensuring that a safe and good quality service was being delivered.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

Overall, the findings of this announced inspection were that residents were in receipt of a good quality and safe service, with good local governance and management supports in place.

The registered provider had implemented governance and management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their needs and therefore, demonstrated that they had the capacity and capability to provide a good quality service. The centre had a clearly defined management structure, which identified lines of authority and accountability.

There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. They were supported by their staff team, including a Clinical Nurse Manager Grade I and the service manager.

There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation. The inspector found that the provider had ensured that the number, qualifications and skill-mix of staff was suitable to meet the assessed needs of the residents.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. The person in charge provided support and formal supervision to staff working in the centre.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents including annual reviews and six-monthly reports, plus a suite of audits had been carried out in the centre.

Records set out in the schedules of the regulations were made available to the inspector on the day of inspection, these were found to be accurate and up to date

including an accurate and current directory of residents, residents guide and complaints log all of which were made available to the inspector on the day of inspection.

An up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

The person in charge had submitted all required notifications of incidents to the Chief Inspector of Social Services within the expected time frame.

Overall, this inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality.

Regulation 15: Staffing

The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of the residents. The staffing resources in the designated centre were well managed to suit the needs and number of residents. Staffing levels were in line with the centre's statement of purpose and the needs of its residents.

Planned and actual rosters were maintained in the centre which demonstrated that staffing levels were consistent with the statement of purpose. The inspector reviewed both the planned and actual rosters from January, February, March 2024 and found that these reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts.

The registered provider had ensured that they had obtained, in respect of all staff, the information and documents specified on Schedule 2 of the Health Act 2007. A sample of which had been requested by the inspector who reviewed three staff records on the day of the inspection and found them to be accurate and in order.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

All staff had completed mandatory training including fire safety, safeguarding, manual handling and infection prevention control (IPC). Refresher training was available as required to ensure that adequate training levels were maintained.

Staff had also completed human rights training to further promote the delivery of a human rights-based service in the centre.

Supervision records reviewed by the inspector were in line with organisation policy and the inspector found that staff were receiving regular supervision as appropriate to their role.

Judgment: Compliant

Regulation 19: Directory of residents

A current and up-to-date directory of residents was available in the designated centre and included all the required information specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a selection of records across Schedules 2, 3 and 4.

The registered provider had ensured the records of information and documents pertaining to staff members as specified in Schedule 2 was correct and in order.

Similarly, the sample of records viewed pertaining to Schedule 3 and 4 were correct and in order and were made available to the inspector upon request including the designated centre's statement of purpose, residents' guide and a record of all complaints made by residents or their representatives or staff concerning the operation of the centre.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found the governance and management systems in place had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

There were effective leadership arrangements in place in this designated centre with clear lines of authority and accountability. The person in charge worked full-time and was based between two centre's conveniently located next door to each other.

They ensured good operational oversight and management of the centre and were supported by their staff team and the service manager. There were adequate arrangements for the oversight and operational management of the designated centre at times when the person in charge was off-duty or absent.

A series of audits were in place including monthly local audits and six-monthly unannounced visits. Audits carried out included infection prevention and control (IPC), fire safety, restrictive practices, health and safety, residents finances and medication. These audits identified any areas for service improvement and action plans were derived from these. A review of monthly staff meetings showed regular discussions on all audit findings.

The annual review of the quality and safety of care was completed in consultation with residents and their families. The inspector saw that there was very positive feedback from residents and families about the standard of care in the centre. Feedback included comments from family members saying that 'staff are very good at updating us'; 'she is always happy' and 'care is a good standard'. Residents contributed by saying that they 'always have a say' and in relation to privacy that they 'can relax in our rooms anytime we want'.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies and residents had access to a vehicle for transport which was shared with their neighbouring designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed on inspection and was found to meet the requirements of the Regulations and Schedule 1 and clearly set out the services provided in the centre and the governance and staffing arrangements.

A copy was readily available to the inspector on the day of inspection.

It was also available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to

the Chief Inspector of Social Services within the required time frame.

The inspector reviewed five incidents logged in the designated centres log on the day of the inspection, and found that they corresponded to the notifications received by the Chief Inspector.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre. The inspector found that residents in this house were in receipt of a very good quality and safe service which was promoting and respecting the rights of each individual.

The provider and the person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred, which offered a comfortable and homely place to live.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

The designated centre was found to be clean, tidy, well maintained and nicely decorated. It provided a pleasant, comfortable and homely environment for residents. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their tastes.

The inspector spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

There were fire safety systems and procedures in place throughout the centre. There were fire doors to support the containment of smoke or fire. There were adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting provided.

Residents' health care needs were well assessed, and appropriate healthcare was made available to each resident. Residents had access to a general practitioner and a wide range of allied health care services. The inspector reviewed residents' health care support plans and found that these provided clear guidance and were informed by an appropriately qualified health care professional.

Residents that required support with their behaviour had positive behaviour support plans in place. There were some restrictive practices used in this centre. A restrictive

practice committee was in place and restrictions were reviewed regularly.

On review of a sample of residents' medical records, inspectors found that medications were administered as prescribed. Residents' medication was reviewed at regular specified intervals as documented in their personal plans and the practice relating to the ordering; receipt; prescribing; storing; disposal; and administration of medicines was appropriate.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service, delivered by a stable, consistent team of suitably qualified staff.

Regulation 10: Communication

The inspector saw that residents in this designated centre were supported to communicate in line with their assessed needs and wishes.

Residents' files contained communication support plans and a communication profile which detailed how best to support the resident. The inspector saw that staff were familiar with residents' communication needs and care plans. One resident was encouraged to share her communication plan with the inspector to support her interactions.

Staff were in receipt of communication training which supported and informed their communication practice and interactions with residents living in this centre and as observed by the inspector during the course of the inspection.

The inspector also asked staff how residents were supported with respect to their communication needs. Each staff member asked, said they were very familiar with the residents in this centre and are guided by the residents' verbal and non verbal cues including; body language, vocalisations and gestures in determining what is being communicated.

The inspector observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs.

Communication aids, including visual supports, had been implemented in line with residents' needs and were readily available in the centre. The inspector saw that there was information available to each resident to support their communication including a visual activity board and menu plans. The inspector saw staff using these visual supports with a resident to ensure that they were informed and supported to make choices.

The provider had ensured that residents had access to media sources and technology. Residents had televisions, tablets and laptop devices, and there was Wi-Fi available in the centre. Residents were also supported to use video technology to

keep in contact with loved ones.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated.

Additional minor premises issues pertaining to wear and tear had been identified by the person in charge and reported to maintenance.

Equipment used by the residents was easily accessible and stored safely. Records showed that this equipment was serviced regularly.

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

The centre had also been adapted to meet the individual needs of residents ensuring that they had appropriate space that upheld their dignity and improved their quality of life within the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment.

There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements. The exit doors were easily opened to aid a prompt evacuation, and the fire doors closed properly when the fire alarm activated. The fire panel had been made addressable since the last inspection.

There was a written plan to follow in the event of a fire or emergency during the day or night, and fire drills had taken place on a routine basis in the designated centre.

All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the ordering, receipt and storage of medicines. There was a system in place for return of out of date medicines to the pharmacy. The medication administration records clearly outlined all the required details including; known diagnosed allergies, dosage, doctor's details and signature, and method of administration.

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medicines were administered as prescribed.

Medication audits were being completed as per the providers policy and any recommendations or findings from audits were a topic discussed within staff meetings.

Judgment: Compliant

Regulation 6: Health care

There was an assessment of need carried out for all residents on at least an annual basis, and this assessment identified the ongoing and emerging health care needs of residents. Individual health plans, health promotion and dietary assessments and plans were in place.

Residents in this centre had access to a variety of health-care professionals in order to meet their assessed needs. Residents accessed clinical appointments both through the provider's multi-disciplinary team and in the community, in accordance with their assessed needs.

The inspector was shown two of residents' healthcare plans and went through both thoroughly with the person in charge. They included guidelines around resident's medical needs including epilepsy management, oral care, nutrition, bone health, and psychiatry.

The inspector was told that residents were supported to access public health screenings when they were invited to attend these.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. Positive behaviour support plans in place were detailed, comprehensive and developed by an appropriately qualified person.

The inspector found that the person in charge was promoting a restraint-free environment within the centre. Restrictive practices in use at time of inspection were deemed to be the least restrictive possible for the least duration possible.

It was clearly demonstrated that restrictive practices were required for the management of specific risks to the residents. Where a restrictive practice was in place it was noted they had been assessed and with an accompanying risk assessment to further provide rationale for their use. For example, comprehensive bed-rail risk assessments were in place which evidenced thorough reviews of these arrangements.

The provider had ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant