

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

Issued by the Chief Inspector

Name of designated centre:	Weavers Hall
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	18 April 2023
Centre ID:	OSV-0005653
Fieldwork ID:	MON-0030637

About the designated centre

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

Weavers hall is a residential community home that meets the needs of four adult residents with intellectual disabilities. It is a spacious bungalow with four individual bedrooms, a large sitting room, and a kitchen/dining room. The service is situated in a rural setting within close proximity to a village. Residents are supported on a twenty-four-hour basis by a staff team consisting of the person in charge, house manager, staff nurses, social care workers, and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 18 April 2023	09:30hrs to 15:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The person in charge and the house manager greeted the inspector at the residents' home. All four residents were present and were relaxing in their rooms before engaging in their morning routines.

The residents' home was clean and well-maintained. A new kitchen had recently been installed, as had new flooring. There was also a plan for further enhancements to be completed. Residents had their own bedrooms, which had been decorated to reflect the resident's wishes and needs.

The four residents communicated non-verbally. As a result the inspector was unable to gather their views regarding the service provided to them. The inspector did observe that the residents appeared happy in their home. During the course of the inspection, some of the residents relaxed in their rooms, resting or having sensory time. Residents also relaxed in the kitchen after meals and listened to music. The weather improved during the afternoon, and two residents spent time in the garden. One resident enjoyed using a wheelchair swing whilst the other listened to music with the staff.

The two other residents went on an outing with staff members. They went for coffee and then for a walk. The review of residents' information showed that the residents were engaged in activities outside of their home when well enough. Residents had attended the recent St Patrick's day parade, liked to go out for breakfast, and were supported to attend gong therapy, reflexology, and sensory rooms.

There were plans in place to enhance the service provided to residents. The inspector was provided with information that demonstrated that funding had been approved for a resident to have a number of sensory activity items purchased for their bedroom. A design plan was to be drawn up, and an external party would complete the works. An identified piece of work for another resident was purchasing water features for their garden, as the resident liked these.

The residents' family members had been asked to give feedback regarding the service provided to their loved ones as part of the 2022 annual review. Three out of the four families returned the feedback. The review of these showed that the three families were happy with the service provided. There was also evidence of a recent compliment submitted regarding the service by a family member.

The inspector found that the care needs of the residents were met. Detailed assessments had been completed, and support plans were devised that informed the staff how to care for each resident. Residents received an individualised service and their changing needs were assessed and addressed.

The inspector found that improvements were required regarding monitoring

practices, particularly in two areas. Modifications were required to ensure that fire evacuation plans were appropriate and that staff members received supervision in line with the provider's policies and procedures.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

The provider ensured that the residents' home was appropriately resourced. There was a clearly defined management structure in place which was led by the person led in charge. The person in charge was responsible for this service and three others under the remit of the provider and were supported in their role by a house manager. The house manager was responsible for the day-to-day running of this and one other service. The review of records pertaining to the residents and the general management of the service demonstrated that, for the most part, there were effective management systems in place. These systems ensured that the service provided to residents was appropriate to their needs.

As noted above, some areas required improvement. For example, the provider and the person in charge failed to identify that the Personal Emergency Evacuation Plans (PEEP) for two residents were ineffective. This placed the residents and the staff members supporting them at risk. The impact of this will be discussed in more detail in the Quality and Safety section of the report.

The provider and person in charge had ensured regular audits were completed. These audits for the most part identified where modifications were required. The improvements were added to the quality improvement plan, and dates for completion were identified. The annual and bi-annual reports regarding the safety and quality of care provided to residents had also been completed and the reports were available for review.

The inspector found that the services management team were tracking the training needs of the staff team. The review of records maintained by the management team demonstrated that the training needs of the staff were met.

It was established that staff members were not receiving supervision as per the providers policy. The policy stated that this was to be completed quarterly however, the review of supervision records showed that this had not been achieved. Therefore there was a need to ensure that staff development was prioritised via regular supervision.

In summary, the inspection found that there were improvements required to monitoring practices regarding fire safety and ensuring that all staff members

received supervision in line with the provider's guidelines.

Regulation 15: Staffing

The number, qualifications and skill mix of the staff team were appropriate. The staff team comprised staff nurses, care assistants and social care workers. As noted, the inspector observed the staff members to interact with the residents in a caring manner. The inspector reviewed the current and previous staffing roster and found a consistent staff team and safe staffing levels were maintained.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that the training needs of the staff team were being addressed and that the team had been provided with the appropriate training. However, some improvements were required to ensure all staff members received supervision as per the provider's guidelines.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider ensured that there was an appropriate management structure in place. This comprised the person in charge and the house manager. The inspector found that the monitoring of the service was, for the most part, effective. However, improvements were required to ensure that all areas were effectively monitored. As mentioned earlier, the PEEP's being ineffective posed a risk to residents and staff that had not been identified before the inspection.

The required reviews and reports were completed as per the regulations. There was also a schedule of audits. Regular auditing practices ensured that the service was under close review and focused on improving the service provided to residents.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose that contained the required information in Schedule 1 of the regulations. The inspector found that the statement of purpose accurately reflected the service being provided to the group of residents.

Judgment: Compliant

Quality and safety

As mentioned earlier in the report, the arrangements regarding evacuating the residents were not appropriate. An appraisal of fire evacuation drills found that it had taken nine minutes to evacuate residents to the front door of their home during a previous night time simulated drill. All residents were transferred from their beds using a hoist during this drill. The person in charge on the day following the inspection sourced a manikin and attempted to follow the residents' PEEP's. The plans stated that residents could be evacuated using the hoists and that two of the residents could be evacuated from their bedrooms using ski sheets under their mattresses. The fire drill was attempted, and it was found that the prescribed method of evacuating two residents from their home using the ski sheet was ineffective as the manikin and the residents' mattresses could not pass through the corridor to the front door. Therefore the provider's plans to safely evacuate two of the residents from their home had not been adequately tested placing the residents and staff members at risk in the event of a fire. The impact and the provider's response will be discussed in more detail later in the report.

The inspector did find appropriate arrangements for the review and response to the changing needs of residents. Residents' health and social care needs were assessed. Care plans had been devised following the assessments that detailed how best to support each resident.

The health needs of each resident were under close observation. There was evidence of the health needs of residents being prioritised. Residents had access to a range of allied healthcare professionals, and they were supported to attend appointments if required.

Some of the residents presented with episodes of behaviours of concern. The review of a sample of residents' information showed that the provider had appropriate persons to conduct reviews of behaviours and to develop behaviour support plans. Residents had been reviewed by a clinical nurse specialist in behaviour management and occupational therapy and had access to therapeutic services. The review of behaviour support plans and measures introduced demonstrated that there were appropriate systems in place to respond to the needs of the residents.

The financial management systems the provider developed safeguarded the residents from financial abuse. Financial management passports had been set up for the residents that described the support residents needed. There were daily checks regarding residents' finances. They had been assessed and could not manage their

finances.

There were appropriate risk management procedures in place. The procedures included the assessment, management and ongoing review of risk. A risk register had been developed, and each resident had individual risk assessments. The risk control measures that had been introduced were found to be proportionate to the risks.

The provider and person in charge also ensured that Infection Prevention and Control (IPC) measures aligned with best practices. IPC shift huddles were held each morning, and there was evidence of IPC measures being part of the everyday routine. As discussed earlier, the residents' home was clean, and arrangements were in place to ensure that cleaning was completed each day.

In conclusion, the inspection found that the residents received a good care standard. Improvements were required to monitor some areas, but overall, the inspection found that 12 of the 15 regulations reviewed were compliant with the regulations.

Regulation 12: Personal possessions

The residents required full support with managing their finances, and appropriate systems were in place. The systems ensured that residents' finances were protected. Daily checks of their finances were carried out. Furthermore, there were statement and receipt folders to track residents' spending. The residents also had their savings and current accounts.

The provider ensured that each resident had a personal possession tracking sheet. There was evidence of this being updated and under regular review.

Judgment: Compliant

Regulation 17: Premises

The previous two inspections identified issues with the premises. The provider had responded to these issues with a new kitchen being fitted, areas painted, and new flooring laid. There was also a plan for further painting, and a funding request had been approved for new flooring to be put down in the sitting room and hallway.

The service had been designed and laid out to meet the needs of the residents. As mentioned earlier, a plan was in place to add sensory items to a resident's bedroom. The other residents' rooms had been decorated to their preferences.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that a resident guide had been prepared. The guide contained the necessary information as per the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There were appropriate arrangements for the review and response to risk. Individual risk assessments had been developed for residents. These were specific to each resident and were under consideration. An ongoing review of risk in the service and control measures had been introduced to maintain the safety of residents and those supporting them.

A risk register tracked social and environmental risks. This, again, was under regular review.

The inspector reviewed a sample of incident reports that had been completed. There were systems to identify, record, investigate, and learn from adverse incidents.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate measures were in place regarding infection prevention and control (IPC). The provider had adopted procedures in line with public health guidance. There was a COVID-19 outbreak management plan specific to the service. Staff had been provided with a range of training in IPC practices. Measures were in place to control the risk of infection, including weekly and monthly IPC audits. The residents' home was also maintained in a clean and hygienic condition. There were also hand washing and sanitising facilities available.

The provider and the person in charge had adopted procedures consistent with the standards for preventing and controlling healthcare-associated infections published by the Authority. Information was available for staff to review that was kept up to date. The staff team had received training on IPC and were observed to wear appropriate PPE and follow standard-based precautions throughout the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

Reviewing the service's fire precautions and management systems found that improvements were required. The inspector found that fire drills had been taking place. The last nighttime simulated drill was completed on the 03.08.2022. Each resident was transferred from their bed to their wheelchair using a hoist. The evacuation time to the front door for all residents was 9 minutes. The review of residents' personal emergency evacuation plans stated that two of them could be evacuated using ski sheets under their mattresses. The two other residents had ski pads in their bedrooms, as they had double beds that would not fit through the doorway.

The inspector was informed that the provider had recently purchased a manikin to be used during fire drills. The person in charge arranged for a drill simulating nighttime circumstances to be completed the day after the inspection. The person in charge submitted an appraisal of the fire drill. The drill found that the plan to evacuate the residents using the ski sheets was ineffective. The staff members could not safely evacuate the residents utilising the ski sheets as the mattress with the manikin on it, could not fit through the corridor. This meant that the personal emergency evacuation plans were not effective and placed the residents and staff members at risk in the event of an actual fire.

Following this, the staff team carried out a further drill and used a ski pad to evacuate the manikin from the four residents' bedrooms, this piece of equipment was effective in evacuating the manikin without issue. The total simulated drill time took five minutes and 30 seconds. The person in charge stated that following this drill that two further ski pads were to be purchased and that the PEEPS would be updated, stating that the ski pads were to be used as opposed to ski sheets.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The provider and those supporting the residents ensured that comprehensive assessments of the residents' needs had been completed. Care plans had been devised focused on the needs of the residents. These plans were under regular review, and informed staff members on how to support each resident.

Residents had been supported to identify things they would like to achieve in 2023. Examples were attending concerts, visiting sensory rooms, spending more time in the community, and re-connecting with family members. Plans had been drawn up

to support residents in achieving these goals.

Judgment: Compliant

Regulation 6: Health care

An appraisal of a sample of residents' information found that their health needs were under close supervision. Health action plans were created that tracked the residents' medical history and their current needs. Residents had access to a range of allied healthcare professionals, and the staff team and the provider responded to their changing needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had access to appropriate positive behavioural supports. The behavioural needs of residents were assessed and responded to by appropriate persons. The staff team had received adequate training in the area. There was clear evidence of the provider seeking to understand the residents' challenging behaviours and seeking to reduce them to promote positive outcomes for residents.

Judgment: Compliant

Regulation 9: Residents' rights

During their weekly resident meetings, residents were provided with information regarding the Assisted Decision-Making Act (ADM) due to come into effect in the coming weeks. The provider had appointed an ADM coordinator who was providing information to staff members in order for it to be reviewed at resident meetings. The coordinator had also recently attended a staff meeting and presented on the ADM act and the possible impact on residents.

The inspector observed that the staff team supported residents with dignity and respect. The review of training records also demonstrated that the staff team had received training based on residents' rights.

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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Weavers Hall OSV-0005653

Inspection ID: MON-0030637

Date of inspection: 18/04/2023

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • Review of supervision schedule for all staff has taken place to ensure all staff members will receive supervision as per service policy. Completed 01.05.23 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • All PEEPS were reviewed and updated following Night time fire drill on 19.04.23 & 20.04.23 	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> • Two ski pads to replace ski sheets were sourced on 20.04.23 and placed in residents' bedrooms. Individual PEEP's were updated to reflect change in evacuation procedure. Completed 20.04.23. 	



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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/05/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	20/04/2023
Regulation 28(3)(d)	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.	Not Compliant	Red	20/04/2023