



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

## Issued by the Chief Inspector

Name of designated centre:	Weir Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	22 June 2021
Centre ID:	OSV-0005790
Fieldwork ID:	MON-0033644

## About the designated centre

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

Weir Services is a services run by Brothers of Charity Services Ireland. The centre comprises of two premises located a few kilometres from each other on the outskirts of Galway city and provides residential care for up to ten male and female residents, over the age of 18 years with an intellectual disability. Each resident had access to their own bedroom, sitting rooms, kitchen and dining areas, en-suite and shared bathrooms and garden spaces. The centre can also accommodate residents who wish to live in their own apartment. Staff are on duty both day and night at this centre.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	10
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## 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:**

Date	Times of Inspection	Inspector	Role
Tuesday 22 June 2021	09:30hrs to 14:00hrs	Anne Marie Byrne	Lead
Tuesday 22 June 2021	09:30hrs to 14:00hrs	Úna McDermott	Support

## What residents told us and what inspectors observed

This is a centre that very much ensured residents were provided with the care and support that they require. All efforts were made by staff to ensure residents had multiple opportunities to engage in activities of interest to them, in accordance with their capacities and assessed needs. Overall, this is a centre that prioritises the needs of residents in all aspects of the service delivered to them.

The purpose of this inspection was to monitor compliance with the regulations. Due to public health safety guidelines, one premises was briefly visited by inspectors as part of this inspection and the remainder of the inspection was conducted in nearby offices. Furthermore, the person in charge was unable to facilitate this inspection. However, the provider had adequate arrangements in place to ensure suitable persons were appointed to manage this service in her absence. These persons were available to meet with inspectors and facilitate the inspection.

The centre comprised of two premises located a few kilometres from each other on the outskirts of Galway city. One premises comprised of a two-storey dwelling where five residents lived together. Here, each resident had their own bedroom, some en-suite facilities, shared bathrooms, sitting room, kitchen and dining area, staff office and access to a garden area. The garden area was well-maintained and provided residents with ample seating for recreational purposes. This premises also comprised of two apartments which residents occupied on the first floor of the centre, which gave them their own individual living space independent of their peers. One resident invited inspectors to visit their apartment and spoke of their plans to redecorate their bedroom. The second premises comprised of individual apartments which were occupied by five residents. Here, each had their own hallway, bedroom, kitchen and living space and bathroom. Overall, the centre was found to be clean, well-maintained and provided residents with a very comfortable environment to live in.

Inspectors met with all five residents that live in the premises that was visited and many of them spoke directly with inspectors about the care and support that they receive. One resident brought inspectors out into the garden area, where they were growing vegetables and flowers. They proudly showed these and also spoke of their plans for what they wished to plant next in the coming weeks. Another resident, who occupied one of the apartments, spoke of their wishes to live independently in the community at some point in the future. In preparation for this, the provider was in the process of re-configuring their kitchen area to allow for additional space. Once these upgrade works were completed, staff planned to spend time with this resident to develop various cooking and life skills that this resident would require, prior to transitioning to independent living. This resident also spoke of how they were being supported to access the community independent of staff and this resident was very much involved in the risk assessment of this to ensure their safety while doing so. This resident also spoke of their love of foreign travel and of their hopes to recommence this in the future, in accordance with public health safety guidelines.

This resident also told inspectors about how both they and the other residents cared for their two pet cats. Another resident who met with inspectors spoke of their love for drama and theatre. This resident was involved in a local drama group and told of their involvement in the development of plays that were scheduled to start subsequent to this inspection.

Prior to the introduction of public health safety guidelines, staff told inspectors that these residents led very active lifestyles. Since then, much effort was made by staff to ensure these residents still engaged in meaningful activities. Some residents were engaging in local day services, while others were availing of their day service in the comfort of their own home. Due to the adequacy of this centre's staffing and transport resources, this meant that residents had multiple opportunities to still engage in activities of interest of them, including, going for walks, shopping, going for day trips and visiting local attractions.

The adequacy of this centre's staffing arrangement largely attributed to the quality and consistency of care that residents received. Much effort was made by staff to ensure residents were as involved as possible in the planning of their care and running of their home. This was primarily done through daily engagement between residents and the staff members supporting them. Staff had worked with these residents for a number of years and knew them and their assessed needs very well. Staffing levels were subject to very regular review, meaning that where residents required additional staff support, this was quickly identified and responded to. For example, in response previous behavioural support needs of some residents, additional staffing resources were put in place to ensure these residents had access to the number and skill-mix of staff that they required.

In summary, inspectors found residents' safety and welfare was paramount to all systems and arrangements that the provider had put in place in this centre. The provider ensured that residents were supported and encouraged to choose how they wished to spend their time and that they were as involved as much as possible in the running of their home.

## Capacity and capability

This was a well-run and well-managed service, which ensured residents received a good quality and safe service. Although, for the most part, this centre was found to be in compliance with the regulations inspected against as part of this inspection, some minor improvement was identified to aspects of fire safety and risk management.

The person in charge held the overall responsibility for this service and she was regularly present at the centre. At the time of inspection, she was unable to meet with the inspectors and the provider had adequate arrangements to ensure suitable persons were appointed to manage this service in her absence. Adequate arrangements were also in place to ensure the person in charge regularly met with

staff and residents. This was the only centre operated by the provider in which the person in charge was responsible for and support arrangements were in place to ensure she had the capacity to effectively manage this service.

Staffing arrangements were subject to regular review, ensuring a suitable number and skill-mix of staff were at all times on duty to support residents. Arrangements were also in place, should this centre required additional staffing resources. For example, a few months prior to this inspection, in response to the behavioural support needs of one resident, the provider had put additional staffing resources in place to ensure this resident received the care and support that they required. Furthermore, in respect of residents' social care needs, the adequacy of this centre's staffing arrangement meant that residents always had access to the level of staff support they required to engage in activities of their choice. Many of the staff working at this centre had supported these residents for a number of years, which had a positive impact on ensuring residents received consistency of care and meant they were always supported by staff who knew them very well. Effective training arrangements were also in place to ensure staff received refresher training, as and when required. In addition to this, all staff were subject to regular supervision from their line manager.

The provider had ensured that this centre was adequately resourced in terms of staffing, equipment and transport. The person in charge held regular meetings with her staff team, which allowed for resident related care issues to be regularly discussed. She also had regular contact with her line manager to review operational related matters. The oversight of the quality and safety of care was largely attributed to the regular presence of the person in charge at the centre. In addition to this, effective monitoring systems were also in place, which meant that any improvements required to the quality of service delivered to residents were quickly identified and responded to. Six monthly provider-led visits were occurring in line with the requirements of the regulations and where improvements were identified, time bound action plans were put in place to address these.

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

The person in charge held the overall responsibility for this centre. The provider had adequate arrangements in place to ensure suitable persons were appointed to manage and oversee this centre in her absence. Suitable arrangements were also in place to ensure the person in charge regularly met with staff and residents. Adequate support arrangements were also in place to ensure the person in charge had the capacity to effectively manage this service.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge held the overall responsibility for this centre. The provider had adequate arrangements in place to ensure suitable persons were appointed to manage and oversee this centre in her absence. Suitable arrangements were also in place to ensure the person in charge regularly met with staff and residents. Adequate support arrangements were also in place to ensure the person in charge had the capacity to effectively manage this service.

Judgment: Compliant

### Regulation 15: Staffing

This centre's staffing arrangement was subject to regular review, ensuring a suitable number and skill-mix of staff were at all times available to support the assessed needs of residents. Arrangements were also in place, should this centre require additional staffing resources. A well-maintained staff roster was in place, which clearly identified the names of staff and their start and finish times worked at the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Effective arrangements were in place, ensuring staff had access to the training they required to carry out their roles. Furthermore, all staff were subject to regular supervision from their line manager

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced in terms of staffing, transport and equipment. The person in charge regularly met with her staff to team to discuss residents' care and she also maintained regular contact with her line manager, which allowed for operational related matters to be reviewed. The provider had effective monitoring systems in place and where improvements were required, time bound action plans were put in place to address these. Six monthly provider-led visits were also occurring in line with the requirements of the regulations.



Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose available at the centre and at the time of inspection.

Judgment: Compliant

### Quality and safety

Overall, the inspector found that the provider had various effective systems in place to support the quality and safety of care that these residents received.

The centre comprised of two premises located a few kilometres from each other. One premises comprised of a two-storey dwelling where five residents lived together. Here, each resident had their own bedroom, en-suite facilities, shared bathrooms, sitting room, kitchen and dining area, staff office and access to a garden area. This premises also comprised of two apartments which residents occupied on the first floor of the centre, which gave them their own individual living space independent of their peers. The second premises comprised of individual apartments which were occupied by five residents. Here, each had their own hallway, bedroom, kitchen and living space and bathroom. Overall, the centre was found to be clean, well-maintained and provided residents with a very comfortable environment to live in.

Residents' needs were subject to regular re-assessment which meant that any changes to residents' needs were quickly identified and responded to. For example, in response to the mobility needs of one resident, suitable support arrangements were put in place to maintain this resident's safety when mobilising inside and outside of their home, which had resulted in this resident not having a fall for a number of months. Similarly, in response to the assessed nutritional needs of some residents, the provider had adequate risk assessments and personal plans in place, which clearly guided staff on how they were required to support residents with these needs. The provider also had adequate arrangements in place to ensure residents had access to a wide variety of allied health care professionals, as and when required.

Effective systems were in place for the identification, assessment, response and monitoring of risk at the centre. Where incidents occurred, these were subject to review by the person in charge, which meant that risk was quickly responded to. Positive risk-taking was very much promoted at this centre, with some residents accessing the community independent of staff. Comprehensive risk assessments

were in place to support this practice and inspectors observed these risk assessments to clearly identify the specific measures that the provider had put in place to maintain these residents' safety while doing so. Where possible, the provider had also ensured that residents were involved in this risk assessment process. However, inspectors did identify where minor improvement was required to the overall assessment of risk to ensure risk assessments gave clearer hazard identification, additional clarity on the specific control measures that the provider had put in place in response to identified risk and to ensure risk-ratings accurately reflected the positive impact these controls had on mitigating against risk. In addition, although organisational risks were regularly monitored, further review was required by the provider to ensure supporting risk assessments were in place to support this process, for example, fire safety.

Positive behaviour support was very much promoted at this centre. For example, through the effective implementation of interventions and on-going multi-disciplinary review for one resident in recent months, the persons appointed to manage the service in the absence of the person, told inspectors that this resident was responding very well to the additional arrangements that were put in place to support their behavioural support needs. Behaviour support plans were reviewed by inspectors and these were found to give very clear guidance to staff on the types of behaviours that residents presented with, along with the reactive and proactive strategies to be implemented, as and when required. There were restrictive practices in use at the time of this inspection and the provider had arrangements in place to ensure that these were subject to regular review, ensuring the least restrictive practice was at all times used.

Effective fire safety precautions were in place, including, fire detection and containment arrangements, fire safety checks, emergency lighting arrangements and clear fire exits were also available throughout the centre. Fire drills were occurring on a regular basis and records demonstrated that staff could effectively support residents to safely evacuate the centre. A personal evacuation plan was in place for each resident and these gave clear guidance to staff on the specific supports residents required to effectively evacuate the centre. One resident who spoke with the inspectors, told of their participation in fire drills and various fire training that they had attended. Although there was a fire procedure available at the centre, it also required further review to ensure it gave additional clarity on how staff were to respond to fire at the centre.

The provider had procedures in place to support staff in the identification, response and review of any concerns relating to the safety and welfare of residents. In response to safeguarding concerns that were previously raised at this centre, the provider put in place additional measures to safeguard residents. These measures were very effective in responding to this concern and were subject to on-going review to ensure their continued effectiveness.

Since the introduction of public health safety guidelines, the provider put a number of measures in place to maintain the safety and welfare of staff and residents. Regular temperature checks were occurring, social distancing was practiced and staff wore appropriate personal protective equipment (PPE) when supporting

residents. The provider had contingency plans in place in response to an outbreak of infection at this centre and these plans were subject to on-going review.

### Regulation 26: Risk management procedures

The provider had systems in place for the identification, response, assessment and monitoring of risk at this centre. However, improvement was required to some risk assessments to ensure these gave clear hazard identification, identified the specific controls that the provider had put in place in response to risk and to ensure risk-ratings accurately reflected the positive impact these controls had on mitigating against risk. In addition, although organisational risks were subject to regular review, further review was required by the provider to ensure supporting risk assessments were in place to support this practice, for example, fire safety.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider had put a number of measures in place to ensure the safety and welfare of all staff and residents. Social distancing, temperature checks, use of appropriate PPE and good hand hygiene was regularly practiced. Contingency plans were in place, should an outbreak of infection occur at this centre and these were subject to regular review to ensure their overall effectiveness.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, fire detection and containment systems, regular fire safety checks and emergency lighting. Regular fire drills were occurring and records demonstrated that staff could effectively support residents to evacuate from the centre in a timely manner. Although there was a fire procedure available at the centre, it required further review to give additional clarity to staff on how to respond, should a fire occur at the centre.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Individual assessments and personal plans were in place with evidence of multi-disciplinary professionals' involvement specific to the residents' needs. They were reviewed annually, were up to date and outlined the supports required to guide staff on how to support residents with their assessed needs.

Judgment: Compliant

## Regulation 6: Health care

Residents had access to medical and multi-disciplinary healthcare professionals to support their assessed needs. In addition, comprehensive health care plans were available which clearly guided staff on how support residents with their assessed health care needs, particularly in areas such as mobility and nutritional management.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Where residents' required positive behavioural support the provider had ensured that support plans were available for staff and were reviewed regularly. Where restrictive practices were in place, the resident was involved in the multi-disciplinary review of these practices. In addition, staff had received up-to-date training in positive behaviour support.

Judgment: Compliant

## Regulation 8: Protection

The provider had ensured safeguarding plans were in place that these were effective in protecting residents from abuse. Furthermore, these plans were regularly reviewed. In addition, all staff had access to mandatory safeguarding training.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents were encouraged to play an active part in the day-to-day running of their home and were involved in decisions and choices about their lives. This was supported through forums such as the monthly residents' meetings and ongoing daily consultation with staff. Due consideration also was given to support residents' individual wishes and preferences.

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:

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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Weir Services OSV-0005790

Inspection ID: MON-0033644

Date of inspection: 22/06/2021

## 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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: In accordance with Regulation 26 (2) the Person in Charge will ensure that the Risk Assessments are reviewed and updated in the designated centre for the assessment, management and ongoing review of risks. The Person in Charge will ensure that a Risk Assessment for responding to fire is in place and that it is reviewed and updated as required.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: In accordance with Regulation 28 (5) the person in charge shall ensure that the procedures to be followed in the event of fire are reviewed and updated to give additional clarity to staff on how to respond should a fire occur at the centre. The person in charge shall also ensure that the procedures to be followed in the event of fire are displayed in a prominent place and are readily available as appropriate in the designated centre.	



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/06/2021
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	30/07/2021