



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:	Unannounced
Date of inspection:	01 March 2023
Centre ID:	OSV-0005790
Fieldwork ID:	MON-0036933

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, who are 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:

9

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 1 March 2023	10:15hrs to 17:00hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, and due to the work commitments of the person in charge, they were unable to attend for the inspection. In their absence, it was facilitated by the service coordinator and two team leaders. Over the course of the day, the inspector also had the opportunity to meet with three staff members who were on duty, and with six of the residents who resided in this centre.

The centre comprised of two premises, located a short distance from one another, on the outskirts of Galway city. The first house visited by the inspector, was home to four residents, who had lived there for a number of years. Three of these residents were present upon the inspector's arrival, two of whom had chosen to spend the day at home, while another resident was resting in bed. Both of these residents were active around the house, coming in and out of the office to speak with staff, as and when they wished. One of these residents told staff that they didn't mind if they inspector saw their bedroom, which proudly displayed photographs of them with their family and friends. This house was well-maintained, nicely decorated and had many homely features to it. Each resident had their own bedroom, some of which were en-suite, shared bathrooms, a sitting room, kitchen and dining area and staff office. There was garden to the front and rear of this centre, and staff spoke of who they would be planning for the summer garden with residents over the coming weeks. The first floor of this premises included an apartment, which was occupied by one resident. This apartment had been re-configured since the last inspection, to allow additional space to the kitchen area, and a kitchen island had also been installed. Staff spoke of the positive impact this had for the resident who lived in this apartment, as they had a keen interest in cooking and the additional work space, allowed for the resident to now have cooking facilities, which were safe for them to use, with the support and supervision of staff.

The second premises comprised of a block of six apartments, five of which were home to individual residents, while the sixth apartment operated as an office and sleep over space for staff. Three of these apartments were visited by the inspector and provided residents with their own bedroom, bathroom and kitchen and living space. These residents did not require full-time support from staff, and as an additional safety measure, the provider had made the provision of a personal alarm to each of these residents, so that they could alert staff should they require any assistance. Staff were based in another apartment adjacent to these residents, and regularly checked in on each of them to see how they were. Staff also provided support to residents with regards to cooking and general upkeep of their apartment.

These residents all led very active lifestyles, with many attending day services, others were attending various courses, some were involved in community based groups, some held part-time employment, while others enjoyed getting out and about as much as possible to meet with friends. There was a significant emphasis placed on the promotion of residents' independence in this centre, with many residents accessing local services and community amenities, independent of staff

support. Suitable safety arrangements were in place to support this and staff regularly engaged with residents around the various safety measures that were in place for them. To date, these measures had proved effective, where there was no compromise to residents' safety.

The inspector met with many of these residents, and some took time to speak with her about the various aspects of the care and support they receive. One resident told the inspector about recent falls that they had experienced and of how they were being supported by staff to attend various appointments to identify the rationale for this change in their mobility. This resident had a keen interest in poetry and was in the process of compiling a poetry book. They also had a pet dog, who lived with them and they spoke of the company their pet gave to them. The inspector also met with two other residents, one of whom was visiting the other. These residents said they got on very well together and often called in to each other in the evening time. Both spoke about what they had gotten up to earlier at their day services, with one telling of how they took part in farm work, while the other participated in music. One had a keen interest in GAA football and had photographs proudly displayed of various matches that they had attended. The other resident was a very keen artist and spoke of how they had brought their work to various exhibitions and markets, and was delighted with the success they had at these events.

There was a consistent staff team working in this centre, who knew these residents well. At the time of this inspection, some new staff members had been recruited and were undergoing induction to ensure they were given the opportunity to get familiar with the residents and their assessed needs, prior to working with them. A team leader was based in each premises, which provided increased oversight of the service delivered. This inspection also found effective internal communication systems, which had a positive impact on ensuring staff were maintained up-to-date with regards to any changes to residents' care and support.

Overall this was a positive inspection and the specific regulations looked at, will now be discussed in the subsequent sections of this report.

Capacity and capability

The purpose of this inspection was to assess the provider's compliance with the regulations. Overall, this a well-run and well-managed centre that ensured residents received a good quality and safe service. The provider was found to be in compliance with most of the regulations inspected against, with minor improvement required to an aspect of governance and management.

The person in charge held responsibility for this centre and they were supported in their role by the service coordinator, team leaders and staff team. The team leaders each demonstrated strong knowledge of the assessed needs of residents and of the operational needs of the service provided to them. There was good internal

communication systems in place, with meetings regularly occurring between staff teams and local management, which allowed for focused discussions on resident related care and operational issues.

Staffing arrangements in both premises were subject to regular review, which ensured that residents consistently had access to the staff support that they were assessed as requiring. Many of the staff who worked in this centre had supported these residents for a number of years, and had strong knowledge of residents' assessed needs. Where additional staffing resources were required, from time to time, the provider had ensured that locum staff were available to provide this support.

The provider had ensured that this centre was adequately resourced and should additional resources be required, processes were in place for management to request this. Through local monitoring processes, such as internal audits, a number of improvements were identified, and staff and management had taken action to ensure any area of improvement was addressed. In addition to this, the monitoring of the quality and safety of care was also overseen by the provider as part of six-monthly provider-led visits, which reviewed many aspects of the service delivered to residents. However, some improvement was required to ensure the outcome of these visits was promptly made available to local management, to ensure timely rectification of any issues arising from these visits.

Regulation 15: Staffing

The provider had ensured a suitable number and skill-mix of staff were at all times on duty to support the assessed needs of residents. Where additional staffing resources were required, the provider had adequate arrangements in place to ensure the centre had access to this. There was good consistency of care provided, with many staff having supported these residents for a number of years. This had a positive impact for residents, as it ensured they were at all times looked after by staff who were familiar with their assessed needs.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced in terms of staffing, equipment and transport. Where additional resources were required from time to time, the provider had arrangements in place to facilitate local management to request this. Regular team and management meetings were occurring, which allowed for regular discussion about residents' specific care, and also any operational related matters.

Although the provider was conducting six-monthly provider-led visits, to oversee and monitor various aspects of this service, improvements were required to ensure the outcome of these visits were provided to the person in charge and members of local management in a timely manner. For example, the last six-monthly provider-led visit was conducted a number of months ago. However, at the time of this inspection, the report from that visit was not made available to member of management, to facilitate them to action any improvements arising from the findings of that visit.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had a system in place for the reporting, review and response to any incidents occurring. They had also ensured all incidents were notified to the Chief Inspector, as and when required.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held the overall responsibility for this centre and were supported in their role by the service coordinator, team leaders and their staff team, whom they maintained regular contact with. This was the only centre operated by this provider in which they were responsible for, and current governance and management arrangements gave them the capacity to ensure that this centre was effectively and consistently managed.

Judgment: Compliant

Quality and safety

This was a centre that respected the individual interests of each resident and promoted residents' independence, as much as possible. Residents' assessed needs, capacities and wishes were very much at the forefront of the daily operations of this centre.

Residents' needs were re-assessed on a regular basis and personal plans were updated to include any changes to residents' care and support arrangements, as and when required. Residents with assessed health care needs, had access to a wide variety of allied health care professionals, whom staff regularly linked in with.

Personal goal setting was something many of these residents engaged in, and staff were appointed with the responsibility for overseeing and supporting residents to progress towards achieving their chosen goals.

Where risk occurred, effective systems were in place to ensure it was quickly identified and responded to. For example, in response to a re-occurring pattern of falls, staff had sought the follow-up support of multi-disciplinary teams in the review of a resident's care and support arrangements. In addition to this, further measures were put in place to maintain the safety of this resident and these arrangements were maintained under very regular review. Also, where residents regularly engaged in positive risk-taking, such as, accessing the community independent of staff support, additional measures were put in place to ensure these residents' safety was maintained, while doing so. Some residents took responsibility for their own medicines and the control measures in place to support residents to safely do this, were also regularly overseen by staff and management.

Fire drills were regularly occurring and following some issues identified as part of a recent fire drill, the provider was in the process of responding to this. As part of a walk-around of the centre, the inspector observed minor issues with the closing mechanism of some fire doors. Once brought to the attention of those facilitating the inspection, they contacted the relevant persons to have this immediately rectified. Some of the residents who met with the inspector, told of their involvement in fire drills and were aware of what to do, should a fire occur. They also took part in health and safety quizzes with staff, which supported their understanding of this area of the service they received.

The quality of social care that these residents received was largely attributed to the knowledge that staff had gathered about residents' individual preferences and interests, both through regular re-assessment and engagement with them. For instance, a number of residents had expressed an interest in learning various new skills and were now enrolled in a number of educational courses. Others had previously expressed their wishes to have a job and now held part-time employment in their local area. Many of these residents were involved in community based groups and this integration within their local community had provided many positive outcomes for these residents. The level of meaningful engagement that staff maintained with these residents, meant that should residents wish to take part in a new activity or try something different, staff were responsive to their wishes. Of the residents who met with the inspector, they not only spoke fondly about the care and support that they received from staff, but also gave reference to the respect and encouragement they received from staff with regards to their aspirations for personal growth and development.

Regulation 11: Visits

Staff supported residents to welcome visitors to their home and equally supported residents to have regular visits home to meet with family and friends. Suitable

facilities were available in the centre for residents to meet with their visitors in private.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had ensured residents were provided with appropriate support and care, in accordance with their assessed needs, capacity and wishes. Each resident had multiple opportunities for recreation and to participate in activities of their choice. Where residents had wishes to engage in further education and to seek employment, they were supported to do so. Residents were also continually supported to maintain personal relationships and links with the local community.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of two premises, located a few kilometres from each other. One of these premises provided residents with their own bedroom, some of which were en-suite, bathroom,s and shared communal areas. The second premises, comprised of a block of six separate apartments, one of which was used as a staff office. Each of these apartments provided residents with their own kitchen and living space, bedroom and bathroom. Each premise was well-maintained, comfortably furnished and decorated to the individual taste of the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management system in place for the identification, response, assessment and monitoring of risk. Where risk was identified, it was quickly responded to and any additional measures were communicated to all staff in a timely manner. Various risk assessments were in place to support the management and monitoring of resident specific risks and a risk register was also used to oversee organisational risk. At the time of this inspection, staff were undergoing risk management training, to inform an up-coming review of risk assessments in this centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety systems in place, including, fire detection and containment arrangements, emergency lighting, regular fire safety checks were occurring and all staff had received fire safety training. There was a fire procedure in place to guide staff on what to do, should a fire occur in the centre. Regular fire drills were occurring and at the time of inspection, the provider was in the process of responding to a risk which was identified as part of a recent fire drill that was completed. Personal evacuation plans were also in place for each resident, which clearly identified the specific support each resident would need to evacuate from the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had a system in place to ensure residents' needs were assessed for on a regular basis. Personal plans were also developed and updated, to guide staff on what support residents required with their needs. Personal goal setting was an important aspect of the care provided to these residents, with many resident having aspirations to develop basic living skills, some hoped to go on holiday later this year, while others were trying out new activities. Suitable arrangements were in place to ensure residents had the staff support they required to work towards achieving their chosen goals.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured these residents received the care and support that they required. Residents' health care needs were regularly assessed for and the centre was supported by a wide variety of allied health care professionals, who were available to residents, as and when required. Staff who met with the inspector, were very aware of residents' specific health care needs and of their role in supporting residents with this aspect of their care.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behavioural support, the provider ensured that these residents received the care and support that they required. Where a behavioural related incident occurred, it was quickly reviewed and responded to. Staff were also supported by a behavioural support therapist in the review of residents' behavioural interventions. There was minimal use of restrictions in this centre and of the restrictions that were in place, staff spoke with the inspector, about the intentions of the provider to review these to identify alternative measures, that may allow for a further reduction in the use of restrictive practices in this centre.

Judgment: Compliant

Regulation 8: Protection

The provider had procedures in place to ensure staff were supported in the identification, response and monitoring of any concerns relating to the care and welfare of residents. At the time of this inspection, there was a safeguarding plan in place, and this had been effective in ensuring residents were maintained safe from harm. Staff were aware of the safeguarding arrangements in place and of their role in ensuring these were effectively implemented.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were very much promoted in this centre, with residents' wishes being at the forefront of how this centre operated. Staff were cognisant of residents' wishes and endeavoured to promote residents; independence as much as possible. Residents were regularly consulted about the running of their home and were maintained informed of any changes to their care. Their right to privacy was respected and each member of staff who met with the inspector, spoke respectfully about the care and support needs of each resident.

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 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 14: Persons in charge	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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-0036933

Date of inspection: 01/03/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In accordance with Regulation 23 (1) (c), the registered provider shall ensure that management systems, such as the Provider Six Monthly Audit are in place and made available to the staff team in the designated centre. This is to ensure that the service provided is safe, appropriate to residents’ needs, consistent and effectively monitored and that any recommendations are actioned in a timely manner.</p>	

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 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	02/03/2023