Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	23 April 2026
Centre ID:	OSV-0005653
Fieldwork ID:	MON-0041658

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 operated by St John of God Community Services CLG. Weavers Hall is home to 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, a social care worker, and healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 (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 23 April 2026	08:00hrs to 17:00hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This announced inspection was conducted to assess the registered provider's compliance with regulations, and to inform the decision regarding the renewal of the designated centre's registration. From what residents told the inspector and what the inspector observed, it was evident that residents living in this centre were treated with dignity and respect, were happy, and felt safe living in their home. The inspection had positive findings, however, improvements were required pertaining to Regulation 15: Staffing, Regulation 24: Admissions and contract for the provision of services, and Regulation 27: Protection against infection.

The inspection was conducted over a single day, and was facilitated by the person in charge and house manager. The inspector also met with the person participating in management. To form judgements on the residents' quality of life, the inspector used observations, interactions with residents, a review of documentation, and conversations with key staff.

The designated centre was registered to accommodate four residents, and the inspector had the opportunity to meet and talk to all residents over the course of this inspection.

The designated centre was comprised of a large detached four bedroom bungalow, situated in a rural setting in County Louth. The premises was located within a short driving distance of local towns and the beach. The premises comprised of four single occupancy bedrooms, each decorated and personalised in line with residents' personal interests, likes, and preferences, a sitting room, a large open plan kitchen / dining room, a utility room, and an accessible bathroom. The designated centre was surrounded by large gardens, that included a comfortable seating area, and a wheelchair swing, for residents to use at their leisure. The inspector noted that the physical environment was a welcoming, relaxed, and homely environment.

The inspector observed that the designated centre was clean, tidy, and decorated with residents' personal items, including family photographs and memorabilia. Photographs of residents were displayed throughout the premises, and artwork, and plants added to the welcoming, and homely feel of the designated centre. The inspector noted that furniture was free from any damage, and overall the designated centre was in good structural and decorative condition. Some maintenance issues were observed during the walk through of the designated centre, which required review by the registered provider to ensure that staff could implement appropriate infection prevention control (IPC) measures. This is further discussed under Regulation 27: Protection against infection.

Residents had been made aware of the upcoming inspection, and were comfortable with the presence of the inspector in their home. 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 inspector reviewed all surveys completed, and found that feedback was generally positive, and indicated satisfaction with the service provided to them in the designated centre, including staff, choices and decisions, trips and events, and food.

The inspector did not have an opportunity to speak with the relatives of any of the residents, however a review of the provider's annual review of the quality and safety of care completed for 2025, evidenced that they were happy with the care and support that the residents received.

Residents presented with a variety of communication support needs, and were supported by staff to communicate and interact with the inspector throughout the inspection as required. Some residents briefly interacted with the inspector, and told them about their plans for the day which included listening to music, attending their retirement club, and spending time in the garden. Where required, staff supporting residents acted as communication partners, and were observed by the inspector to be familiar with residents' communication support plans.

One resident sat with the inspector at the kitchen table, and was supported by a staff member to go through their communication device. The resident was happy to show the inspector pictures of their favourite activities, and appeared happy and relaxed in the company of the inspector. Activities the resident enjoyed included head massages, watching television, and visiting the local church.

Residents were observed to engage in activities that aligned with their personal interests throughout the duration of this inspection. For instance, one resident enjoyed spending time relaxing in the garden, and was observed to do so. Another resident enjoyed listening to music, and was observed by the inspector to do so in the sitting room. All residents appeared comfortable and at ease throughout the day. The inspector noted that all staff were attentive to the needs of the residents, and were available to provide any supports required.

The person in charge and house manager spoke about the high standard of care all residents received, and had no concerns in relation to the wellbeing of any of the residents living in the designated centre. Observations carried out by the inspector, interactions with residents, feedback from staff, and documentation reviewed provided suitable evidence to support this.

Staff spoke with the inspector regarding the residents' assessed needs and described training that they had received to be able to support such needs, including safeguarding and feeding, eating, drinking, and swallowing (FEDS). The inspector found that staff members on duty were very knowledgeable of residents’ needs, and the supports in place to meet those needs. Staff were aware of residents' likes and dislikes and told the inspector they really enjoyed working in the centre.

From interacting with residents, and observing their interactions with staff, it was evident that they felt very much at home in the designated centre, and were able to live their lives and pursue their interests as they chose. The service was operated through a human rights-based approach to care and support, and residents were

being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

The management team were well informed of the residents' needs, and were clearly committed to driving continuous service improvements in order to ensure that residents were in receipt of a very good quality and person-centred service. Overall, this inspection found that the centre was providing individualised care and support where the rights of each resident was respected, and where they were supported to live busy and active lives of their choosing.

The next two sections of the report will describe the oversight arrangements and how effective these were in ensuring the quality and safety of care.

Capacity and capability

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 inspector found that the designated centre was well governed, and that there were systems in place to ensure that residents were safe and received a high quality service in the centre. However, improvements were required to Regulation 15: Staffing, and Regulation 24: Admissions and contract for the provision of services. This is discussed further in the main body of this report.

The registered provider ensured that suitably qualified, competent, and experienced staff were on duty to meet both the current and evolving needs of all residents. The inspector noted that the staffing levels and skill-mix positively impacted residents' outcomes. For instance, the inspector saw residents being supported to engage in a range of home and community based activities, all chosen according to residents' personal preferences. The person in charge conducted formal staff team meetings, and regularly provided the registered provider with assurance regarding the quality and safety of care and support given to residents.

The staff team were in receipt of regular support and supervision. They also had access to regular refresher training, and there was a high level of compliance with mandatory training. Staff had received additional training in order to meet residents' assessed needs. The inspector spoke with a number of staff over the course of this inspection, and found that staff were well-informed regarding residents' individual needs and preferences in respect of their care.

The registered provider ensured that the designated centre and its contents, including residents' personal property, was fully insured. The insurance coverage also included protection against risks within the designated centre, such as potential injury to residents.

The registered provider had established robust management systems to monitor the quality and safety of the service provided to residents. The governance and management frameworks in place were found to be operating at a high standard within the designated centre. The registered provider had prepared an annual report for 2025 on the quality and safety of care and support, which included consultations with all residents, their families, and representatives. Additionally, the registered provider had conducted an unannounced visit in accordance with regulatory requirements, and a comprehensive suite of audits was implemented, covering key areas such as medication, resident finances, maintenance, and infection prevention and control (IPC).

Improvements were required to ensure that enough assistance was made available when needed for all residents to meaningfully engage with the processes involved in understanding, agreeing to, and signing their contract of care. The inspector noted that contracts of care in place were not in line with residents' assessed communication needs. Furthermore, contracts of care had not been signed by residents. Improvements were required to ensure easy-to-read information was made available to all residents to provide them with clear, comprehensible information about their rights and responsibilities as tenants.

The registered provider had developed a comprehensive written statement of purpose, which included all the information required under Schedule 1.

The following section of this report will focus on how the management systems in place are contributing to the overall quality and safety of the service provided within this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted a complete application as part of the renewal of registration for this designated centre.

The inspector reviewed the application prior to this inspection. All required information and documentation specified in Schedule 2, and Schedule 3 were included in the application.

Additionally, the registered provider ensured that the fee for renewing the registration of the designated centre, as outlined in Section 48 of the Health Act 2007 (as amended), was paid in full.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection the registered provider had ensured there was enough staff with the right skills, qualifications, and experience to meet the assessed needs of residents at all times in line with the statement of purpose, and size and layout of the designated centre. During the inspection, the designated centre demonstrated adequate staffing with three staff members present during the day, and two staff members providing waking night-time supervision.

The staff team was comprised of the person in charge, house manager, nurses, one social care worker, and healthcare assistants. The person in charge was supported in their role by a house manager, and both had responsibilities for three other designated centres operated by the registered provider. The inspector spoke to the person in charge, house manager, and to three staff members on duty, and found that they were all very knowledgeable about the support needs of residents, and about their responsibilities in the care and support of residents.

Effective roster management, conducted by the person in charge and house manager, ensured appropriate staffing levels. A review of February, March and April 2026 rosters confirmed consistent deployment of regular staff, maintaining continuity of care for residents. Vacant shifts were covered using a small, managed pool of relief staff. Roster documentation was accurate and comprehensive, reflecting all staffing details, including full staff names for all shifts.

The inspector reviewed three staff records, and found that improvements were required. Specifically, the inspector noted that one staff member's garda vetting had expired. This staff member required re-vetting to ensure all information was up-to-date.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Robust systems were in place for recording and regularly monitoring staff training, demonstrating effectiveness. Review of the staff training matrix confirmed that all staff had completed a comprehensive range of training courses, ensuring they possessed the necessary knowledge and skills to effectively support residents. This included mandatory training in critical areas such as fire safety, managing challenging behaviour, and safeguarding vulnerable adults, indicating strong compliance with regulatory requirements.

In addition, and to enhance quality of care provided to residents, further training was completed, covering essential areas such as manual handling, safe administration of medication, feeding, eating, drinking, and swallowing (FEDS), and infection, prevention, and control (IPC).

Staff were in receipt of regular support and supervision from the person in charge and house manager. For example, staff participated in biannual formal supervision sessions. The inspectors review of three staff member's supervision records

confirmed that each session included a review of continuous professional development, and provided a platform for staff to voice concerns, and provide feedback.

Judgment: Compliant

Regulation 22: Insurance

The designated centre was sufficiently insured to cover accidents or incidents. The necessary insurance documentation was submitted as part of the application to renew the designated centre's registration.

Upon review, the inspector confirmed that the insurance policy covered each building, their contents, and residents' personal property.

Additionally, the insurance also provided coverage for risks within the centre, including potential injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

To ensure residents received effective, person-centred care, and enjoyed a high quality of life, the registered provider maintained appropriate resources. This included staffing levels aligned with residents' assessed and changing needs, and active multidisciplinary team participation in care planning.

The designated centre operated with a well-defined management structure, ensuring staff clarity regarding roles and responsibilities. The service was effectively managed by a capable person in charge, who, with the support of their house manager, possessed a thorough understanding of residents' and service needs, and had established structures in place to fulfill regulatory obligations. Furthermore, all residents benefited from a knowledgeable and supportive staff team.

Effective management systems ensured the designated centre's service delivery was safe, consistent, and effectively monitored. A comprehensive suite of audits, covering health and safety, infection prevention and control (IPC), medicines, residents' finances, and individual personal plans (IPPs), was conducted by the provider and local management team. The inspector's review of these audits confirmed the audits thoroughness, and their role in identifying opportunities for continuous service improvement.

An annual review of the quality and safety of care had been completed for 2025. The inspector completed a review of this and found that all residents, staff and

family members were all consulted in the annual review. In addition, the inspector reviewed the action plan created following the registered provider's most recent six-monthly unannounced visit, which was carried out in December 2025. The inspector noted that documented actions were effectively contributing to service development and enhancement.

There were effective arrangements for staff to raise any concerns. Staff spoken with told the inspector that they could easily raise concerns with the person in charge. In addition to the supervision arrangements, staff also attended monthly team meetings which provided a forum for them to raise any concerns.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Improvements were necessary to ensure that enough assistance was made available when required for all residents to meaningfully engage with the processes involved in understanding, agreeing to, and signing their contract of care.

The registered provider had failed to ensure the information in residents' contracts of care was made available to them in line with their assessed communication needs, and in a format that they could understand to support their informed decision-making on the terms of their contract. Contracts of care reviewed by the inspector were not written in plain language, and were difficult to follow and understand. Furthermore, the inspector noted that there were no contracts of care signed by residents on file on the day of this inspection.

Additionally, the provider's admission, discharge and transfer policy which was last reviewed in March 2026 required review. Following a review of the established policy, the inspector noted that it did not make reference to or include guidance pertaining to residents' contracts of care. This required comprehensive review by the registered provider.

Judgment: Not compliant

Regulation 3: Statement of purpose

As part of the application to renew the registration of the designated centre, the provider submitted a statement of purpose that clearly described the services offered, and met the regulatory requirements.

The inspector reviewed the statement of purpose and found that it clearly outlined the care model and the support provided to residents, as well as the day-to-day operations of the designated centre. The statement of purpose was reviewed by the

inspector during the inspection, and it was also made available to residents and their representatives in a format that suited their communication needs and preferences.

Additionally, a walk-around of the designated centre confirmed that the statement of purpose accurately reflected the available facilities, including room sizes, and their intended functions.

Judgment: Compliant

Quality and safety

This section of the report provides an overview of the quality and safety of the service provided to the residents living in the designated centre. Overall, the registered provider had measures in place to ensure that a safe and quality service was delivered to each resident. The findings of this inspection indicated that the registered provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was safe and person-centred. However, improvements were required pertaining to Regulation 27: Protection against infection.

Residents were encouraged and supported to make decisions about how their bedroom was decorated, and residents' personal possessions were respected and protected. Residents had easy access to and control over their clothing, and there were systems in place to ensure that residents' clothing and other items were laundered regularly, and were returned to them safely and in a timely manner. Furthermore, systems were in place to routinely monitor and audit residents' finances in line with the registered provider's established policy.

The inspector observed a warm and relaxed atmosphere throughout the designated centre, with residents appearing content and comfortable with both their living environment and the support they received. After walking through the designated centre, the inspector found that the design and layout of the premises effectively ensured residents could enjoy an accessible, comfortable, and homely setting. There was a good balance of private and communal spaces, and each resident had their own bedroom, which was thoughtfully decorated to reflect their personal tastes and preferences.

Arrangements were in place to ensure residents received adequate, nutritious, and wholesome meals tailored to their dietary requirements and personal preferences. Residents were encouraged to eat a varied diet, with their food choices being fully respected. They were supported by a coordinated multidisciplinary team, including medical professionals, speech and language therapists and dietitians. During the inspection, staff were observed following the guidance and expert recommendations provided by these specialist services.

The registered provider had prepared written policies and procedures on infection, prevention and control (IPC) matters which were readily available for staff to refer to. However, improvements were required to ensure that the measures and arrangements in place, to support infection control precautions and procedures, were effective at all times and mitigated the risk of spread of healthcare-associated infection to residents and staff. For instance, a number of maintenance works were required to ensure all staff could effectively implement appropriate IPC measures.

The registered provider had effectively mitigated the risk of fire by implementing robust fire prevention and oversight measures. Appropriate systems were in place to detect, contain, and extinguish fires within the designated centre. Documentation reviewed confirmed that equipment was regularly serviced in compliance with regulatory requirements. Additionally, residents' personal emergency evacuation plans were reviewed on a continuous basis to ensure that specific support needs were fully met.

It was found that residents had an up-to-date and comprehensive assessments of need on file. Care plans were derived from these assessments of need. Care plans were comprehensive, and were written in person-centred language. Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met.

Where required, positive behaviour support plans were developed for residents, and staff were required to complete training to effectively assist residents in managing behaviours that challenge. The registered provider and person in charge ensured that the service consistently upheld residents' rights to independence and a restraint-free environment. For instance, any restrictive practices in use were thoroughly documented and regularly reviewed by the appropriate professionals.

Regulation 12: Personal possessions

The registered provider recognised the importance of residents' property, and had created the feeling of homeliness to assist all residents with settling into the centre. For example, wall art and decorative accessories were displayed throughout the home, which created a pleasant and welcoming atmosphere.

The registered provider had clear financial oversight systems in place with detailed guidance for staff on the practices to safeguard residents' finances and access to their monies. The inspector found that residents had assessments completed that determined the levels of support they required.

The inspector reviewed a sample of financial records where residents received support from staff to manage their finances. Each resident had their own bank account, and staff maintained records of each transaction, including the nature and purpose of transactions and supporting receipts and invoices.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises was designed and arranged to align with the service's aims and objectives, as well as the number and needs of residents. The designated centre was well-maintained, clean and appropriately decorated.

The inspector observed a warm and calm atmosphere within the designated centre. Residents indicated high levels of satisfaction with their living environment and the support they received. The living environment was stimulating and provided opportunities for rest and recreation. Each resident participated in choosing equipment and furniture in order to make it their home. For example, some residents were being supported to redecorate their bedrooms at the time of this inspection.

Each resident had their own bedroom, which was decorated according to their personal style and preferences. For example, bedrooms featured family photos, artwork, soft furnishings, and memorabilia that reflected their individual tastes and interests. This approach supported the residents' independence and dignity, while acknowledging their uniqueness. Additionally, every bedroom was provided with ample and secure storage for residents' personal belongings.

The equipment used by residents was both easily accessible and stored securely. Records reviewed by the inspector evidenced that the equipment was regularly serviced, with items such as high-low beds and overhead hoists undergoing annual servicing.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents with identified needs related to feeding, eating, drinking and swallowing (FEDS) had up-to-date care and support plans in place. The inspector reviewed three of these care plans, and found they provided clear guidance on mealtime requirements, including food consistency, as well as the residents' preferences and dislikes.

Staff demonstrated a strong understanding of FEDS care plans, and consistently followed guidance from specialist services, including speech and language therapy and dietitian services. Throughout the inspection, staff were observed by the

inspector adhering to the therapeutic and modified dietary consistency requirements outlined in residents' FEDS care plans.

The inspector observed a diverse range of food and drinks, including fresh and perishable items, stored in the kitchen for residents to select from. All items were stored in a hygienic manner. The kitchen was also well-equipped with high-quality cooking appliances and utensils, providing residents with everything needed to prepare their own meals.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had prepared written policies and procedures on infection, prevention and control (IPC) matters which were readily available for staff to refer to. However, improvements were necessary pertaining to effective implementation of IPC measures to protect residents and staff against infection.

The designated centre was observed to be clean, and appropriate hand washing and hand sanitisation facilities were available to staff, residents and visitors. The premises was well maintained and appropriate control measures, such as the appropriate use of person protective equipment (PPE), was in place to reduce the probability of residents being exposed to infectious agents. Appropriate guidance was available to staff.

Cleaning schedules were in place with cleaning recorded as being done daily. Records provided indicated that all staff had completed relevant training in IPC. There were systems in place for the management of laundry, and staff were aware of these procedures. Colour coded mops and buckets were stored in a clean dry area, and the registered provider had systems in place for the management of waste.

However, during the walk through of the designated centre, a number of maintenance issues were identified that required attention, that hindered staff from effectively implementing appropriate IPC measures. Specifically, visible damage to walls, architraves, and skirting boards impeded thorough IPC cleaning. The inspector observed damage to a resident's bedroom wall, along with visible mould in the upper left corner of the ceiling in the utility room. Additionally, rust was observed on the radiator in the same utility space, necessitating review and action by the registered provider.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. For example, the inspector observed break glass alarm points, smoke and heat detectors, and emergency lighting. Portable firefighting equipment was strategically located throughout the designated centre to cover the risk of fire.

The inspector noted that escape routes through the centre were clearly indicated. Following a review of servicing records maintained in the designated centre, it was found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector observed that the fire panel was addressable and easily accessed, and all fire doors, including bedroom doors closed properly when the fire alarm was activated. All fire exits were equipped with thumb lock mechanisms, which ensured prompt evacuation in the event of an emergency.

The registered provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, the inspector reviewed all residents' personal emergency evacuation plans. Each plan detailed the supports each resident required when evacuating in the event of an emergency. Staff spoken with were aware of the individual supports required by residents to assist with their timely evacuation.

Additionally, the inspector examined the fire safety records, including fire drill documentation, and confirmed that regular fire drills were conducted in accordance with the registered provider's established policy. The provider demonstrated that they were capable of safely evacuating residents under both day time and night time conditions.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed four residents' files and saw that files contained up-to-date and comprehensive assessments of need. These assessments of need were informed by the residents, their representative, and the multidisciplinary team as appropriate.

The assessments of need informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. For example, the inspector observed plans on file relating to the following:

- Communication
- Positive behaviour support
- Intimate care

- General healthcare
- Emotional wellbeing.

Each resident was assigned a keyworker and they supported the resident to engage with and participate in decisions about their own lives, and the running of their home. All residents participated in an annual review of their individual personal plan (IPP). During these meetings, residents set meaningful goals they aimed to achieve. Examples of goals set included attending a concert, organise a holiday, redecorate a bedroom, and a garden project.

The registered provider had in place systems to track goal progress. For instance, goals were discussed with residents during keyworking and recorded in goal progress documentation. In addition, photographs of the residents participating in their chosen goals and how they celebrated were also included in their individual personal plans (IPPs).

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that effective arrangements were in place to provide positive behaviour support for residents with assessed needs in this area. For example, each resident had a positive behaviour support plan on file. Upon reviewing two of these plans, the inspector noted that they were detailed, comprehensive, and developed by qualified professionals. Additionally, each plan identified potential triggers and antecedent events, alongside proactive and preventative strategies designed to minimise the risk of behaviours that challenge from occurring.

The registered provider ensured that staff received thorough training, equipping them with the necessary knowledge and skills to effectively support residents. Staff demonstrated a strong understanding of the support plans in place, and the inspector observed positive communication and interactions between residents and staff throughout the duration of the inspection.

Two restrictive practices were implemented within the designated centre. The inspector reviewed both of these and found that they were the least restrictive and used for the shortest duration possible. The inspector found that restrictive practises in use were regularly reviewed, and were discussed during formal staff meetings.

The inspector found that the registered provider and person in charge actively promoted residents' right to independence and a restraint-free environment. For instance, the inspector confirmed that restrictive practises in use had been appropriately risk assessed, in accordance with the provider's established policy, and were subject to regular review by the registered provider's Governance of Restrictive Interventions Committee (GRIC).

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Weavers Hall OSV-0005653

Inspection ID: MON-0041658

Date of inspection: 23/04/2026

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • Staff member completed the re-vetting process (completed 23.04.26)	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: • Contracts of care will be made available to residents in line with their assessed communication needs by 31st August 2026 • Residents will be supported with information and will be assisted with meaningful engagement with the processes involved in understanding, agreeing to, and signing their contract of care by 31st August 2026 • Admission, discharge and transfer policy will be reviewed to include information on Contracts of Care by by 31st August 2026	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: • Damage to bedroom to be repaired and painted by 31st July 2026 • architraves, and skirting boards will be repaired and painted by 31st July 2026 • Mould in the upper left corner of the ceiling in the utility room cleaned (completed	

23.04.26)
• Radiator on radiator in utility to be cleaned and painted by 31st July 2026

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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	23/04/2026
Regulation 24(4)(b)	The agreement referred to in paragraph (3) shall provide for, and be consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose.	Not Compliant	Orange	31/08/2026
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures	Substantially Compliant	Yellow	31/07/2026

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			