



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 Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	08 September 2021
Centre ID:	OSV-0005653
Fieldwork ID:	MON-0030638

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
Wednesday 8 September 2021	09:30hrs to 16:45hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

On arrival to the premises, the inspector observed some of the residents relaxing in the sitting room watching television. The staff team were in the process of supporting the other residents to begin their day and were tending to their care. The inspector was introduced to the four residents who communicated their needs non-verbally. The inspector observed warm and friendly interactions between the residents and the staff members supporting them during the day. The residents were engaged in a range of sensory intervention activities, including visual sensory tools and massages. Residents also spent time in their garden listening to music and in the kitchen/dining area.

The inspector had the opportunity to speak with two of the residents' family members. They spoke positively of the service being provided. They stated that they had regular contact with the staff team and, before the pandemic, could visit whenever it suited. Both family members referenced that they felt their loved ones were happy in their home and that their move away from a campus-based setting had been positive for the residents.

The inspector observed residents being comfortable in their home; they spent periods relaxing in their rooms and other areas of the house. It was evident that this was the residents' home with pictures of the residents all through the house. There were, however, required maintenance works throughout the house. Some of these works had been outstanding for an extended period and had impacted the staff team's efforts to maintain a homely environment. This will be discussed in more detail in the Quality and Safety section of the report.

An appraisal of residents' information demonstrated that residents were engaged in a range of in-house activities. The inspector observed the residents engaging in some of these activities and that residents appeared to enjoy them. The review of information did demonstrate that residents were partaking in limited meaningful activities outside of their home. This was despite residents having on-site access to a wheelchair-accessible bus. The inspector found that there had been occasions where the skill mix of the staff team supporting the residents had impacted their opportunities to engage in activities outside of their home. This will be discussed in more detail in the Capacity and Capability and Quality and Safety sections of the report.

The reviewed information demonstrated that the centre's management team had identified a number of required improvements with the provider's senior management team. However, there had been a delayed response to identified actions being addressed, which had negatively impacted the quality of service being delivered to residents. This will be discussed in more detail in the below two sections.

The next two sections of the report present the findings of this inspection in relation

to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

There was a management structure in place that was led by a person in charge. The provider had also appointed a house manager to the service. On reviewing the management team's roles, the inspector found that the person in charge was responsible for four other designated centres. The house manager was involved in the management for two other designated centres. As a result, the management team had limited on-site presence in the centre. There was a schedule of monthly audits in place; a review of completed audits demonstrated that there had been delays in audits being completed and that some had yet to be carried out. This impacted the management team's ability to have effective oversight of practices and supports being delivered to the residents.

The inspector found there were improvements required in a number of areas throughout the inspection, for example, ensuring that records were appropriately maintained, the staffing skill-mix was sufficient to meet the needs of residents and that residents were being supported to engage in meaningful activities outside of their home. Further improvements were required to ensure that effective fire drills were taking place and that the premises was well maintained. The centre's maintenance issues had also impacted the staff team's ability to ensure that all surfaces were appropriately cleaned; there were also enhancements required to ensure that all existing risk control measures were appropriate.

The provider had completed a 2020 annual review of the quality and safety of care and support provided to the residents. The review had identified areas that required attention, and these had been added to the quality improvement plan. There were, however, delays in a number of these improvements being addressed appropriately.

There is a regulatory requirement that the registered provider or a person nominated by the registered provider will carry out an unannounced visit to the centre at least once every six months and prepare a written report on the safety and quality of care and support provided to residents. While a written report had been completed, a nominated person had not visited the centre or done so unannounced. Instead an online review was completed. This impacted the nominated person's ability to review the centre appropriately, and in particular, the large amount of required maintenance works. The inspector notes that the practice of online or virtual reviews had been introduced due to visitation and travel restrictions that had previously been in place due to the pandemic. These, however, were not in place at the time the report was completed.

The review of the centres staffing rota demonstrated that there had been a number of staff changes in recent months and that some staff were on long-term leave. On-call staff members were being used to ensure that safe staffing levels were

maintained each day. The changes to the staff team had affected the skill mix of the staff team and impacted the supports being provided to the residents. The inspector found that there had been occasions where two out of three staff members on shift did not have rescue medication training required to support three of the residents with epilepsy. This resulted in periods where the skill mix of staff meant that the three residents could not attend activities outside of their home as there was a requirement where the trained staff would remain with the three residents on site. The person in charge had raised concerns to the provider's senior management regarding the continuity of care and the skill mix. The inspector was assured that steps were being taken to address the issues, however, there had been delays in responding to the concerns.

The inspector reviewed the staff team's training analysis spreadsheet with the support of the person in charge. The spreadsheet did not contain the most up-to-date information regarding staff members completed training and also displayed that there were a number of staff members that required refresher training in basic life support and also, as mentioned above, rescue medication training. There were, therefore, improvements required to ensure that the staff team had access to appropriate training and also that the training records were suitably maintained.

The inspector reviewed a sample of residents' contracts of care; it was found that the contracts contained the relevant information as per the regulations and had been signed by the residents or appropriate persons. The provider had also ensured that there was an effective complaints procedure in place. There was easy read information available for residents regarding complaints and evidence of the staff team raising concerns on behalf of residents in the past. Residents' family members were also supported to raise issues if required.

In summary, the inspection found that the provider had not ensured that the governance and management arrangements were appropriate. There were systems to identify actions, but improvements were required to ensure that all actions were addressed in a proper time frame.

Regulation 15: Staffing

There had been a period where residents were not receiving continuity of care. There had also been occasions where the staffing skill-mix had negatively impacted upon the residents' ability to engage in activities outside of their home.

Judgment: Not compliant

Regulation 16: Training and staff development

The review of staff training records found that there was outstanding training for

members of the staff team. Furthermore the provider had not ensured that the training records were appropriately maintained.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found that the existing management arrangements had not been effective in addressing actions that had been identified via audits and reports. There were also improvements required to ensure that there were appropriate oversight arrangements in place that ensured that the best possible service was provided to each resident.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The provider had ensured that residents contacts of care contained the relevant information as per the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspection found that there was an effective complaints procedure had been developed by the provider.

Judgment: Compliant

Quality and safety

The inspection found that the provider had failed to ensure that the interior of the premises had been appropriately maintained. There were painting works required throughout the house and repair works to corridors and a number of doorways and doors. The centres management team had identified these works, but there had been significant delays in them being addressed. The inspector found that the kitchen presses required repair with significant scratches and chips from the existing

paintwork. This impacted the staff team's ability to ensure that the presses which were in regular use were effectively cleaned. These outstanding works were detracting from the staff team's efforts to promote a homely atmosphere for the residents.

The existing fire safety measures were reviewed. It was found that the provider had not carried out a fire drill that demonstrated that they could safely evacuate the residents and staff during night time circumstances. The review of records showed that simulated drills had taken place between 2019 and 2021. These simulated drills had not demonstrated that the residents could be safely evacuated out of their home with the minimum number of staff on shift. The provider had completed day time drills that confirmed that residents could be safely evacuated out of their home during the day time. The provider had also ensured that staff members had completed appropriate fire training and that the required maintenance of fire equipment had taken place.

The provider had ensured that there were arrangements for the prevention and control of infection. The provider had adopted procedures in line with public health guidance in response to COVID-19. There was a COVID-19 contingency plan specific to the centre. Staff had been provided with a range of training in infection control. Notwithstanding these measures, an infection control risk was identified due to the repairs required to the kitchen presses, which meant that these areas were difficult to effectively clean from an infection control perspective.

The inspector reviewed the risk register, which captured the environmental, medical, and social risks. The review of the available documentation found that there were improvements required to ensure that the listed control measures were appropriate. There was a risk assessment developed in regard to supporting the residents with epilepsy. A number of control measures were listed; these included a staff nurse on duty for twelve hours each day, that the staff team had up-to-date basic life support training and that all staff were to receive epilepsy and rescue medication training. The inspector found that these control measures were not in place and, as a result, were not effective. The inspector did find that resident-specific risk assessments had been developed for residents and that these were under review. There were also systems in place where adverse incidents were recorded and reviewed as part of staff team meetings.

The provider had ensured that comprehensive assessments of residents' health needs had been completed. Residents had also been supported to identify and engage in personalised goals. There were effective tracking systems in place, and there were also practices where individual work sessions were being completed. The review of sessions did show that there were occasions where residents were being supported to engage in activities away from their home. There were, however, sporadic recordings for some residents. Residents meaningful day planning sheets and nursing notes that were reviewed also demonstrated that there were limited activities planned for the residents away from their home. For some residents, a scenic drive was listed as their only activity outside of their home. The inspector notes that recently some residents had been supported to engage in preferred therapies in their community. There were, however, improvements required to

ensure that all residents had the opportunity to participate in activities in line with their interests outside of their home.

The information reviewed demonstrated that residents were receiving and had access to appropriate health care. Residents' health needs were under constant review, and support plans were updated if required. The review of a sample of support plans showed that the plans captured the steps to be taken in order to best support each residents' health.

There were arrangements in place that ensured that residents had access to positive behavioural; support if required. The inspector reviewed a sample of residents' behaviour support plans and found them to be resident-specific and focused on developing the staff team's understanding of the behaviour and the supports required to reduce the behaviours.

Overall, the provider had failed to ensure that all aspects of the service were compliant with the regulations. There were a number of areas that required improvement, in particular ensuring that the premises was well maintained and suitably decorated.

Regulation 26: Risk management procedures

A sample of risk assessments were reviewed. It was found that in some instances that the listed risk control measures were not in place. The provider, as a result, had failed to ensure that the risk control measures were appropriate and under effective review.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Overall, there were suitable procedures in place for the prevention and control of infection, which were in line with national guidance for the management of COVID-19. However, it was noted that the damage to kitchen presses meant that this area was difficult to clean from an infection control perspective.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While fire drills were taking place, the provider had failed to demonstrate that they

could effectively evacuate residents and the staff team supporting them during night time circumstances. The review of information found that such a drill had not been carried out for 3 years.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualized supports for residents. Residents' care plans were under regular review and reflected the steps to support the residents.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were under review. They had access to appropriate healthcare services on the same basis as others in order to maintain and improve their health status.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were arrangements in place that ensured that residents had access to positive behavioural; support if required.

Judgment: Compliant

Regulation 9: Residents' rights

A study of residents' information found that some residents had been engaged in limited activities outside their home. There had been occasions where the staff team skill-mix had directly impacted upon residents being able to access their local community. This, therefore, impeded the rights of the residents.

Judgment: Substantially compliant

Regulation 17: Premises

The inspection found that the provider had failed to ensure that the interior of the premises had been appropriately maintained.

Judgment: Not 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
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 17: Premises	Not compliant

Compliance Plan for Weavers Hall OSV-0005653

Inspection ID: MON-0030638

Date of inspection: 08/09/2021

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ol style="list-style-type: none"> Staffing deficits identified within the center , one Health care Assistant commenced on roster WC 20.09.21, one staff nurse commenced on WC 27.09.21, one Health care assistant returned from long term sick leave on WC 13.09.21. The roster will have a full complement of permanent staff with the addition of on call staff The staff skill mix & associate roster will reflect the changing needs of the residents of the DC. 	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> Outstanding training is booked. On call staff to submit training certificates to Human Recourses department to ensure accurate training records. 	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. A revised schedule of audits has been put in place and any outstanding Audits within the schedule has been completed by PIC or CNM1 2. Quarterly peer Audits have commenced across PIC's Designated Centers. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ol style="list-style-type: none"> 1. Risk assessment – risk control measures were reviewed and now appropriate control measures are in place 	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ol style="list-style-type: none"> 1. A schedule of works including the painting and repair of Kitchen presses has gone to procurement and awarded , to be completed by 19/11/21 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. A night time drill took place on 29.09.21 all residents physically took part in Drill 	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ol style="list-style-type: none"> 1. Staffing deficits identified within the center, one Health care Assistant commenced on roster WC 20.09.21, one staff nurse commenced on WC 27.09.21, one Health care assistant returned from long term sick leave on WC 13.09.21. 2. The roster will have a full complement of permanent staff with the addition of on call staff 3. On call staff is booked in for Buccal and epilepsy training, on call staff are used in conjunction with permanent staff. The roster will ensure that there is buccal trained staff on duty 24/7. 4. Residents meaningful day schedule reviewed, residents have meaningful activity outside the home in line with the resident individual personal plan. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. Schedule of works identified for completion and is gone to procurement , procurement awarded to be completed by 19/11/21 	

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	27/09/2021
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	27/09/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Substantially Compliant	Yellow	30/12/2021

	training, including refresher training, as part of a continuous professional development programme.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	19/11/2021
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.	Not Compliant	Orange	30/09/2021
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures	Substantially Compliant	Yellow	12/09/2021

	might have on the resident's quality of life have been considered.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	19/11/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Red	30/09/2021
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	27/09/2021