



**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:	Weir Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	02 July 2024
Centre ID:	OSV-0005790
Fieldwork ID:	MON-0034991

## 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:	8
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 2 July 2024	09:30hrs to 18:30hrs	Jackie Warren	Lead
Tuesday 2 July 2024	09:30hrs to 18:30hrs	Carmel Glynn	Support

## What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, inspectors met, and spoke with, all residents who lived in the centre. Inspectors also met with the person in charge, and staff on duty, and viewed a range of documentation and processes. Although a high level of compliance was found in the regulations examined, some improvement to deputising arrangements, operational policies and staff refresher training was required, although these did not appear to impact negatively on the lives and care of residents.

It was clear from observations in the centre, conversations with residents and staff, and information viewed during the inspection, that residents had busy lives and were involved in meaningful and rewarding activities, had choices in their daily lives, and were supported by staff to live their lives as independently as possible. The wellbeing, autonomy, human rights and quality of life of residents was being prioritised, and the care and support provided to residents was person-centred.

The designated centre was a single two storey house and a block of five separate self-contained apartments, located a few kilometres apart, on the outskirts of a busy city. The designated centre could provide residential care for up to 10 residents. At the time of inspection, there were two vacancies, one in the house and one in the apartments.

Inspectors had the opportunity to meet with all eight residents living in the centre throughout the course of the inspection, and also reviewed the questionnaires that had been completed by residents. All of the residents reported they were happy living in the centre. Residents spoke to inspectors about their active and busy lives. On arrival to the centre, inspectors had the opportunity to meet with two residents who were getting ready to head out for the day. One resident told inspectors that they were happy and safe living in the house, that they trusted staff, and that if they were being bullied, they would talk to staff about it. The resident told inspectors that they had access to their own money. Another resident spoke to inspectors about their involvement in film-making, and showed inspectors some photos of their achievements. The resident spoke about their plans to go on trips later in the year and for their birthday party next month. The resident also talked about being involved in writing books, which have been published and one which had recently been produced as a theatre play.

Inspectors met another resident who was spending the day at home after having a dental procedure the previous day. They played music and did some cleaning in their room, and came down to the kitchen later to make something to eat. The resident spoke to inspectors about their day service and about their love for animals, and that they are going to see a band at a festival in a few weeks.

Inspectors met all residents who lived in the apartments. Each of these residents had their own individual apartment, with a kitchen/living area, bedroom, bathroom, and storage room/hot press. One of the residents told an inspector that they had lived there for 12 years and was very happy with both the apartment and with staff support. The resident showed an inspector their pet dog, who was kept in the enclosed garden area. The resident showed an inspector their poetry, and told the inspector they had two books of poetry published.

Another resident in the apartments also reported that they were very happy living in the apartment, and if they weren't happy with something, they would tell staff. They showed an inspector some of their artwork, and told the inspector they attend a day service where they do art. There were some pictures, artwork and certificates displayed on the walls of the apartment.

All residents appeared to be leading active, fulfilling lives, and were being supported to do so. All residents reported they were happy with where they were living. It was clear that residents exercised control over their own lives, how they spent their time and what they wanted to achieve. They were also actively involved in decisions about their care and support. Residents told inspectors that they were registered to vote and had the right to vote as they wished. They also explained that they could practice their religious preferences, and some residents said that they liked going to Mass and that staff accompanied them there at weekends.

Throughout the inspection, all residents were seen to be at ease and comfortable with each other, and in the company of staff. Staff were observed spending time and interacting warmly with residents, supporting their wishes, and discussing and facilitating their plans and preferences.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how this impacts the quality and safety of the service and quality of life of residents.

## Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for residents who lived in this centre, and that residents' quality of life was well supported. There were strong structures in place to ensure that care was delivered to a high standard, and that residents' rights and autonomy were being respected. However, improvement to the oversight of management arrangement in the absence of the person in charge, review of policies and staff refresher training was required.

The organisational structure in this centre ensured that the service was well managed. There was a suitably qualified and experienced person in charge who was

responsible for the overall management of the centre. She was supported in her management role by a team leader who was based in the centre. Throughout the inspection, both the person in charge and team leader were very knowledgeable of the provider's processes and residents' support needs. However, some improvement to management support in the absence of the person in charge was required. Although arrangements were in place to manage the centre in the absence of the person in charge, notification of an accidental injury had not been submitted to the Chief Inspector of Social Services when the person in charge was absent.

The service was subject to monitoring and review to ensure that a high standard of care, support and safety was being provided. A range of audits and checks were being carried out in the centre, such as monthly audits of fire safety, medication management, health and safety, and the centre's vehicles. Unannounced audits of the service were also being carried out every six months on behalf of the provider. These audits showed a high level of compliance and any identified actions had been addressed, or were being completed in a timely manner as planned. Annual reviews of the quality and safety of care and support of residents were also being completed.

The centre was suitably resourced to ensure the effective delivery of care and support to the resident. These resources included appropriate levels of suitably recruited staff, up-to-date insurance cover, comfortable accommodation, and transport for residents' use.

There were sufficient staff on duty during the inspection to support residents to take part in activities of their choice. It was clear, from observation throughout the day and discussions with residents, that activity plans were led by residents' preferences. Staff who spoke with inspectors had a good knowledge of the residents and their specific care needs. An inspector read the staff training records which showed that a variety of training had taken place to guide and inform staff, although some refresher training was not up to date. Policies required by Schedule 5 of the regulations were also available to guide staff. Most of the policies were up to date, although four policies had not been reviewed within the required time frames.

Documents required by the regulations were kept in the centre and were available to view. Documents viewed during the inspection included personal profiles and plans, healthcare plans, audits, staff training information, staff recruitment files, the statement of purpose, complaints records, the directory and the service agreement. Overall, the records viewed by inspectors were clear, informative, up to date and well organised. However, improvement to staff training records was required and these were not consistently clear and up to date.

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

The prescribed documentation and information required for the renewal of the

centre's registration had been submitted to the Chief Inspector. The inspector examined this information and found that it had been submitted as required.

Judgment: Compliant

### Regulation 14: Persons in charge

The provider had appointed a person in charge of the centre. The role of the person in charge was full-time. The inspector examined documentation submitted to HIQA regarding the person in charge, which indicated that the person in charge was suitably qualified and experienced for this role. Throughout the inspection, the person in charge was very knowledgeable regarding the individual needs of each resident who lived there. It was clear that the person in charge was involved in the running of the service and that the residents knew her. The person in charge worked closely with the wider management team, staff and a team leader who was based in the centre.

Judgment: Compliant

### Regulation 15: Staffing

The inspector reviewed a sample of staff rosters and found there was a planned and actual roster maintained, with the number and skill mix of staff appropriate to the assessed needs of residents. While the provider had identified the need for a social care worker in one of the houses, and reported difficulty in relation to recruitment for this role, adequate staffing cover had been maintained to ensure continuity of care and support to residents. Two regular agency staff supported the permanent staff team. Residents reported they were happy with the staffing support. Residents appeared very comfortable with staff, and staff were very familiar with residents' needs. A sample of three staff files were reviewed during the inspection. They were found to contain the information and documents specified in Schedule 2 of the regulations.

Judgment: Compliant

### Regulation 16: Training and staff development

A range of training had been provided for staff who worked in the centre. The inspector viewed staff training records and saw that most staff had attended mandatory training as required, although some staff had not attended refresher



training in behaviour support, and safeguarding. Staff had also received other training and refresher training relevant to their roles, such as training in infection control, decision making and safe administration of medication. Staff also had access to a range of policies and guidance documents to inform practice.
Judgment: Substantially compliant
<b>Regulation 19: Directory of residents</b>
The provider maintained a directory of residents and this was made available for an inspector to review. The directory included the information specified in Schedule 3 of the regulations in respect of each resident.
Judgment: Compliant
<b>Regulation 21: Records</b>
The provider had ensured that records were suitably maintained. Although this regulation was not viewed in full at this inspection, inspectors read samples of records and documentation including audits, the directory of residents, the statement of purpose, healthcare and personal planning records, service agreements and staff files. The sample of records viewed were maintained in a clear and orderly fashion and were kept up to date.
Judgment: Compliant
<b>Regulation 22: Insurance</b>
The provider had ensured that the centre was suitably insured. An inspector viewed the centre's insurance policy which was up to date at the time of inspection.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
Overall there were effective governance arrangements in place to ensure that the centre was well managed and that a high standard of care, support and safety was being provided to the residents, although improvement to continuity of management

cover was required.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, access to Wi-Fi, television, and adequate staffing levels to support residents.

The service was subject to ongoing monitoring and review. This included auditing of the service in line with the centre's audit plan, six-monthly unannounced audits by the provider, and an annual review of the quality and safety of care and support. An inspector viewed these audits, all of which showed a high level of compliance. An organisational structure with clear lines of authority had been established to manage the centre, including arrangements to support staff when the person in charge was not on duty.

Judgment: Compliant

#### Regulation 24: Admissions and contract for the provision of services

The provider had developed written agreements for the provision of service for all residents. However, improvement was required to four of these service agreements.

Inspectors read these agreements, and found that they were informative and included details about the service to be provided to each resident. All agreements had been signed by residents. Four of the agreements were suitable and clearly stated the fees to be charged to residents, and met the requirements of the regulations. However, the fees to be charged were not stated in the other four agreements, although this information had been communicated to residents in another way. The fees were clearly stated in residents' guides and each resident had a copy of this to supplement the service agreement. The person in charge and a team leader acknowledged this issue and said that it would be promptly addressed in respect of these four agreements.

Judgment: Compliant

#### Regulation 3: Statement of purpose

There was an up-to-date statement of purpose. An inspector read the statement of purpose and found that it met the requirements of the regulations. The statement of purpose was being reviewed annually by the person in charge, and was available in the centre for residents and their representatives.

Judgment: Compliant
Regulation 31: Notification of incidents
<p>The person in charge was aware of the requirement to make notifications of certain adverse incidents, including quarterly returns, to the Chief Inspector within specified time frames. Overall, the required notifications were being suitably submitted. However, a recent notification made to the Chief Inspector regarding an accidental injury, had not been submitted within 3 working days as required.</p>
Judgment: Substantially compliant
Regulation 34: Complaints procedure
<p>The provider had good systems for the management of complaints in the centre. A complaints procedure was in place which described the procedures to follow when making a complaint, and this procedure was clearly displayed in the centre. An easy read complaints form had been developed for residents, which was in an accessible layout and included visual information. This was also displayed in a prominent position in the hallway of the centre. Residents who spoke with inspectors were aware of how to make a complaint. There were currently no open complaints for the centre. The complaints log template was reviewed. There was a reporting structure in place for complaints, with any complaints not resolved locally escalated to the complaints officer.</p>
Judgment: Compliant
Regulation 4: Written policies and procedures
<p>All policies required by Schedule 5 of the regulations were in place and were available to staff. An inspector reviewed the policies and found that while most policies were up to date, there were four policies which had gone past the three year interval for review. The provider was in the process of reviewing these policies, but at the time of this inspection, these policies had not yet been updated. A number of easy read policies had also been developed to inform residents, including complaints, communication with residents and visitors. These policies included images and plain English to make them more accessible for residents.</p>
Judgment: Substantially compliant

## Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the service. Residents received person-centred care that supported them to live as independently as possible, and to be involved in activities that they enjoyed. Inspectors found that residents' rights, meaningful activity, community involvement, and autonomy were being very well supported.

There were measures in place to ensure that all residents' general welfare was being supported. Residents had a high level of control over how they lived their lives. Residents had extensive access to the local community and were involved in activities and tasks that they enjoyed in the centre, in local activity groups and in the community. Contact with family and friends was being supported as required. Residents could have visitors in their homes as they wished, and were supported to meet up with family and friends in other places.

The centre was a house and an apartment block, both in residential areas on the outskirts of a busy city. A range of facilities and amenities were available nearby, which residents could access either in the centre transport or by public transport which was accessible close to all dwellings. The house, which was newly built was comfortable and well maintained. The dwellings in the centre were comfortable and were decorated and furnished to residents liking and there were well kept gardens for resident's use and recreation. The provider had plans for the refurbishment and redecoration of some of the residential units to increase the levels of comfort for residents.

Assessments of health, personal and social care needs were in place for each resident. Individualised personal plans had been developed for all residents based on their assessed needs, and meaningful personal goals had been agreed with each resident. Residents' personal planning information was up to date, and suitably recorded.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of healthcare. All residents had access to a general practitioner and were supported to attend annual medical checks. Other healthcare services available to residents included psychology, occupational therapy, and behaviour support which were supplied directly by the provider if required. Reports and information from healthcare professionals were available to guide staff in the delivery of appropriate care. Staff supported residents to achieve good health through ongoing monitoring of healthcare issues, and encouragement to lead healthy lifestyles and take exercise. Residents were also supported to avail of national health screening programmes.

Residents' nutritional needs were well met. Residents had choices at mealtimes and were very involved in meal planning and food preparation. The centre had a suitable, hygienic kitchens where residents' food could be safely stored, prepared

and cooked.

The provider had also put measures were in place to support any resident to manage behaviours of concern. These measures included multidisciplinary involvement, staff training and documented care interventions to guide staff .

There were systems in place to support the resident's human rights. Throughout the inspection, it was clear that all residents had choices around how they spent their days, and managed their lifestyles.

Resident told inspectors that they were very involved in decision making in the centre, and they were seen making plans and discussing their wishes with staff during the inspection. Residents also told inspectors about their rights and confirmed that a member of staff had told them about this. They also explained that they could live their life as they chose and received any support they required to do this. They knew the complaints process and felt confident that if they made a complaint that it would be addressed. The provider had an advocacy process in the organisation, and there was access to external advocacy if required.

The provider had ensured that residents' rights were being respected and supported. Information was supplied to residents through ongoing interaction with staff and the provider had also provided a written guide for residents with information about the service. Residents told inspectors that they registered to vote and had the option of voting if they chose to, and residents who liked to were also supported to attend religious services. Resident had clean comfortable accommodation, which was laid out to suit each person's needs and preferences. Some residents lived alone in individualised accommodation while others lived in shared accommodation. Resident also told the inspector that they took part in housekeeping, cooking and laundry and took responsibility for the management of their own belongings and valuables.

### Regulation 13: General welfare and development

Residents were being supported to take part in a range of social and developmental activities both at the centre, at day service and in the local community.

Residents were being supported to take part in a range of social and developmental activities both at the centre and in the local community. Suitable support was provided for residents to carry out these activities in accordance with their individual choices and interests, as well as their assessed needs. Residents were being supported by staff to be involved in activities that they enjoyed, including creative arts, such as art, writing and drama, swimming, going to the cinema, for walks, and for drives to places of interest. Residents were involved in housekeeping tasks such as cooking, light housework and laundry with support from staff if required. Residents also had opportunities to take part in everyday community activities such as shopping, going to the barber or hairdresser, using public transport whether independently or with staff, and personal banking. Some residents had taken part in

money management training programmes and some were involved in voluntary work such as farming and gardening.
Judgment: Compliant
Regulation 17: Premises
<p>The design and layout of the centre met the aims and objectives of the service, and the needs of residents. Inspectors visited all housing units in the centre, and found that they were well maintained, clean and comfortably decorated.</p> <p>The centre was laid out as a single two storey house and a block of five separate self-contained apartments on the outskirts of a busy city. Communal areas were adequate and residents' bedrooms were personalised and decorated to each person's liking. There were laundry facilities in each dwellings, there was a refuse collection provided by a private contractor, and residents had recycling facilities. There was a well laid out and equipped garden with planted displays, raised beds, garden furniture and decorative features, to the rear of the house. There was a similar shared garden adjoining the apartments.</p>
Judgment: Compliant
Regulation 18: Food and nutrition
<p>Residents' nutritional needs were being supported. Inspectors spent time in the communal house's kitchen, and also visited the kitchens in all five apartments. All kitchen's were well equipped and clean, and there were facilities for food to be stored and prepared in hygienic conditions. All residents were involved in food shopping, preparation and cooking at a level that they preferred, and with appropriate support from staff. The inspector viewed records that showed that residents made the shopping list for the coming week at weekly meetings, but food choices were flexible and were decided daily. Inspectors saw that assessments of residents' nutritional needs had been completed and suitable foods were ensured to provide for these needs. Residents confirmed that meals were being prepared in line with their preferences.</p>
Judgment: Compliant
Regulation 20: Information for residents

<p>There was a residents' guide that contained a wide range of information for residents. An inspector read the residents guide and found that it met the requirements of the regulations. This guide was seen to be available to residents in the centre, as there was a copy in each resident's room. Other information that was relevant to residents was provided in the centre including the complaints process, the charter of rights, safeguarding and information about events and activities taking place in the local community.</p>
<p>Judgment: Compliant</p>
<p>Regulation 25: Temporary absence, transition and discharge of residents</p>
<p>The person in charge was aware of the requirement to ensure that any resident who was transitioning between residential services or clinical settings would be well supported, although this had not been required to date. There was an up-to-date policy to guide this practice.</p>
<p>Judgment: Compliant</p>
<p>Regulation 5: Individual assessment and personal plan</p>
<p>There were assessments of need in place for residents in the centre. These assessments were then used to develop personal plans for each resident which considered each resident's health, personal and social care needs. There was information available on residents' likes and dislikes. Records of medical and multidisciplinary supports were maintained. Inspectors reviewed care plans for residents, which detailed what the resident could do independently and what areas they required support with. Residents spoke about various goals they are working on, such as going on trips abroad later in the year. It was clear that staff supported residents through a person-centred approach to live lives of their own choosing, and supported them with the various goals they wanted to achieve.</p>
<p>Judgment: Compliant</p>
<p>Regulation 6: Health care</p>
<p>Residents had access to medical and healthcare services to ensure their wellbeing. Inspector viewed three resident's healthcare files which included records of medical assessments and appointments. Records viewed indicated that residents could visit general practitioners and medical specialist consultations as required. Residents also</p>

had access to allied healthcare professionals within the organisation and appointments and assessments were arranged as necessary. Residents also attended community based appointments for their welfare, including reviews and treatments by podiatrists, opticians and dentists. Residents were being supported to attend national health screening programmes. Staff in the centre carried out and recorded ongoing checks of health indicators such as blood pressure, temperature, pulse and weights.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges. An inspector read two residents' files and saw that there were procedures to support these residents to manage behaviours of concern. There was a clear and up-to-date behaviour support plan which had been developed with multidisciplinary involvement. There was a policy to guide practice. The person in charge and staff discussed behaviour support plans with the inspector and was very clear on how interventions would be implemented.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider had systems in place to support residents' human rights. It was clear that residents had choices around how they spent their days. Throughout the inspection, the inspector saw that each resident had choice and control in their daily life and how their lifestyles were being managed. Each resident was being supported in an individualised way to take part in whatever activities or tasks they wanted to do.

All residents told inspectors that they were very involved in decision making in the centre, and they were seen making plans and discussing their wishes with staff during the inspection. Resident also told inspectors about their rights and confirmed that staff had told them about this. They also explained that they could live their life as they chose and received staff support as required to do this. They knew the complaints process and felt confident that if they made a complaint that it would be addressed. For example, a resident told an inspector that they had no complaint or concern about the service, but if they did they knew what to do about it. The provider had an advocacy process in the organisation, and staff were also aware of the external advocacy process that was available to residents.

Residents told the inspector that they registered to vote and had the option of



voting if they chose to and some explained that they were supported to attend religious services. They also talked about having control of their own money and belongings, with the level of staff support that they chose.

The residents had clean comfortable accommodation, and told the inspectors of their involvement in decorating the house the way they liked it. Residents also told inspectors that they took part in housekeeping, cooking and laundry in their homes.

The resident's civil, political and religious rights were being well supported. Arrangements were in place to support the residents in the safe management of their property and valuables. Information was supplied to the residents through ongoing interaction with staff and the person in charge. The residents told the inspectors that they were very much in control of how they lived their life and this was observed during the inspection. The residents were registered to vote and could choose whether or not they wanted to vote. The residents were involved in community activity such personal shopping, banking, and going to visit the hairdresser and beautician as they wished. They also chose and shopped for, their own food. Foods to cater for the resident's preferences were available, they confirmed that were involved in food preparation and always enjoyed their meals in the centre.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Weir Services OSV-0005790

**Inspection ID: MON-0034991**

**Date of inspection: 02/07/2024**

## **Introduction and instruction**

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The person in charge will ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. The person in charge made arrangements for the staff who were awaiting refresher training to complete it. All staff in the designated centre have the required mandatory training. The person in charge has reviewed the current systems and put in place regular check lists to ensure that refresher training takes place within the allocated time frame.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The person in charge has ensured that all staff in the designated centre are aware of the incidents that require written notice to the chief inspector within three working days and that incidents are reported to senior management in a timely manner. This information is readily accessible to all staff and is a standing agenda item on team meetings. This is to ensure no further oversight in the Person in Charge's absence.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The registered provider has reviewed the policies that were under review but not in date on the day of inspection. They have certified that the information within them is accurate and updated locally in draft format while awaiting final approval from the National Policy Group and Regional Management Team.	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	20/07/2024
Regulation 31(1)(d)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any serious injury to a resident which requires immediate medical or hospital treatment.	Substantially Compliant	Yellow	20/07/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in	Substantially Compliant	Yellow	20/09/2024

	<p>paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.</p>			
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