



# 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:	Unannounced
Date of inspection:	21 January 2025
Centre ID:	OSV-0005653
Fieldwork ID:	MON-0046128

## 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 (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 21 January 2025	09:15hrs to 15:00hrs	Eoin O'Byrne	Lead

## What residents told us and what inspectors observed

The inspection was unannounced and the inspector found that all areas reviewed were compliant with the regulations. Observations on the day and the review of a large volume of information showed that the residents were receiving a good service that was tailored to their needs.

The inspector was greeted by staff members when they arrived. The staff members were preparing to support the residents in beginning their day. There were three staff members rostered each day to help the residents.

The inspector met with three of the four residents. One of the residents sat at the table where the inspector was working, the resident was laughing and interacting with staff members and also played catch with the inspector during the morning. The inspector observed the residents appeared happy in their home, they were observed to relax in their sitting room and the kitchen area, and they watched television and listened to music. Some also received massages from staff members. In the afternoon, two residents also went on a planned outing with staff members.

Throughout the day, the inspector observed warm and caring interactions between the residents and the staff members. Staff members were observed to interact with the residents in a manner that the residents could understand. The residents communicated non-verbally, and the inspector observed staff members to understand the residents' facial expressions and vocalisations and were seen to attentively respond to the residents' needs.

Each resident had their own room, and the house had been adapted to suit the mobility needs of the residents. The inspector found that the house was clean and well-presented. Some residents had sensory spaces in their bedrooms, and others were observed to have sensory-stimulating objects available to them if they wished.

The inspector reviewed a sample of the residents' daily notes. The review showed that the residents' presentation and needs were under close review and where required, the residents were accessing members of the provider's multidisciplinary team and external healthcare professionals. The review of daily notes also demonstrated that the residents were supported to engage in activities in their home and local community. Personal social goals had been identified for the residents, and there was evidence of the staff team supporting them to engage in these and in promoting regular social activities.

The person in charge was in the process of completing the annual review for 2024. As part of this review, residents' family members were asked to provide feedback regarding the care and support provided to their loved ones. The inspector reviewed two feedback documents that had been submitted. The family members reported that they were happy with the service being provided and spoke positively about the

support the staff team was providing.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affect the quality and safety of the service being delivered.

## Capacity and capability

The inspector reviewed the provider's governance and management arrangements and found them appropriate. They ensured that the service provided to each resident was safe, suitable to their needs, consistent, and effectively monitored.

The inspector also reviewed the provider's arrangements regarding staffing, staff training, statement of purpose and the notification of incidents. The review of these areas found them to comply with the regulations.

The inspector reviewed a sample of staff rosters and found that the provider had maintained safe staffing levels. The person in charge ensured that the staff team had access to and had completed training programmes to support them in caring for the residents.

In summary, the review of information demonstrated that the provider had systems in place to ensure that the service provided to the residents was person-centred and safe.

## Regulation 15: Staffing

The person in charge maintained planned and actual rosters, and the inspector reviewed the current staff roster and rosters from March 2024 and found that the provider had ensured that safe staffing levels were maintained. The staff team comprised the person in charge, the house manager and a team of staff nurses, social care workers and healthcare assistants.

The review of the rosters identified that there had been a period of change with the person in charge and the provider reacting to staff illnesses and new staff members joining the team. The person in charge also informed the inspector that a review of the team skill-mix had been conducted, and more staff nurses were due to join the team due to the residents' changing health needs.

As noted earlier, the inspector observed the staff members interact with the residents respectfully and in a caring manner throughout the day. Staff members who spoke with the inspector also demonstrated that they had the required knowledge to care for the residents in areas such as ensuring they received their modified diets

correctly.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector sought assurances that the staff team had access to and had completed appropriate training. The inspector reviewed a training matrix the provider developed to capture staff members who had completed training. The review showed that staff members had up-to-date training.

Staff members had completed training in areas including:

- fire safety
- safeguarding of vulnerable adults
- basic life support
- safe administration of medication
- training in the management of behaviours of concern
- infection prevention and control
- dysphagia
- Children first
- positive behaviour support.

This training ensured residents were supported by a staff team who had the required knowledge to meet their needs.

Judgment: Compliant

### Regulation 23: Governance and management

A review of the provider's governance and management arrangements found them to be appropriate. They ensured that the service provided was safe, relevant to residents' needs, consistent, and effectively monitored.

A clearly defined management structure was led by the person in charge, who was supported by a house manager and the staff team.

The inspector reviewed a sample of staff meeting minutes and found that information sharing was a key focus of these meetings, ensuring that all staff members provided consistent support and care to the residents.

The provider had ensured that the required annual review and the six-monthly reports were completed. These documents focused on the safety and quality of care and support provided in the centre. When necessary, action plans were created to

address any concerns raised. The inspector noted that issues regarding practices affecting residents' social activities were identified during an audit in December. Discussions with staff members and the person in charge confirmed that these issues had been addressed.

Throughout the inspection, there were other examples showing that the person in charge and the staff team had effectively responded to audit findings, demonstrating a solid commitment to achieving improvements.

The person in charge and the house manager were also conducting regular audits.

These audits included:

- restrictive practices
- peer-to-peer audits
- medication practices
- resident finances
- fire safety
- residents' individual personal plans.

The inspector reviewed a sample of audits completed in 2024 and found that while some areas needing improvement were identified, these issues had been addressed.

In summary, the inspector found that the governance and management arrangements were appropriate in ensuring that the service provided to the residents was safe and met their needs

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider prepared a statement of purpose containing the information set out in Schedule 1 of the regulations. The statement was updated when required, and a copy was available to residents and their representatives.

The inspector reviewed the statement of purpose as part of the preparation for the inspection. On the inspection day, the inspector was assured that it accurately reflected the service provided to the residents.

Judgment: Compliant

### Regulation 31: Notification of incidents

As part of the inspector's preparation for the inspection, they reviewed the



notifications submitted by the provider, on inspection they also reviewed the provider's adverse incidents and restrictive practices. This review showed that as per regulatory requirements, the person in charge had submitted the necessary notifications to the Office of the Chief Inspector.

Judgment: Compliant

## Quality and safety

The review of information and observations found that residents received a service tailored to their specific needs which was provided in a way that respected their rights.

The provider assessed the residents' needs comprehensively, and support plans were developed. The inspection found that guidance documents were created to help staff support the residents in the best possible way.

The inspector reviewed several aspects, including risk management, communication, food and nutrition, healthcare, positive behaviour support, fire precautions and general welfare and development. The review found these areas compliant with the regulations.

In conclusion, the provider, person in charge, and staff team delivered a safe and good service to the residents.

## Regulation 10: Communication

As discussed earlier, the inspector observed the staff members interact with the residents in a manner that the residents could understand. The staff members were also aware of the residents modes of communication. They were seen to respond to residents non-verbal requests in a caring manner. The inspector also spoke with a staff member regarding the residents' communication needs; the staff member spoke about their non-verbal cues, what they meant, and how knowledge of these was essential when supporting the residents.

The inspector sought to review communication assessments that had been completed for two of the residents. One of these resident's had transitioned to the service in June 2024. The review of information showed that a communication assessment had been completed for the resident before their transition; however, this assessment was not available for review, and the staff members had not been utilising it. When made aware, The person in charge contacted the Speech and Language therapist, and the document was added to the resident's information

during the inspection.

The other residents' communication skills were also assessed, and information was available for staff members to review to best support communication between them and the residents.

In summary, the inspector found that the staff team knew how to communicate with the residents and that the residents appeared comfortable in their interactions with the staff.

Judgment: Compliant

### Regulation 13: General welfare and development

The inspector reviewed two of the residents daily notes for the previous two weeks. The review showed that the residents were engaging in activities in and outside their home. Social goals had been identified for them, and there was evidence that these goals had been achieved or progressed.

The residents were supported in maintaining links with their families, and there were occasions when residents received guests, including friends, and the staff team facilitated this.

In summary, the review of information and observations demonstrated that the residents appeared happy in their home and were engaged in activities regularly.

Judgment: Compliant

### Regulation 18: Food and nutrition

A staff member spoke to the inspector about the residents' diets, informing the inspector that some received modified diets. The inspector observed staff members prepare meals following the modified diet guidelines. Staff members had been provided with training regarding dysphagia, and the inspector observed residents having meals with staff support.

The residents were offered a varied diet and observations on the day led the inspector to believe they were enjoying their meals.

Judgment: Compliant

## Regulation 26: Risk management procedures

The inspector reviewed residents' risk assessments, a record of adverse incidents, and a risk register developed for the service. The appraisal of the information showed that appropriate risk management arrangements were in place.

The inspector reviewed two residents' risk assessments. The assessments were linked to the resident's assessment of needs and support plans. The risk assessments were concise and well-written, giving the reader the required information to maintain the safety of the residents.

The inspector found that the control measures were proportionate to the level of risk as well.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider and person in charge had ensured effective fire safety management systems were in place. The review of fire evacuation drills completed in 2024 demonstrated that the residents and staff team could evacuate under day and night time scenarios.

The inspector found that staff members had received appropriate training.

In addition an appropriate person had serviced the fire detection and firefighting equipment regularly.

Emergency lighting and fire containment measures were also in place and found to be appropriate.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Following the appraisal of a sample of two residents' information, the inspector was assured that comprehensive assessments of the residents' health, personal and social care needs had been conducted. Following the assessments, care plans were created to guide staff on how to support the residents best.

The inspector found that the care plans accurately reflected the residents' presentation and areas they required support with. In some cases, the care plans

were under review monthly, and the reader was given detailed information on caring for and supporting the residents.

Judgment: Compliant

### Regulation 6: Health care

Assessments of the residents' health needs were completed in 2024. The inspector reviewed two of these assessments and confirmed that they documented the residents' medical histories and current health needs.

Care plans were developed with a focus on helping the residents maintain their health, and there was evidence that the residents attended medical appointments as needed. The inspector found that the care plans were regularly reviewed and captured the resident's current needs.

As noted earlier, the resident's needs were changing, and the provider was taking steps to enhance the skill mix of the staff team to ensure they met those emerging needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The inspector reviewed two of the residents' behaviour support plans. The appraisal showed that the plans focused on understanding the residents' presentation, how to support them to have positive outcomes, why they may engage in the behaviours, how best to help them if they were to do so and how to support them post-incident. The plans were well written and gave the reader clear guidance on supporting the residents. The staff team was also provided with appropriate training.

The residents' behaviours were under close review. There was evidence of recordings being reviewed by members of the providers MDT. A resident's behaviour had changed in recent months, and a review was scheduled for the resident in the days following the inspection.

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>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant