



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Weir Services
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	08 May 2019
Centre ID:	OSV-0005790
Fieldwork ID:	MON-0025739

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, 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.

Current registration end date:	25/11/2021
Number of residents on the date of inspection:	10

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 - 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
08 May 2019	09:00hrs to 16:00hrs	Anne Marie Byrne	Lead

Views of people who use the service

The inspector had the opportunity to meet with nine out of the ten residents who live at this centre. All nine residents spoke directly with the inspector about various aspects of the care and support they receive. Residents voiced their happiness with the service they receive and said they were consulted regularly by staff about how they wished to spend their time.

Three residents showed the inspector their bedrooms, which contained displayed certificates of various courses they had completed, furniture and fittings they had specifically requested from the provider and told the inspector they were very happy with the storage and space they now had. Other residents spoke to the inspector about various interests they had in gardening, travel, music, reading and sports. One resident informed the inspector of their intention to attend a gardening festival in the coming weeks, while another resident told the inspector of their plans to go on a foreign holiday. Some residents chose to live in their own apartment and told of how the provider had considered their assessed mobility needs, ensuring their apartment was located on ground floor level. Other residents spoke with the inspector about how they liked to have this independence from their peers and that at their request, staff were supporting them to research alternative day-time activities to day services and of their hopes to secure employment in the future.

Capacity and capability

Overall, the inspector found this was a well managed and well-run service that ensured residents received a safe and good quality service. The purpose of this inspection was to assess the provider's overall compliance with the regulations since the centre's registration in November 2018.

The person in charge held the overall responsibility for the centre and she was supported by a team of staff and a person participating in management in the running and management of the service. She was found to have strong knowledge of the needs of the service and of the assessed needs of residents. She was regularly present at the centre to meet with staff and residents and she told the inspector that the provider had effective arrangements in place to support her to fulfill the duties associated with her role. Meeting structures ensured all staff were regularly made aware of changes occurring within the organisation and ensured staff had an opportunity to raise any concerns they had relating to the safety and welfare of residents. Plans were in place to conduct the annual review and six monthly provider-led visits in-line with the requirements of the regulations and in the interim, the provider put additional auditing systems in place to monitor the

service delivered to residents.

The number and skill-mix of staff working in the centre was subject to regular review by the person in charge, ensuring adequate staff were on duty to meet the assessed needs of the residents. Staff who spoke with the inspector were found to be very knowledgeable of each resident's assessed needs and they had access to regular training and refresher training programmes, as required. Staff were also subject to regular supervision from their line manager, which had a positive impact on ensuring that staff were appropriately supported to carry out the duties associated with their roles. There was a planned and actual roster in place which clearly identified the names of staff and their start and finish times worked at the centre.

The person in charge also had a system in place to ensure all incidents were notified to the Chief Inspector, as required by the regulations.

Regulation 14: Persons in charge

The person in charge was found to have the qualifications and experienced required to fulfill her role. The provider had arrangements in place to ensure she had the capacity and supports in place to carry out the duties of her role as person in charge.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured adequate staffing arrangements were in place to meet the assessed needs of residents. The roster was found to clearly identify the names of staff and their start and finish times worked at the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured adequate training and refresher training arrangements were in place for all staff. All staff were also subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had effective arrangements in place to ensure the service delivered to residents was effectively monitored and reviewed. Plans were also in place to complete the annual review and six monthly provider-led visits in line with the requirements of the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which clearly outlined the service delivered to residents. The person in charge was in the process of updating the centre's floor plans within the statement of purpose at the time of this inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure the Chief Inspector was notified of all incidents, in line with the requirements of Schedule 3.

Judgment: Compliant

Quality and safety

Residents enjoyed a good quality of life at this centre and were supported to access educational opportunities, participate in activities of their choice and to regularly access the community. The provider had ensured adequate staffing and transport arrangements were in place to provide residents with regular opportunities to access activities in the local community. Residents were actively involved in day services as well as, volunteering, organised activity groups and were supported to access a variety of amenities in the area. One resident who spoke with the inspector told of how they were being supported by staff to research alternative day-time activities to day services and of their involvement in volunteer work. This

resident also spoke of their hopes to secure employment in the future and of how they were being supported by staff in doing so. Another resident proudly showed the inspector their displayed certificates for various courses they had completed. Other residents spoke to the inspector about their interest in gardening and of their intention to attend a national gardening festival in the coming weeks.

The centre comprised of two separate premises located a few kilometres from each other on the outskirts of Galway city. One premises comprised of one one-bedroom apartment, a sitting room, kitchen and dining area, shared bathrooms, bedrooms and en-suites, an office space and enclosed and open garden areas. One resident living at this centre also had access to their own sitting room, adjacent to their bedroom. The second premises comprised of a large building containing six individual apartments. Five of these were occupied by residents and one was available for staff use. Each apartment provided residents with their own bedroom, bathroom, kitchen and living area and a communal garden area also available to all residents. The inspector observed each residents' apartment furnished and designed in a manner that reflected their interests in areas such as music, travel, reading and sports. Overall, both premises were found to be clean, well-maintained and provided residents with a homely environment to live in.

Where residents presented with assessed health care needs, plans were in place to guide staff on the support they required. Similarly, residents who required behavioural support had effective behaviour support plans in place which clearly guided staff on how to support their assessed needs. There were some restrictive practices in place and these were subject to regular multidisciplinary review. Clear protocols were also in place to guide staff on their appropriate application.

The provider had a risk management system in place to ensure risks were identified, assessed, responded to and regularly reviewed. The management of organisational specific risks was overseen by the person in charge and she had an escalation pathway available to her to support the on-going review of high-rated risks at the centre. Positive risk-taking was promoted at the centre, with some residents choosing to access the community independent of staff and the provider had put measures in place to ensure these residents' safety while doing so. However, the inspector found some improvements were required to the overall assessment of risk at the centre. For example, although the provider had assessed risks associated with positive risk-taking, the outcome of that assessment wasn't always clear in determining the level of risk posed to the resident. In addition, safeguarding risk assessments failed to ensure the assessed level of risk identified, considered the positive impact of effective measures implemented by the provider to safeguard residents from the risk of harm. Further improvements were also required to demonstrate the on-going assessment, monitoring and review of specific organisational risks such as staffing levels and fire safety.

Effective fire precautions ensured that systems were in place for the detection, containment and response to fire in the centre. Regular fire drills demonstrated that residents could be effectively evacuated in a timely manner. Although there was a fire procedure and residents' evacuation plans in place, these required review to ensure they adequately guided staff on the evacuation arrangements for residents

living in upstairs accommodation should the downstairs fire exits be inaccessible to them in the event of a fire. The inspector also found that the security arrangements in place for one of the premises required review to ensure all residents could safely evacuate the centre, should they require to exit from the rear of the building. For example, in one of the premises, residents had access to a fire exit leading out onto a secure garden space. The keys to open the garden gates exiting from this enclosed garden to the fire assembly point were only accessible to staff working at the centre, which meant residents and visitors evacuating through this fire exit could only safely do so in the company of staff who could access the key to locked garden gates.

Regulation 13: General welfare and development

Residents were supported to have multiple opportunities for recreation, employment and to engage in educational courses, if they wished to do so. The provider had ensured adequate staffing and transport arrangements were in place to support residents to access the community and to engage in activities of their choice.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of two premises located on the outskirts of Galway city. Each premises was found to be clean, well-maintained and provided residents with a comfortable environment to live in. Residents had access to their own bedroom, communal spaces and garden areas. Where residents wished to have their own apartment, the provider had put arrangements in place to support residents to do so.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had arrangements in place for the identification, response, monitoring and review of risk at this centre. However, some improvements were required to ensure clarity in accurately measuring the assessed level of specific risks identified at the centre, for example, the assessed level of risk posed to residents who wished to engage in positive risk-taking. Some risk assessments also required review to ensure the assessed level of risk identified, considered the positive impact of effective additional measures implemented by the provider to safeguard residents

from the risk of harm. In addition, the centre's risk register required further review to ensure it included an accurate assessment of how the provider monitored organisational risks relevant to the centre, for example fire safety and adequate staffing arrangements.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had effective fire safety arrangement in place, including, fire detection and containment measures, clear fire exits, emergency lighting, regular fire drills and regular fire safety checks. However, the fire procedure and some residents' evacuation plans required review to ensure it clearly guided staff on the procedure to be followed should the downstairs fire exits become inaccessible to residents living in upstairs accommodation. A review was also required of the arrangements in place to ensure the safe evacuation of residents exiting the centre through an enclosed garden space located in one of the premises.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had arrangements in place to support residents to safely self-administer their own medicines, should they wish to do so. On the day of inspection, the inspector observed an error with regards to the prescribing of emergency medicines for one resident. In the days subsequent to the inspection, the person in charge provided written assurances that this had since been rectified.

Judgment: Compliant

Regulation 6: Health care

Where residents presented with assessed health care needs, assessments and clear personal plans were in place to guide staff on the support these residents required. Residents also had access to a wide variety of allied health care professionals, as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required behavioural support, clear behaviour support plans were in place to guide staff on the support these residents required. Where restrictive practices were in place, these were subject to regular multidisciplinary review.

Judgment: Compliant

Regulation 8: Protection

There were some safeguarding plans in place and staff who spoke with the inspector were very aware of the measures in place to safeguard residents. Procedures were in place to support staff in identifying, responding to and reporting of any concerns regarding the safety and welfare of residents. Arrangements were in also place to ensure all staff received training in safeguarding.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
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
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Weir Services OSV-0005790

Inspection ID: MON-0025739

Date of inspection: 08/05/2019

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>In line with the new National Policy for Risk Management for the organisation the PIC will re-evaluate the risk assessments in place and ensure that each risk is measured accurately to ensure that positive risk taking can occur for the individuals. This process is expected to be completed by September 2019. The risk register has also been updated by the PIC to include risks relating to fire safety and staffing are included on it.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The overall house evacuation plan has been reviewed and updated to reflect the procedure to be followed in the event that the ground floor was inaccessible to residents living upstairs.</p> <p>There will be a accessible lock fitted to the external gate which will be accessible to all residents and visitors internally ensuring the safe evacuation from the garden. This will be in place by June 2019.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/09/2019
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.	Substantially Compliant	Yellow	30/06/2019
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the	Substantially Compliant	Yellow	30/05/2019

	event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.			
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