<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Carrow House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002654</td>
</tr>
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<td>Centre county:</td>
<td>Tipperary</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<td>Registered provider:</td>
<td>RehabCare</td>
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<tr>
<td>Lead inspector:</td>
<td>Mary Moore</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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<tr>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>0</td>
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<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
• Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
• Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
• to monitor compliance with regulations and standards
• following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
• arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 10 January 2018 09:30  
To: 10 January 2018 17:00

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome Number</th>
<th>Outcome Description</th>
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<tbody>
<tr>
<td>04</td>
<td>Admissions and Contract for the Provision of Services</td>
</tr>
<tr>
<td>05</td>
<td>Social Care Needs</td>
</tr>
<tr>
<td>06</td>
<td>Safe and suitable premises</td>
</tr>
<tr>
<td>07</td>
<td>Health and Safety and Risk Management</td>
</tr>
<tr>
<td>08</td>
<td>Safeguarding and Safety</td>
</tr>
<tr>
<td>13</td>
<td>Statement of Purpose</td>
</tr>
<tr>
<td>14</td>
<td>Governance and Management</td>
</tr>
</tbody>
</table>

**Summary of findings from this inspection**

Background to the inspection:  
This inspection was the third inspection of this centre by the Health Information and Quality Authority (HIQA); the last inspection was undertaken in May 2017. This current inspection was carried out to follow-up on the findings and action plan from that last inspection so as to inform a registration decision.

How we gathered our evidence:
Prior to the inspection the inspector reviewed the previous inspection findings and the provider’s response to the action plan. The inspector also reviewed any information received by HIQA from the provider since the last inspection in relation to the required actions and other information such as any notice received of incidents, accidents or adverse events that had occurred in the designated centre.

The inspection was facilitated by the person in charge and the team leader. The inspector also met with the frontline staff on duty and with the integrated services manager who attended verbal feedback on the inspection findings on behalf of the provider.

In this designated centre respite is provided to a maximum of four residents at any one time; occupancy fluctuates from one to four residents dependent on the individual needs of residents. There was no resident present in the house at the time...
of this unannounced inspection.

Description of the service:
The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The statement of purpose has been revised and amended further to HIQA inspection findings to date. The statement now reflects the cohort of residents that can avail of respite in the designated centre and the needs that can be adequately and appropriately met given the limitations of the design and layout of the building and the facilities provided therein.

Overall judgment of our findings:
Overall the inspector found that the provider had taken action to ensure that residents were accommodated in the centre only when their assessed needs could be adequately and safely met in the premises. The inspector saw current assessments of need for existing and prospective residents. These assessments indicated that the provider was adhering to the statement of purpose and function.

However, while there were generic policies and procedures on admissions and a clear statement of purpose, local explicit admissions policy and procedure were required to ensure that inappropriate admissions did not reoccur.

Residents currently availing of services had plans of support that reflected the assessment of needs. The plan included any personal goals and objectives that a resident had for their time in respite and the plan for achieving these objectives.

The incidence of behaviours of concern had decreased with the transfer of residents to services more appropriate to their needs. However, failings were again identified and improvement was still required in the compilation, implementation and review of plans to best support the management of behaviours of concern and risk; failings in this regard have issued from previous inspections.

While no risks were identified by the inspector and improvement was noted, the provider was requested to review and provide confirmation to HIQA of the governance arrangements of the centre. This was requested given recent changes that had been made that were not in keeping with relevant governance plans submitted to the Chief Inspector. This confirmation was received within the requested timeframe.
Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The person in charge confirmed that no resident had been accepted for admission since the last inspection, however referrals had been made, assessments had been completed and suitable residents had been identified for admission. The inspector reviewed a random sample of these assessments and saw that the assessments had established the suitability of residents assessed needs to the premises and the services that could be provided.

Management and staff spoken with told the inspector that the transition to other services of all residents whose needs could not be adequately met in the designated centre was now complete; there was no evidence to the contrary.

The person in charge and the team leader completed the assessments referenced above and had good knowledge of the revised statement of purpose and the criteria to be met on assessment to ensure that the designated centre was suitable for the purposes of meeting those assessed needs. However, an explicit local admissions policy and procedure was required.

There was a policy and procedure on admissions that set out the core principles of suitability, safety and appropriateness; this policy was generic however to the provider’s services. It did not specify centre–specific roles, responsibilities or the decision making framework that ensured accountability and transparency and would as such prevent a reoccurrence of inappropriate placements. The overarching policy did require each service to specify its own admission procedures.

Judgment:
Substantially Compliant
**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Based on the sample of personal plans reviewed the inspector was satisfied that the plan was based on, and reflected a current assessment of the residents' needs.

There was documentary evidence that residents were consulted with in relation to their personal plan, that the plans were reviewed and updated regularly by each key-worker with the resident, and by the multidisciplinary team in 2017.

Where an area requiring support was identified on assessment there was a corresponding plan of support; the plans seen offered sufficient guidance to staff to allow them to provide the appropriate support and care.

The personal plan incorporated the residents’ personal goals and objectives for their stay in respite. Again there was documentary evidence that these were discussed, agreed and reviewed with the resident. There was evidence that goals were achieved, in progress or changed if a resident choose to no longer pursue a particular goal. Opportunities for activity and engagement included swimming, the cinema, day excursions, music events and dining out.

**Judgment:**
Compliant

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**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**
Effective Services
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Previous inspections had established that the design and layout of the premises was not suited to appropriately meeting the needs of a particular cohort of residents. The inspector was satisfied that the provider had addressed this and residents had been discharged in a planned manner to services suited to their particular needs.

The provider had also developed a scope of works to ensure that the premises was kept in a good state of repair and was suited to the aims and objectives of the service. The inspector saw that doors had been fitted with privacy locks, the safety of the stairwell had been enhanced by modification of the banister; materials were on site to repair the main driveway. Further planned works included the extension of the ground floor sanitary facility to facilitate the insertion of a shower and provide enhanced access and the provision of ramps at the front and rear door. The person in charge confirmed that these works would be complete by 31 March 2018.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
While improvement was noted, based on a specific line of enquiry it was still not robustly evidenced that the review of incidents, identified and resulted in learning so as to improve practice and prevent a reoccurrence.

The inspector was advised that with the transfer of residents to other centres and services the incidence of accidents and incidents had decreased; this was reflected in the records seen by the inspector. For example the inspector saw that six incidents had been recorded by staff in October 2017 but only one incident was recorded for both November and December 2017.

The inspector saw that the discussion of incidents was reflected in the minutes of staff meetings; incidents had been formally reviewed in September 2017 with input from
health and safety personnel and had also been reviewed (May to September 2017) as part of the provider’s unannounced visit in November 2017. Review monitored the completeness of the records maintained by staff and the preventative controls in place. There was evidence of preventative controls including resident specific risk assessments that set out the measures and actions in place to control the risks identified.

However, the review of the October 2017 incident by the inspector indicated that preventative measures that could have been taken were not taken, that the incident was not reviewed in a timely manner and that the review did not identify the learning required. This is discussed further in Outcome 8.

Judgment:
Substantially Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
While the overall requirement for behavioural interventions had decreased, improvement was still required to ensure that residents were adequately supported to manage behaviours of concern and risk.

Training records seen and staff spoken with confirmed that all staff had received training on safeguarding residents from abuse and harm; in addition to this baseline training the person in charge had also completed a two day programme on the investigation of any alleged, suspected or reported abuse. Staff confirmed that the training provided was facilitated externally and was based on national safeguarding policy and procedures.

Staff spoken with articulated a good understanding of their safeguarding responsibilities and the provider's reporting procedures. Staff said and the minutes seen of staff meetings reflected discussion of safeguarding and the use of specific scenarios so as to reinforce learning. There was no evidence of barriers to reporting with both the team leader and the person in charge described as accessible and approachable.
Residents did present with behaviours of concern or risk to themselves and others. Some of these behaviours were supported through risk assessment and control measures and plans of support while others had specific behaviour management guidelines. The inspector followed one specific line of enquiry and found deficits in these processes, deficits that had failed to ensure that a resident was appropriately supported to manage their behaviours of concern so as to reduce the risk of escalation and to minimise the requirement for more restrictive interventions. The identified deficits were:

- while staff had identified a trigger for behaviour, that is physical pain, they had failed to intervene in response to it so as to prevent escalation
- the behaviour management guidelines did not include the rationale for the administration of prescribed PRN (as required) medicines
- the behaviour management guidelines had not been reviewed after the incident of behaviours of concern and risk
- the instructions of the behaviour therapist were not followed through on further to the administration of a PRN medicine. Consequently this had failed to ensure that the required review by all parties was “triggered” so as to ensure that the appropriate supports were in place for the resident
- adequate arrangements were not in place to ensure that protocols for the administration of PRN medicines were devised and informed in accordance with evidence based practice. The incident reviewed by the inspector did not support a sound understanding of the administration of PRN medicines so as to ensure optimal but the least restrictive management of behaviour
- accurate records were not maintained of the interventions that were employed with inconsistencies noted between narrative notes, the incident report and the medicines administration record.

**Judgment:**
Non Compliant - Moderate

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**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The statement of purpose had been revised and amended further to HIQA inspection findings to date. The statement detailed the cohort of residents that could avail of respite in the designated centre and the specific care and support needs that could be adequately and appropriately met given the limitations of the design and layout of the building and the facilities provided therein. Based on the available evidence the
inspector was satisfied that the statement of purpose was an accurate reflection of the service now provided in the centre.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There was a clearly defined management team that consisted of the team leader, the person in charge and the integrated services manager. There were systems for reviewing the quality and safety of the care and supports provided to residents. However, further to these inspection findings the provider was requested to review and provide explicit confirmation to HIQA of the governance arrangements of the designated centre.

On a day-to-day basis the person in charge was supported by the team leader. They both described collaborative working arrangements and positive engagement from staff in relation to the change and improvement required. There was evidence from the minutes of staff meetings seen that staff did raise any concerns that they may have had about the quality and safety of the care and supports provided to residents. There was a formal system of staff supervision.

The provider had arranged for a further review to be undertaken in November 2017 of the safety and quality of the care and support provided in the centre as required by Regulation 23 (2). The report indicated that the review followed up on the implementation of the previous HIQA action plan and incorporated feedback from residents’ representatives and staff. While actions did issue from this review overall the findings indicated that actions were progressed, improvement was evidenced and the feedback received was positive.

However, recent changes had been made to the management system, specifically an expansion of the roles, responsibilities and duties of the person in charge. The inspector
was not satisfied that this change was in keeping with related governance plans and assurances submitted to HIQA, was not conducive to ensuring that the role of person in charge was full-time, or that the person in charge could ensure the effective governance, operational management and administration of the designated centres concerned. Post this inspection the provider confirmed to HIQA that additional duties were no longer allocated to the person in charge.

However, while this confirmation has been provided an action plan still issues as assurance to the Chief Inspector that there are management systems in place in the designated centres concerned that ensure that the services provided are safe, appropriate to residents’ needs, consistently and effectively monitored.

**Judgment:**
Substantially Compliant

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**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Mary Moore
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by RehabCare</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0002654</td>
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<tr>
<td>Date of Inspection:</td>
<td>10 January 2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>14 February 2018</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The admissions policy and procedure was generic to the provider’s services. It did not specify centre-specific roles, responsibilities or the decision making framework that ensured accountability and transparency and would as such prevent a reoccurrence of inappropriate placements.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
- Centre specific admission criteria, roles, responsibilities and decision making framework will be developed and documented. This will be used as part of the assessment process.
- This will ensure accountability and transparency and would as such prevent a reoccurrence of inappropriate placements.

**Proposed Timescale:** 28/02/2018

### Outcome 07: Health and Safety and Risk Management

**Theme:** Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
It was still not robustly evidenced that the review of incidents, identified and resulted in learning so as to improve practice and prevent a reoccurrence.

2. **Action Required:**
Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
All incidents will be reviewed by the PIC on a weekly basis, the purpose of the review is to where required:

- Implement changes to practice to prevent re-occurrence
- Review Risk ratings and control measures to ensure they are accurate and appropriate.
- Review of Behaviour Management Guidelines to ensure they are appropriate
- New risk assessment will be developed with appropriate control measures.

Going forward a formal review of all incidents and actions arising will take place at staff meetings, this will provide an opportunity for staff team to learn from incidents and improve practice.

On March 6th to 8th the Team Leader will attend a 3 day IOSH Training to improve their skills in relation to recognising and managing risk.
Proposed Timescale: 08/03/2018

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Deficits were identified (as detailed in the body of the report) in behavioural interventions and this had failed to ensure that a resident was appropriately supported to manage their behaviours of concern so as to reduce the risk of escalation and use of more restrictive interventions.

**3. Action Required:**
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

**Please state the actions you have taken or are planning to take:**
- The Behaviour Management guidelines have been reviewed, the service user has now been discharged to a full time residential service and will no longer be availing of respite.
- Behaviour Therapist will facilitate a session with staff team to cover the management of behaviours that challenge and the use of restrictive practices.
- Where required for any future referrals who experience behaviours that challenge, support from behaviour therapist will be provided.
- There are currently no restrictive practices used in the service. Going forward should restrictive practices be required the PIC will ensure that they are implemented in line with organisational policies.
- Going forward in terms of medication management and the use of chemical restraint, the PIC will ensure organisational policy is adhered to. PRN protocols if required will be signed off by GP / prescribing Physician.

Proposed Timescale: 22/01/2018

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
A recent change in governance was not conducive to ensuring that the role of person in charge was full-time, or that the person in charge could ensure the effective governance, operational management and administration of the designated centres.
4. **Action Required:**
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**
The recent change in governance has been reconsidered and the PIC as of January 10th reverted to original working arrangements.

**Proposed Timescale:** 10/01/2018