



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

## Issued by the Chief Inspector

Name of designated centre:	Carrow House
Name of provider:	The Rehab Group
Address of centre:	Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	19 January 2022
Centre ID:	OSV-0002654
Fieldwork ID:	MON-0031958

## About the designated centre

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

Carrow House is a designated centre operated by The Rehab Group. This designated centre provides a respite service to adults, male and female, with low support needs. The respite service operates for 187 nights per year. At the time of the inspection, the centre provided respite care to a total 38 respite users. The centre has capacity to accommodate up to four adults at a time in the house. The centre is located near a busy town in Co.Tipperary with access to a variety of local amenities including shops, pubs, clubs and parks. The centre is a two storey house consisting of four bedrooms for respite users, a staff office/bedroom for staff to sleepover, kitchen/dining room, utility room and living room. Carrow House is staffed by care workers, a team leader and respite service manager.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	1
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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
Wednesday 19 January 2022	11:00hrs to 16:45hrs	Conan O'Hara	Lead

## What residents told us and what inspectors observed

This inspection took place during the COVID-19 pandemic. As such, the inspector followed public health guidance and HIQA enhanced COVID-19 inspection methodology at all times. The inspector carried out the inspection primarily from the kitchen area in the designated centre. The inspector ensured both physical distancing measures and use of personal protective equipment (PPE) were implemented during interactions with the respite user, staff team and management over the course of this inspection.

The inspector had the opportunity to meet and spend time with the respite user as they went about their day, albeit this time was limited.

At the time of the inspection, the respite service was operating with reduced capacity due to COVID-19. On arrival to the designated centre, there were no respite users in the centre. There was one adult availing of the respite service on the day of inspection and they were attending day services for the morning. The inspector met with the person in charge and team leader. The inspector carried out a walk through of the premises. The centre is a two storey house consisting of four bedrooms for respite users, a staff office/bedroom for staff to sleepover, kitchen/dining room, utility room and living room. The centre was decorated in a homely manner and was well maintained. However, areas of the wooden floor in kitchen and sitting room were worn from use and required review.

In the afternoon, the respite user returned to the centre and introduced themselves to the inspector. The inspector observed that the respite user appeared comfortable and relaxed while availing of this service. The respite user was observed enjoying food and spending time in the sitting room watching television. Positive interactions were observed between the staff team and the respite user. The respite user spoke with the inspector about their interests including soccer and told the inspector about plans to watch the matches that evening. The respite user spoke positively about their experience in the respite service.

In summary, based on what the respite user communicated with the inspector and what was observed, it was evident that the respite users received a good quality of care and support while availing of the service. However, improvement was required staff training, governance, personal plans, fire safety and premises.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

## Capacity and capability

Overall, there was effective management systems in place to ensure that the service was suitably monitored. On the day of inspection, the inspector found that there were sufficient numbers of staff in place to support the respite user. However, some improvement was required in governance and management and the training and development of the staff team.

There was a clear management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was supported by a team leader. There was evidence of regular quality assurance audits taking place to monitor the service. These audits included the annual review for 2021 and the provider unannounced six-monthly visits as required by the regulations. The audits identified areas for improvement and actions plans to address same. However, some improvement was required in the effectiveness of action plans and the annual review.

There was an established staff team in place which ensured continuity of care and support to respite users. From a review of the roster, it was demonstrable that there was sufficient staffing levels and suitable arrangements in place. Throughout the inspection, staff were observed treating and speaking with respite users in a dignified and caring manner.

The inspector reviewed a sample of staff training records and found that for the most part staff had up to date training. However, improvement was required to ensure that all staff training was up-to-date. Some of the staff team required refresher training in areas including fire safety and respiratory and cough hygiene.

#### Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and was suitably qualified and experienced. The person in charge was responsible for three other designated centres and was supported in their role by three team leaders.

Judgment: Compliant

#### Regulation 15: Staffing

The person in charge maintained a planned and actual roster. There was a core staff team in place which ensured continuity of care and support to the respite users. The rosters demonstrated that the staffing arrangements in place were in line with the needs of the respite users and the size and layout of the centre. In addition, it was evident that the staffing levels changed in line with the needs and group size of the adults availing of the service. Positive interactions were observed between the

respite user and the staff team on the day of the inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, for the most part the staff team had up-to-date training in areas including safeguarding, de-escalation and intervention techniques and manual handling. However, some refresher training was outstanding in areas including fire safety and respiratory and cough hygiene.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to the integrated services manager, who in turn reports to the director of care. The centre was managed by the person in charge who was appropriately qualified and experienced. The person in charge was responsible for the governance of three other designated centres and were supported in their role by allocated team leaders. This arrangement ensured effective governance and oversight of the designated centre.

There was evidence of quality assurance audits taking place. However, the inspector found that some improvement was required in the effectiveness of implementing action plans from audits. For example, in December 2020, the fire alarm system was identified as in need of upgrading. At the time of the inspection, there were no plans were in place for this to be completed. In addition, it was not evident that the annual review 2021 of care and support consulted with the respite users and/or their representatives.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The provider prepared and maintained a statement of purpose which accurately described the service provided and contained all of the information as required in Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse accidents and incidents occurring in the centre and found that the Chief Inspector was notified as required by Regulation 31.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The provider maintained policies and procedures as set out by Schedule 5 of the regulations. The inspector reviewed a sample of the policies and found that they were up-to-date.

Judgment: Compliant

## Quality and safety

Overall, the registered provider ensured that the adults availing of the respite service in this centre received a good quality service that was in line with their assessed needs. The inspector found that this centre provided person-centred care in a homely environment. However, some improvement was required in the premises, personal plans and fire safety arrangements.

There were systems in place for fire safety management. However, improvement was required in the maintenance of fire equipment and evacuation procedures. For example, while the fire alarm system had been regularly serviced, an external fire company identified that the fire panel required upgrading as a number of the display lights were faulty. This was observed on the day of inspection. At the time of the inspection, there were no plans in place to upgrade the fire alarm panel.

The inspector reviewed a sample of respite users personal files and found that an up-to-date assessment of need had been completed for each respite user. The assessment of need informed the respite users personal support plans which were found to be up-to-date and suitably guide the staff team in supporting the respite users with their needs. However, one plan reviewed in relation to supporting a respite user required review to ensure it accurately guided the staff team.



## Regulation 17: Premises

Overall, the premises were laid out to meet the needs of the respite service. The premises were observed to be clean and suitably decorated. The centre is a two storey house which had a homely appearance. The centre consisted of four bedrooms for respite users, a staff office/bedroom for staff to sleepover, kitchen/dining room, utility room and living room. However, there was evidence of wear and tear in the centre on the day of inspection in need of review. For example, areas of the wooden floor in kitchen and sitting room were worn from use and required attention.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

The registered provider ensured that there were systems for the assessment, management and ongoing review of risk. The inspector reviewed the provider's risk management systems. The risk register was up-to-date and outlined the controls in place to mitigate the risks. Each respite user had a number of individual risk assessments on file, where required, which were up-to-date and guided the staff team.

Judgment: Compliant

## Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. The provider had developed an infection control questionnaire for respite users to complete before availing of respite in the centre. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of respite users. There was sufficient access to hand sanitising gels and hand-washing facilities observed throughout the centre. All staff had adequate access to a range of personal protective equipment (PPE) as required and were observed adhering to the guidance and wearing face coverings at all times. There were systems in place for the prevention and management of infection including temperature checks and cleaning schedules.

Judgment: Compliant

## Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. However, improvement was required in relation to the fire alarm. In December 2020 an external fire company identified that the fire panel required upgrading as the panel lights were faulty. At the time of the inspection, there were no plans in place to upgrade the fire panel.

In addition, improvements were required in the arrangements in place for the safe evacuation of all persons in the event of a fire. While, there was evidence of regular fire evacuation drills taking place in the centre, a night time fire drill to test the effectiveness of the evacuation procedure at night time had not been carried out within the last year.

Judgment: Not compliant

## Regulation 5: Individual assessment and personal plan

Each respite user had an up-to-date assessment of need which appropriately identified the respite users health, personal and social care needs while availing of respite. The assessments informed the respite users personal support plans. The inspector found that personal support plans reviewed were up-to-date and guided the staff team in supporting the respite user with their assessed needs. However, one plan required review to accurately guide the staff team in supporting one respite user.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

The person in charge ensured that staff had up to date knowledge and skills appropriate to their role, to respond to behaviour that is challenging. The inspector reviewed a sample of positive behaviour support plans and found that they guided the staff team in supporting respite users to manage their behaviour.

Judgment: Compliant

## Regulation 8: Protection

The registered provider and person in charge had systems to keep the respite users in the centre safe. The inspector reviewed a sample of incidents and accidents occurring in the designated centre which demonstrated that incidents were appropriately managed and responded to. The respite user was observed to appear content in the service and spoke positively about their experience of the service. There was evidence of protection and compatibility being considered when offering respite to groups.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Carrow House OSV-0002654

Inspection ID: MON-0031958

Date of inspection: 19/01/2022

## 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: <ul style="list-style-type: none"> <li>• All staff that have training outstanding will have completed all modules by 28/02/2022.</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> <li>• Person in Charge will ensure that fire engineers' maintenance reports are reviewed, actioned and communicated. Monthly internal audit documentation has been amended to ensure this review is conducted monthly along with other fire checks. This was completed on 16/02/2022.</li> <li>• The 2021 Annual Review will be updated to reflect the views of residents and / or their representatives, this will be completed by 28/02/2022.</li> </ul>	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• Floor in kitchen and living room require refurbishment – this will be completed during one of the planned service closures. This will be completed by 30/09/2022.</li> </ul>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• Complete new fire alarm system has been approved for purchase and ordered. New system will be installed as soon as contractors are available to do so. Estimated completion date 30/04/2022.</li> <li>• Night Time Fire Drill will take place by 28/02/2022.</li> </ul>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> <li>• Resident with changed needs as reviewed on day of inspection has had Support Plan amended to reflect new support requirements. This was completed by 16/02/2022.</li> </ul>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	28/02/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is	Substantially Compliant	Yellow	16/02/2022



	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	28/02/2022
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Not Compliant	Orange	30/04/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	28/02/2022
Regulation 05(4)(a)	The person in charge shall, no later than 28 days	Substantially Compliant	Yellow	16/02/2022

	after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).			
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