



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

Issued by the Chief Inspector

Name of designated centre:	Auburn House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Offaly
Type of inspection:	Announced
Date of inspection:	15 September 2021
Centre ID:	OSV-0005253
Fieldwork ID:	MON-0025962

About the designated centre

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

Auburn House provides 24 hour residential care and support for five adults who have a range of complex needs including intellectual disabilities and mental health issues. The centre provides support to both male and female adults residents from age 18-28 years of age onwards. It is a two-storey detached house based in a rural location but is in close proximity to a range of large towns and villages. The centre is managed by a full time person in charge who is supported by a team of social care workers and assistant support workers. Each resident has their own bedroom (some en-suite) and there are communal facilities available including a sitting room, a large kitchen/dining areas and garden areas. The centre can provide for a maximum for five male and female residents aged 19 years and older.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
--	---

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
Wednesday 15 September 2021	09:30hrs to 17:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with the five residents living in the centre on the day of inspection. Some infection prevention and control measures were adhered to due to COVID-19 and therefore, the inspector and staff wore face masks and ensured social distancing was maintained throughout the inspection day.

Residents used both verbal and non verbal methods to communicate. The centre was warm, homely and welcoming on arrival. The premises was designed and laid out to meet the assessed needs of the residents. The centre was a two-storey detached house based in a rural location. All residents had their own bedrooms which had been personalised to suit their own preferences. The premises was well maintained by the registered provider internally and externally. The centre was surrounded by a garden where the inspector observed swings, a trampoline, an egg chair and an outdoor seating area. The centre also had a sensory room available to the residents.

The inspector observed many pictures of residents around the centre. These included pictures of some residents going on activities together which included playing in the garden and trips to the beach. The inspector spoke one to one with resident who expressed high levels of satisfaction with the service and staff when asked. The resident had a pet dog who lived with the resident in their own separate part of the centre.

The staff team comprised of social care workers and support workers. Residents also had access to further multi-disciplinary support when required including behavioural support, speech and language therapy and nurse support. The inspector found that there were sufficient staff numbers and skill mixes in place to support the residents needs and preferences.

COVID-19 continued to impact some activities and day services taking place, however residents appeared to still enjoy some individualised activation. Residents all had access to service vehicles to attend their preferred activities during weekdays and the weekends. The inspector observed a number of recreational resources available to residents in the communal living areas including games, puzzles, and a karaoke machine. Some residents also regularly enjoyed activities including online classes, swimming, bowling, art, exercises, sensory activities, and dancing.

Residents meetings took place once a week and these were used to discuss important topics, menu choices and activities for the week ahead. Social stories were regularly developed as a communication tool with residents. The inspection had been announced and this was discussed with residents prior to the inspectors arrival. Feedback regarding the service provided was sought regularly by staff and the provider. The residents communicated no complaints with the service provided to the inspector on the day of inspection.

The inspector did note high levels of restrictive practices in place. Following conversations with staff and a review of documentation, it was evident that this was secondary to identified risks.

Overall the inspector found that the centre was operating with high levels of compliance. This seemed to have a positive impact in the centre with residents appearing to experience a person-centred, safe and high quality service. Residents appeared to enjoy the benefits of clear management structures and systems.

Capacity and capability

In general, the inspector found that the provider demonstrated the capacity and capability to provide a safe and effective service to residents. The purpose of the inspection was to inform a registration renewal decision and the provider had submitted a registration renewal pack to HIQA with all prescribed information required within the requested time lines. Actions from the centres most previous inspections had been appropriately addressed by the registered provider.

There was a clear management structure and lines of accountability in place with a full time person in charge who was support by a regional director of operations. The person in charge shared their role with one other designated centre and divided their time evenly between the two centres. The person in charge was also supported by a team leader and deputy team leader within the centre.

There was a regular management presence in the centre, and clear lines of accountability. Regular and consistent communication took place between the person in charge and the senior management team with weekly reports and regular meetings. There was evidence of regular auditing and review of the service provided. An annual review had taken place and a six monthly unannounced inspection on behalf of the provider. Regular thematic audits in the centre were also completed and these identified clear actions, time lines and persons responsible when required. The staff team was a mixture of social care workers and support staff. There were appropriate staffing levels and skill mixes in place to meet the assessed needs of the residents living in the designated centre. The providers regular oversight and monitoring of the service ensured staff were well supported to provide a safe service to the residents. The provider was ensuring that staff training was provided to meet the assessed needs of the residents.

Registration Regulation 5: Application for registration or renewal of registration

All prescribed information required to be submitted to HIQA for the centres renewal of registration were submitted in the correct format and within the time lines required. This included a statement of purpose and floor plans of the centre which

both provided an accurate description of the centre and service provided.

Judgment: Compliant

Regulation 15: Staffing

The staff team was a mixture of social care workers and support staff. There were appropriate staffing levels and skill mixes in place to meet the assessed needs of the residents living in the designated centre. There were high levels of staffing in place. There was a planned and actual staff rota in place reflecting staff on duty. The centre had access to relief panel of staff within the organisation when required.

Staff meetings were held monthly. Each resident and their plan of care was discussed at these meetings, as well as risks in the centre, safeguarding, adverse incidents and multi-disciplinary recommendations. An on call management rota was also in place for staff to contact if required.

Judgment: Compliant

Regulation 16: Training and staff development

Training was provided to meet the assessed needs of the residents. Management were completing regular reviews of training records and staff training needs and scheduling further training when required. Training was provided in areas including fire safety, manual handling, hand hygiene, safeguarding, epilepsy, first aid, autism, behaviour management and infection prevention and control.

Staff were in receipt of regular one to one supervision with line management. A probationary period of six months was in place for any new staff members working in the centre. Yearly performance reviews were completed with staff by line managers.

Judgment: Compliant

Regulation 23: Governance and management

There was evidence of regular auditing and review of the service provided. An annual review had taken place and a six monthly audit on behalf of the provider. The provider had a quality and safety team, and regular audits were carried out in the centre which reviewed areas including medication management, residents finances and residents files. Audits completed, identified clear action plans, time

lines and persons responsible when required.

There was a clear management structure in place with a full time team leader and deputy team leader who reported to the person in charge. Regular and consistent communication took place between the person in charge and senior management through a weekly governance report which highlighted any communication regarding the centre and any adverse incidents which may have occurred during the week. A six monthly unannounced inspection had been completed by a person nominated by the provider and this reviewed the centres levels of compliance with the regulations. This included consultation with the residents. An annual review of the quality and safety of care and support was also completed.

Judgment: Compliant

Regulation 31: Notification of incidents

Any adverse incidents required to be notified to the chief inspector had been done within the required time lines. A log of all accidents incidents was maintained in the centre. Any restrictive practices in use had been notified to the Chief Inspector as required by Regulation 31.

Judgment: Compliant

Quality and safety

The inspector found that systems and measures were in place for the provision of a safe service. The inspector reviewed a number of areas to determine the quality and safety of care provided including residents rights, fire safety, safeguarding, risk management, infection control and behaviour management. The inspector found that these areas were largely compliant and that the registered provider, management and staff were promoting person centred care and support for residents living in the designated centre.

When endeavouring to promote a safe service, the registered provider had ensured that measures were in place for the assessment, management and ongoing review of risk and risk measures in the designated centre. Effective fire management systems were in place in the centre. Individualised personal risk management plans were in place for all residents. Measures were in place in the centre for infection prevention and control. Management and staff were adhering to national guidance for the management of COVID-19 in residential care facilities.

The inspector found that residents rights were upheld in the centre with residents appearing to have choice and control regarding the service provided. Residents were

regularly consulted regarding their thoughts and preferences and all residents had clear and comprehensive assessments of need and personal plans in place. These were subject to regular review and reflected the residents most current needs. Residents were safeguarded in the centre. Residents were supported to manage their behaviours and had good access to further support if they required this. Restrictive practices were in place due to identified risks and were subject to regular review with the multi-disciplinary team.

Regulation 26: Risk management procedures

The registered provider had ensured that measures were in place for the assessment, management and ongoing review of risk and risk measures in the designated centre. Individualised personal risk management plans were in place for all residents.

All residents had been assessed for risk of falling and measures were in place to reduce any identified risks. Regular health and safety audits were completed by the person in charge and these reviewed aspects of the centre such as the premises, fire safety, the centres vehicle, clinical waste and infection prevention and control. There was a centre risk register in place which had identified any actual or potential risks in the designated centre.

Judgment: Compliant

Regulation 27: Protection against infection

Measures were in place in the centre for infection prevention and control. Management and staff were adhering to national guidance for the management of COVID-19 in residential care facilities. The centre was visibly clean on arrival and enhanced cleaning schedules had been implemented which included the cleaning of all aspects of the environment. There was a donning and doffing station located outside the centre where staff could check their temperature and carry out hand hygiene prior to entering the centre. All staff were observed wearing face masks on the day of inspection.

All residents had individual care plans and risk assessments in place for in the event of contracting COVID-19. Temperature checks were being completed by staff and residents twice daily. Regular audits were being completed on the centres stock of personal protective equipment (PPE). Up-to-date guidance was available to staff working in the centre. A COVID-19 service contingency plan had been developed for in the event of an outbreak of COVID-19 in the centre with clear escalation pathways and protocols for the isolating positive cases. Social stories had been developed for residents with accessible details of hand hygiene procedures, testing

procedures, vaccines and PPE. Care and support was being provided in line with national guidance for the management of COVID-19 in residential care facilities.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire management systems were in place in the centre. The inspector observed containment systems, detection systems, emergency lighting and fire fighting equipment which was all subject to regular servicing and review with a fire specialist. Residents all had individual emergency evacuation plans (PEEP's) in place and staff and residents were completing regular evacuation drills in an efficient manner. PEEP's included details of residents capacity and support levels required in the event of an evacuation.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe and suitable practices in place for the management and administration of residents medications in the designated centre. There was appropriate, clean and safe storage in place for all medication. Separate secure storage was in place for controlled drugs in the centre. All staff had up-to-date training in medication management and further training had been completed in epilepsy management.

All medicines reviewed were in date and clearly labelled as per the residents prescription kardex. Staff were completing regular stock checks. Clear protocols were in place for the administration of medication given as required (PRN). Administration records clearly identified when staff had administered medication and the centre was appropriately resourced to ensure that medication could be administered by staff in line with current guidance. A nurse working with the service attended the centre regularly and provided further guidance and support on safe medication administration.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had clear and comprehensive assessments of need and personal plans

in place. These were subject to regular review and reflected the residents most current needs. This included individual risk management plans and multi-element behavioural support plans where required.

There was a key working system in place and regular key working meetings were held with residents to discuss ongoing life events. Key workers also supported residents to achieve set personal social goals in place which were agreed at residents personal planning meetings. Goals in place promoted residents to develop independent living skills and to achieve personal aspirations. Residents all had daily individual planners in place. Pictures were observed of the residents around the centre, attending various activities and achieving different goals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours. Staff training was provided in behaviour management and residents had access to multi-disciplinary specialist support when required. Personalised positive behavioural support plans were in place when required, which were developed by behavioural specialists and staff were providing care and support in line with these.

There were high levels of restrictive practices in place around the centre. Restrictive practices were in place due to identified risks and were subject to quarterly reviews with the multi-disciplinary team. Key working sessions were completed with residents to explain rationale for the use of restrictive practice's and social stories were also developed.

Judgment: Compliant

Regulation 8: Protection

Residents were safeguarded in the centre. All staff had received up-to-date safeguarding training and residents all had personalised intimate care plans in place. Any safeguarding concerns were treated seriously and in line with national policy. Resident were offered the complaints procedure should a safeguarding concern arise within the centre. Individual safeguarding procedures had been developed for all residents to guide staff in the event of a safeguarding concern. This included protocols to protect both residents and staff in the event of assaultive behaviours.

Judgment: Compliant

Regulation 9: Residents' rights

Residents appeared to have choice and control in their daily lives and residents rights appeared to be upheld in the designated centre. Residents forums took place once a week and these were used to discuss menu choices and activities for the week ahead. Issues including concerns, complaints, safeguarding and residents rights were also discussed during these meetings. The complaints procedure and details of advocacy services were observed prominently displayed in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant