Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	Unannounced
Date of inspection:	14 April 2026
Centre ID:	OSV-0005253
Fieldwork ID:	MON-0048817

About the designated centre

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

Auburn House is a designated centre operated by Nua Healthcare Services Ltd. The centre provides residential care for up to five male and female residents, who are over the age of 18 years and who have a range of complex needs including, intellectual disabilities and mental health needs. The centre comprises of one two-storey house, where residents have their own bedroom, en-suite facilities, shared bathrooms and communal use of a sitting room, kitchen and dining area, sensory room, utility and conservatory area. A large garden to the front and rear of the centre, is also available for residents to use, as they wish. An apartment, occupied by one resident, which is adjacent to the main building, provides the resident with their own bedroom, kitchen, sitting room, bathroom and separate entry and exit point, independent of the main building. Staff are on duty both day and night to support the residents who live in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 14 April 2026	08:20hrs to 14:30hrs	Ivan Cormican	Lead
Tuesday 14 April 2026	08:20hrs to 14:30hrs	Anne Marie Byrne	Support

What residents told us and what inspectors observed

This was an unannounced adult safeguarding inspection conducted following the receipt on unsolicited information in regards to the quality, safety and oversight of care provided. The information raised concerns in regards to safeguarding of residents and also the overall provision of care in this centre. As part of the inspection process, inspectors spoke with four members of staff and the inspection was facilitated by a manager who supported the person in charge in their role. Inspectors also met with four of the five residents who used this service and observed work practices over the course of the inspection. Although many areas of care were held to a good standard, a staff member who was providing relief cover had not been informed of an ongoing safeguarding issue and an immediate action was issued to the provider in regards their awareness of keeping residents safe. This issue and the findings of the inspection will be be discussed in the subsequent sections of this report.

The centre was a large detached property, located on it's own site and within driving distance of a medium sized town in the midlands. Three of the residents had their own ensuite bedroom and one resident had their own self contained apartment. The three bedrooms were large and individually decorated in line with resident's own preferences. The bedrooms also had suitable storage in place for resident's personal possessions. The resident who lived in the apartment did not wish to meet with inspectors and their living area was not observed on the day of inspection. Communal areas were well maintained and comprised of an open plan kitchen/dining/living area and also a separate sitting room. Residents generally congregated in the centre's kitchen and there was a range of information displayed in this area in regards to complaints, advocacy, staff on duty and some residents' routines for the week ahead. Staff explained that the use of visual displays worked well for residents who would refer to them throughout the week.

The inspection commenced in the early morning and two residents were up and about preparing for the day ahead. When inspectors entered the centre, they found that it was cold. When asked about the centre's heating system, two staff informed inspectors that they did not find the centre cold. When the centre's manager arrived they informed inspectors that there had been an issue with the central heating and a request had been submitted the previous week to have it serviced. On the day of inspection service personnel arrived to the centre and although the issue was resolved, the centre remained cold over the course of the inspection.

Apart from the centre's temperature, there was a homely and pleasant atmosphere. One resident sat at the kitchen island and they watched their electronic device and sometimes sang and danced when an item they enjoyed was played. The resident used sounds, some single words and body language to communicate and they smiled and acknowledged staff as they arrived on duty, with each staff member taking the time to stop and chat. As the morning progressed, this resident made

their own breakfast, using the microwave to make their porridge, and they also busied themselves in the kitchen by tidying up as they made their tea. Later in the day the resident got ready to go out with one staff member and again, they smiled and jumped when the staff member explained that they might go for a walk and have some lunch out. This staff member had a warm and caring approach and they spoke directly to the resident when discussing plans and seeing if they needed any help with their morning meal.

As the inspection commenced one other resident was up and about, again they were in pleasant form and they appeared relaxed in their home. They used sounds and body language to communicate and they also smiled and interacted warmly with the day staff as they came on duty. As the morning progressed, inspectors observed the resident tidying some items and they also went out in the early afternoon with their supporting staff. Two of the other residents had a lie on in bed and they got up in the late morning. One resident just said hello to inspectors as they were preparing to do their laundry, while the other resident chatted for a short period of time in the kitchen. They told inspectors that they liked their home and they were planning to go to music in the afternoon. They had a familiar and pleasant and rapport with the staff on duty and they were comfortable and relaxed as they also watched a programme on their electronic device.

From reviewing records and discussing care with staff inspectors found that residents who used this service were well supported in regards to personal development and social access. One resident liked to read in the local library, they attended arts and crafts sessions and they were recently enrolled in Zumba classes, while another resident enjoyed horse riding, music classes and yoga sessions. An inspector also observed residents preparing their own meals and participating in light household chores which promoted their personal development and participation in life in their home. Alongside personal development, residents liked to get out and about each day and they enjoyed swimming, shopping, bowling and going to the cinema.

Inspectors found that residents were well supported to pursue personal interests, participate in hobbies, personal development and enjoy the facilities in their local community. Although residents had a good quality of life, safeguarding within the centre required improvements.

Capacity and capability

The provider had established safeguarding procedures in place should a safeguarding concern arise. A person had been appointed to investigate any allegations of abuse and staff had completed safeguarding training which promoted safety within the centre. However, this inspection did find where some improvement was required to aspects of the staff handover process, and in with regards to

monitoring systems, so as to better the provider's own oversight and management of these particular aspects of their own safeguarding arrangements for this centre.

The local management team comprised of the person in charge, a deputy person in charge, and two shift lead managers. They typically worked opposite each other, which provided consistent managerial presence in the centre. There was also an out-of-hours system in place, where staff had access to on-call management, as and when required. Staff team meetings were occurring fortnightly, which allowed for local management to meet with staff to talk about residents' care and support. Records from these meetings showed that safeguarding was also a rolling topic on the agenda. Minutes from the most recent two meetings showed that a clear focus was placed on emphasising to staff the nature and context of safeguarding incidents that had happened, reiterating to staff the communal areas of the centre and time of the day that were high risk for re-occurrence of these, and the specific safeguarding measures that were continued to be adhered to. In addition, each week local management prepared a report for senior management, which detailed any occurrence of safeguarding incidents, which allowed for further trending and oversight of these. Although these meeting structures proved to be very informative and relevant to what was happening in the centre, the daily handover system did require review to ensure it was better and consistently utilised to inform staff when safeguarding concerns arose.

Each resident was assessed as requiring a specific level of staff support and this was consistently provided to them. Some residents did have a preference for female staff, and again, this was accommodated. Staffing levels were maintained under regular review by local management, with further recruitment underway at the time of this inspection.

Although there was much evidence found upon this inspection, whereby, local management did keep regular oversight of this centre’s safeguarding arrangements, the provider’s own six monthly visits required review, to ensure better monitoring of the quality and safety of safeguarding arrangements specific to this service.

Regulation 15: Staffing

The provider did ensure that residents received continuity of care through this centre' staffing arrangements. Several staff members had supported these residents for an extended period of time, and were familiar to them. Generally, six staff were on duty during the day, with three staff on duty each night. Staff recruitment was in process at the time of this inspection, so as to ensure this consistency in staffing was sustained. From time to time when additional staff cover was required, the provider did have arrangements in place for this. There was a clear and well-maintained roster at the centre, which named each staff member and their start and finish time worked.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that all staff had received up-to-date training in safeguarding, and where refresher training was required, this was scheduled accordingly for them. All staff also received regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

Although there were many aspects of governance and management working well in this centre to support safeguarding arrangements, there were some aspects that did require review by the provider.

An electronic staff handover system was in use, whereby, staff received an email prior to their shift, updating them on residents' current care and support arrangements. In addition to this, a daily handover log was also available in the centre for staff to further refer to. A sample of these handover records were reviewed by a inspector, which identified that better oversight was required to ensure important information pertaining to safeguarding incidents and arrangements, was consistently included into this handover over system. For example, following a safeguarding incident in this centre a few weeks prior to this inspection, the email handover and handover log for the two days following this incident were reviewed. Both records were found to not include any information to inform staff that this incident had occurred, and if any changes to safeguarding arrangements were subsequently required. This lack of oversight to ensure this handover system was properly utilised to give staff up-to-date information around safeguarding incidents and arrangements, did not promote consistency of care, or effective communication around residents' specific safeguarding arrangements.

The monitoring of the quality and safety of care relating to safeguarding was primarily included as part of the provider's six monthly visits of the centre, with the last visit conducted in February 2026. Up until then, this centre had experienced on average one alleged safeguarding incident per month since the previous provider visit, which had resulted in one safeguarding plan requiring to be in place. Although safeguarding was reviewed as part of the provider's most recent visit, the outcome of the visit only gave assurances around safeguarding arrangements in general. For example, this monitoring visit would have benefited from a specific review that gave consideration to, the particular safeguarding incidents that had occurred in this centre, the effectiveness of the particular safeguarding arrangements subsequently needed, staff knowledge of these arrangements, the management of environmental

challenges communal rooms posed to safeguarding measures, and the overall effectiveness of existing safeguarding measures in keeping residents safe.

Judgment: Substantially compliant

Quality and safety

The quality of care provided to residents in this centre was held to a good standard; however, improvements were required in regards to safeguarding to ensure that all staff members were aware of recent safeguarding issues and plans to protect residents from harm.

Inspectors met with three staff members, including one relief staff, and discussed safeguarding arrangements in the centre. The full time members of staff had a good understanding of the safeguarding reporting arrangements and they discussed the training they had received, how they would identify an abusive incident or situation, and how they would document and report to the person in charge. They also spoke in detail in regards to safeguarding incidents which had occurred between two residents and the associated measures and actions implemented to protect both residents from harm. However, the relief staff member, who was supporting one of these residents had not been informed of recent safeguarding incidents and they were unaware of the aforementioned measures and actions to protect residents from harm. An immediate action was issued to the provider to ensure that this staff member was fully aware of the safeguarding arrangements in this centre.

Residents had good access to their local community and they were actively consulted in regards to the running of their home which promoted their rights. They attended weekly house meetings and scheduled keyworking sessions which enhanced their participation in decisions about their care and also how their home was operated. In addition the centre had an open and transparent approach to safeguarding and both the provider and the staff team promoted resident's understanding of safety within their home. For example, residents who were involved in a potential safeguarding incident were supported through a keyworking session to discuss the incident and their right to feel safe. Social stories and the provider's easy to read document was utilised in these one-to-one sessions to support the resident's understanding of safeguarding and the actions that the provider was taking to protect them from harm.

The inspector found that residents were well supported to enjoy a good quality of life and they were assisted by a staff team who knew their needs well. Staff who met with the inspector knew the range of personal interests, and they had an indepth understanding of how residents communicated their preferences in relation to care and how they would convey of they liked or disliked something. Staff explained that some residents could communicate verbally, while others used some

words, but also sounds and body language. Staff members highlighted that one resident would always clap, smile and jump when they were happy.

Inspectors found that this centre promoted residents' rights, social access and provided residents with an overall good quality service. The centre had a calm and pleasant atmosphere and residents who met with inspectors were happy in their home; however, safeguarding within the centre required review, with a focus on ensuring that relief staff were kept up to date in regards to safeguarding arrangements.

Regulation 10: Communication

Some of the residents who used this service required additional supports in terms of communicating. Staff who met with inspectors outlined each resident's individual needs and throughout the inspection inspectors observed staff members interacting with residents in a kind and patient manner. For some residents, staff used single word phrases and gestures to inform them of a social activity, meal time or a personal care need that needed attention. In addition, the centre's main living area had a range of information displayed in a picture format which assisted residents' understanding of topics such as rights, complaints and their own individual schedules and meal choices.

Judgment: Compliant

Regulation 17: Premises

Residents had their own en-suite bedrooms, where many liked to spend some of their time away from communal areas of the centre. Resident's bedrooms were decorated in accordance with their own tastes and personal preferences, with some having their name displayed on their door, one had a ball bath, and others had painted in colours of their choice. One resident had their own apartment, and although it did have direct access to the main house, this resident chose to spend alot of their time in their apartment. Even though this centre was large in size, due to the preferred routines of these residents, they generally liked to spend alot of their time in the kitchen, dining and conservatory area, which was open plan in layout.

Judgment: Compliant

Regulation 26: Risk management procedures

When risk was identified pertaining to the safety of residents and the service they received, it was responded to quickly by the provider. However, there were some aspects of risk assessment that required review.

Two residents were identified with safeguarding risks, and each had a risk assessment in place. From speaking with staff, inspectors were informed about the specific control measures in place for both of these residents, to include, particular staff support ratios, specific supervision arrangements, specific management by staff was required for high peak times and zones for potential safeguarding concerns within the house, and there were also some known precursor triggers that that needed proactive response so that these did not lead to a safeguarding incident. However, not all of this information was clearly set out in these residents' risk assessments. Similarly, in relation to the centre's overall safeguarding risk assessment, this also required further review to ensure it clearly outlined the specific measures implemented and overseen by local management to maintain residents safe from harm.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place and as part of the inspection process, an inspector reviewed one resident's full personal plan. Inspectors also reviewed elements of the other residents' plans such as intimate care, risk management, social access and personal development.

Inspectors found that personal planning was held to a good standard, with plans well laid out, easy to navigate and overall gave a detailed account of resident's individual care requirements and how they preferred to have their needs met. The personal plan reviewed had an 'All About Me' section which outlined how the resident was as a person, with warm and caring language used such as 'energetic', 'bubbly' and loving conversation. It clearly detailed their personal interests such as go karting, swimming and music, which the staff team supported them to do each week.

The plan also outlined the importance of family in their life and how they enjoyed spending time with, and also going on holidays with their loved ones. The staff team had also developed a range of goals in relation to the resident's assessed needs and personal development, with a range of work completed in regards to education, finances, personal care and hobbies.

Judgment: Compliant

Regulation 8: Protection

Each day, staff allocations were developed, whereby, named staff members were assigned to support particular residents. On the day of this inspection, a relief staff member who hadn't worked in this centre in a number of months, was assigned to a resident who had an active safeguarding plan in place to protect them from negative interactions with another resident. However, when they spoke with an inspector, they had not been informed of this safeguarding issue and they were not aware of the strategies to ensure that both residents were protected from potential harm. An immediate action was issued to the provider to ensure that this staff member was fully informed of the measures and actions required to safeguard residents in this centre. In addition, a safeguarding plan also required review to include staffing ratios, resident's routines and enhanced vigilance in the kitchen/ dining area as working strategies to protect residents from harm in this centre. Furthermore, an intimate care plan lacked sufficient detail to guide staff in this area of care and did not account for a key area of support, which the resident was assessed as requiring.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents' rights were actively promoted through the actions of the provider and the centre's staff team. The centre was adequately resourced which ensured that residents could access their local community at a time of their choosing and also make decisions in regards to their schedules and preferences in regards to the delivery of their service.

The staff team completed weekly house meetings where residents decided on the centre's meals for the coming week and informed of upcoming events in their locality and wider area. Residents were also assigned individual keyworkers who held monthly meetings with them and discussed their preferences in regards to activities, home visits and topics such as complaints, safeguarding, fire safety and respect within the centre. The provider had a range of easy to read material which staff used to assist residents' understanding of these topics and it was clear that the centre had an open and transparent culture in regards to the promotion of rights.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Auburn House OSV-0005253

Inspection ID: MON-0048817

Date of inspection: 14/04/2026

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. The PIC will complete a review of internal handover systems to ensure all safeguarding concerns are appropriately recorded, to give staff up-to-date information around safeguarding incidents and arrangements. 2. The PIC and Quality Assurance Officer will review the two most recent unannounced six-monthly visits to ensure safeguarding findings, evidence, and compliance outcomes are clearly reflected and addressed through an action plan. 3. The Quality Assurance Department will implement a revised Regulation 23 reporting process, aligned to the HIQA DCD1 template, supported by staff training to ensure reports are centre-specific, evidence-based, and include stakeholder feedback.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: 1. The PIC will complete a review of all risk assessments to ensure information pertaining to the management of safeguarding risks are clearly documented in the risk assessments and communicated to support staff in maintaining safe care practices in line with their training.	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection:	

1. The PIC will review internal handover systems to ensure safeguarding concerns, incidents, and safeguarding arrangements are clearly recorded and communicated to staff. All staff will be briefed daily on safeguarding arrangements during handover.

2. The PIC will review and update all intimate care plans to ensure they are current, person-centred, and reflective of assessed support needs.

3. The PIC, in conjunction with the Designated Safeguarding Officer, will review and update the centre safeguarding plan to ensure local safeguarding measures and management oversight arrangements are clearly documented.

4. The PIC will ensure all updated safeguarding, risk, and intimate care plans are reviewed and discussed at the next team meeting following completion. Meeting minutes will record the discussion and will be signed by attendees as evidence of review and staff awareness

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 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 safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2026
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	30/06/2026
Regulation 08(2)	The registered provider shall protect residents	Not Compliant	Orange	30/06/2026

	from all forms of abuse.			
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.	Substantially Compliant	Yellow	30/06/2026