



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:	28 February 2022
Centre ID:	OSV-0005253
Fieldwork ID:	MON-0036260

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
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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
Monday 28 February 2022	11:00hrs to 16:30hrs	Anne Marie Byrne	Lead
Monday 28 February 2022	11:00hrs to 16:30hrs	Ivan Cormican	Support

What residents told us and what inspectors observed

This designated centre comprised of one two-storey house located in a rural setting in Co.Laois. Each resident had their own bedroom, en-suite, shared bathrooms and communal use of a kitchen and dining area, staff office, conservatory, sensory room, sitting room and utility. One resident had their own apartment, adjacent to the main house, where they had their own bedroom, sitting room, kitchen and own entry and exit point, separate to the main building. Inspectors observed the centre to be homely, spacious and provided residents with a comfortable living environment.

Upon arrival to the centre, the inspectors were greeted by the person in charge and brought to the donning and doffing station for temperature checking and hand sanitising, prior to entering the centre. There was a very relaxed and casual atmosphere in the centre, two residents were in the kitchen and dining area having breakfast, while other residents were having a lie on in bed. Due to the communication needs of some residents, their engagement with inspectors was minimal, but these residents were observed to freely access all areas of their home and appeared very comfortable in the company of the staff members on duty. In response to the behavioural support needs of one resident, staff prepared a social story to inform this resident of the presence of the inspectors in their home. A resident, who lived in their own apartment, did speak to inspectors about the care and support they receive. This resident told inspectors that they were happy in their home and had their own dog, that they shared their apartment with. This resident's apartment was very personalised to their own interests, with many photographs displayed of various outings that they had previously went on. They also had created a feature wall in their bedroom, with a wallpaper of their choice, which they proudly spoke to the inspectors about. In the main building, photographs of residents were also prominently displayed in the entrance hallway, comprising of various achievements and outings that they also had been on. While one inspector sat in the kitchen in the company of residents, music which residents seemed to enjoy, was playing in the background. Residents were chatting with staff about their plans for the day, with two residents, who got on well together, deciding to head out together for the afternoon with the support of staff.

These residents led very active lifestyles, with some requiring additional staff support to access the community. This staffing arrangement was available to them and a number of vehicles were assigned to this centre, which meant residents had the means to leave the centre to engage in activities as often as they liked. Staff who spoke with inspectors told of some residents' involvement with Special Olympics, going to pantos, some had nights away with family, while others regularly engaged in home visits. A large garden area to the rear of the centre, also provided residents with trampolines, swings and seated area.

Staff who worked in this centre had supported these residents for quite some time and knew the residents very well. Some required specific staff support in response

to their social, safeguarding and behavioural support needs and this level of staff support was consistently available to them. Staff who met with the inspectors, were very aware of their roles and responsibilities in supporting residents with these aspects of their care. Staff and resident interactions observed over the course of this inspection were respectful and pleasant.

The findings of this inspection will be discussed in the next two sections of this report.

Capacity and capability

This was an unannounced inspection that was conducted following receipt of unsolicited information to the Chief Inspector of Social Services, in relation to the safeguarding and behavioural support arrangements in this centre. Overall, the provider was found to be in compliance with most of the regulations inspected against as part of this inspection, with some improvement required to aspects of behavioural support.

The person in charge held a full-time role and was regularly present at the centre to meet with residents and staff. She had good knowledge of the residents' needs and of the operational needs of the service delivered to them. She was supported in her role by a team leader, deputy team leaders, her staff team and line manager. She held responsibility for another centre operated by this provider and current governance and management arrangements gave her the capacity to ensure this centre was effectively managed.

The staffing arrangement for this centre was subject to regular review, ensuring a suitable number and skill-mix of staff were at all times on duty to support the assessed needs of residents. Where a member of management was not on duty, the provider had an on-call system in place to support staff, which identified a member of management that they could contact, if required. This on-call roster was available in the centre and provided guidance to staff on the various circumstances which may arise, that would warrant the on-call manager to be contacted. Where residents required specific staff support in accordance with their social care, behavioural support and safeguarding needs, the provider had ensured this level of staff support was available to them. Many of the staff who worked in this centre, had supported these residents for quite a while and were very familiar with their role in supporting and caring for them. All staff had received up-to-date training in safeguarding and behavioural support and in conjunction with this, staff were subject to regular supervision, which provided them with an opportunity to raise any concerns they had regarding the safety and welfare of residents, directly with their line manager.

The person in charge held regular meetings with her staff team and a review of meeting minutes by inspectors, demonstrated that behavioural support arrangements and safeguarding measures were routinely discussed at these

meetings. On a weekly basis, the person in charge prepared a governance report for senior management review, which included any incidents of a safeguarding and behavioural support nature, along with any physical restraints that were applied in the centre over the course of the week. This report also indicated trends where such incidents were increasing or decreasing within the centre. Following senior management review, recommendations were made to the person in charge to address. In addition to this, the number and type of physical restraints being implemented in the centre was closely monitored by the director of operations. In the weeks leading up to this inspection, the provider had completed a six-monthly visit, to review the quality and safety of service provided to residents, which included safeguarding and behavioural support arrangements. Where improvements were identified, a time bound action plan was put in place to address these.

The person in charge had a system in place to ensure that all incidents were reported to the Chief Inspector of Social Services, as required by the regulations.

Regulation 15: Staffing

The provider had ensured that the staffing arrangement was subject to regular review, ensuring a suitable number and skill-mix of staff were on duty to meet the assessed needs of residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced to meet the assessed needs of residents. Monitoring systems were also in place to ensure the quality and safety of care was subject to regular review.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all incidents were notified to the Chief Inspector of Social Services, as required by the regulations.

Judgment: Compliant

Quality and safety

Overall, inspectors found that the provider had adequate arrangements in place to safeguard residents from abuse and to support residents who were assessed as requiring behavioural support.

At the time of inspection, there were some safeguarding plans in place, which were in response to peer-to-peer related incidents which had previously occurred in the centre. Since their effective implementation, no further incidents of this nature had re-occurred. The person in charge and team leader both discussed with inspectors, the process around reporting safeguarding concerns in this centre. Due to the type of internal incident reporting system in operation, where safeguarding incidents were reported by staff, these were immediately alerted to each member of management, which allowed for timely review and response to the safeguarding concern raised. Members of staff and the team leader, who spoke with the inspectors, were very aware of the safeguarding plans in place and of their role in implementing these safeguarding measures. They also spoke confidently about their responsibility in reporting any concerns they had in relation to the safety and welfare of residents. To support residents to understand the centre's safeguarding arrangements, regular key-worker meetings were held with individual residents, where staff discussed safeguarding with residents, in a manner that residents could understand, in accordance with their communication needs. For example, the person in charge told the inspector that some residents responded well to social stories and these were made available to these residents for the purpose of key-worker meetings.

Where residents required behavioural support, the provider had ensured that adequate arrangements were in place to provide them with the care and support that they required. For example, one resident, in response to their behavioural support needs, required a two-to-one staff support and these arrangements were made available to them. Staff were supported by a multi-disciplinary team in the response and management of behaviours and regular meetings were held to review the effectiveness of behavioural support interventions that were in place. However, some improvement was required to the records maintained where physical restraint was used in response to a resident's behavioural support needs. For example, to guide staff on ensuring restraint was only used as a last resort, behaviour support plans reviewed by inspectors, provided clear direction to staff on the circumstances that would warrant physical restraint and also on the alternatives to be trialled before implementing physical restraint. However, where physical restraint was implemented in this centre, the records maintained of these events required improvement to ensure these provided adequate assurance that these physical restraints were applied as a last resort, in accordance with the guidelines set out in behaviour support plans.

To support the oversight of the centre's safeguarding and behavioural support arrangements, risk assessments relating to these aspects of the service were in place and regularly reviewed by the person in charge. However, upon review by

inspectors, it was identified that these risk assessments could benefit from additional review to ensure they provided clarity on the specific measures that the provider had effectively put in place. This was discussed with the person in charge, who by close of inspection, was putting plans in place to update these risk assessments.

Regulation 26: Risk management procedures

The provider had risk management systems in place for the assessment, management and on-going review of risk in this centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required behavioural support, the provider had suitable arrangements in place to ensure these residents received the care and support they required. However, some improvement was required to the recording of where physical restraints were used, to provide assurances that these were applied as a last resort, in accordance with behaviour support plans.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had systems in place to support staff in the identification, response and monitoring of any concerns relating to the care and welfare of residents in this 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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Auburn House OSV-0005253

Inspection ID: MON-0036260

Date of inspection: 28/02/2022

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 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ol style="list-style-type: none"> 1. Service Users Multi Element Behavioral Support Plans will be reviewed by Behaviour Specialist and updated to include techniques utilized by the staff team prior to the implementation of physical restraint. 2. Staff team to receive further training on report writing to ensure that all de-escalation techniques which are used prior to a physical restraint are clearly documented within incident reports. 	

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 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	14/03/2022