



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:	Short Notice Announced
Date of inspection:	19 November 2020
Centre ID:	OSV-0005253
Fieldwork ID:	MON-0031042

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 those who have a range of complex needs including intellectual disabilities and mental health issues. 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
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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 - 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
Thursday 19 November 2020	10:00hrs to 16:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet and speak with three resident and spoke with one resident on the phone. Residents used both verbal and non verbal methods to communicate their thoughts.

The centre was a warm, bright and homely environment. Residents bedrooms had been painted and personalised to suit their own preferences. The inspector observed one resident having their breakfast in the morning and also doing a maths worksheet, and they appeared happy doing this. Later in the day, another resident was observed enjoying some time on their swing in the garden and two other residents were observed playing with their tablets. The inspector observed some staff and residents laughing and dancing to music together in the kitchen in the afternoon. One resident, when asked, expressed that they felt safe and happy living in the centre. Staff spoken with, appeared familiar with the residents needs and preferences and the inspector observed familiar and happy interactions between residents and staff.

Residents regular activation programs had been impacted by risks associated with COVID-19. Residents continued to enjoy some in house activities including baking, puzzles, reading, arts and crafts, dancing, soccer and music. Some residents also enjoyed some online activities and courses, outdoor walks, drives and takeaway meals. Residents had service vehicles available to them if they wished.

Capacity and capability

Overall, inspection findings were positive with high levels of compliance found with the regulations. The registered provider and the person in charge demonstrated the capacity to provide a safe and appropriate service to the residents living in Auburn House. A statement of purpose is required by the regulations and the inspector found that the provider was operating the designated centre in accordance with this document.

There was a clear management structure in place and lines of accountability. There was a full time person in charge in place who shared their role with one other designated centre. This person had the skills, experience and qualifications necessary to manage the designated centre. The person in charge was supported by two deputy team leaders, who alternated their time in the centre with the person in charge to ensure a regular management presence. Senior to the person in charge, there was an area director of operations. Weekly meetings and reports were completed between the person in charge and area director of operations, where issues like complaints, accidents and incidents, staffing, notifications, and

medication errors were discussed and reviewed. Actions and time lines were devised, if needed, following these meetings and reports. Regular announced and unannounced audits were completed in the centre. Accessible versions of reviews and audits were made available to residents if they wished to view them.

There was a clear staff rota in place that accurately reflected staff on duty. The centre was staffed with a mix of social care workers and assistant support workers. There were appropriate staffing levels and skill mixes in place to meet the assessed needs of the residents. All residents were supported at a minimum of one to one during the day and some residents were supported at all times by two staff during the day. Residents also had access to further multi-disciplinary support through the service provider.

Staff training was provided in line with the needs of the residents. No refresher training was outstanding on the day of inspection. Training was provided in areas including medication management, fire safety, first aid, manual handling, safeguarding, food hygiene, hand hygiene, and infection control. The person in charge regularly reviewed staff training needs and scheduled further refresher training when required. One to one staff supervisions were taking place with line managers on a three monthly basis. There were no staff vacancies on the day of inspection. Any new staff members were supported to complete an induction program which included working shifts shadowing other staff. 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.

The complaints procedure was prominently displayed on the centres wall. Complaints appeared to be addressed in a serious and timely manner. Residents and their representatives were regularly consulted regarding their satisfaction with the service provided. Accessible feedback forms were available to residents and residents were supported to complete these annually. The inspector also observed five compliments received from resident family members. Feedback was used to inform the outcome of the centres annual review. One resident expressed they liked the food, activities and staff in the centre. Residents spoken with, knew who to approach if they had a complaint.

Regulation 15: Staffing

The centre was staffed with a mix of social care workers and assistant support workers. There were appropriate staffing levels and skill mixes in place to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training was provided in line with the needs of the residents. No refresher training was outstanding on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place and lines of accountability. There was a full time person in charge that had the skill, experience and qualifications necessary to manage the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place that contained all information set out in Schedule 1 and was an accurate description of the service provided.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was prominently displayed on the centres wall. Complaints appeared to be addressed in a serious and timely manner.

Judgment: Compliant

Quality and safety

The premises was designed and laid out to meet the needs and number of the residents living there. The centre was a two storey detached building with an adjoining self contained apartment. Each resident had their own bedroom and the centre had been personalised to suit the preferences of the residents. The inspector observed pictures of the residents around the designated centre. The centre had a large garden area where there were different activities available to residents including a swing set. One resident had a pet dog and cat and a large enclosed

garden area was available to them.

Each resident had a comprehensive assessment of need in place which accurately reflected their most up to date needs. These were used to inform the residents plan of care. Each resident had their own individual daily planners in place. These outlined daily routines, activities and appointments that the residents had and guided both staff and residents daily. Resident personal plans were subject to regular review and residents had various individualised personal goals in place for recreational activities and for developing their independent living skills. There was a key working system in place and key workers were responsible for ensuring residents plans reflected their current needs.

Systems were in place for the assessment, management and ongoing review of actual and potential risks in the designated centre. Any accidents and incidents were clearly recorded and reviewed appropriately. Regular trending of incidents was also completed. All residents had individual risk management plans in place and one to one key working sessions had taken place with residents regarding various potential and actual risks in their lives. However, one staff had failed to adequately implement risk measures outlined in a residents risk management plan which contributed to a serious high risk incident occurring. The inspector acknowledges that this was a once off incident. The inspector found that the management of this incident and the further measures implemented following this incident were appropriate.

Appropriate measures were in place for protection against infection. The centre was visibly clean on the day of inspection. New procedures and protocols had been implemented in the centre in light of the COVID-19 pandemic. Staff had completed additional training in the use of personal protective equipment (PPE), hand hygiene, and infection control. Staff were observed wearing PPE in line with national guidance for residential care facilities. The centre had experienced an outbreak and had sufficiently managed to control this and support residents. Some staff had completed additional training in COVID19 testing and this had allowed for mass testing of staff and residents to take occur in the centre. Visitation to the centre had been restricted due to level 5 restrictions. Daily audits of PPE stocks were being completed and staff were completing daily questionnaires before coming on duty as a COVID19 risk measure.

The registered provider had ensured that effective fire safety management systems were in place. Following a walk around the premises, the inspector observed containment systems, detection systems, emergency lighting, and fire fighting equipment. Staff and residents were completing three monthly fire evacuation drills in the centre in an efficient manner. These simulated day and night time conditions. Residents had individual personal emergency evacuation plans in place which assessed residents individual cognitive and mobility support needs. Social stories with pictures were in place to support residents fire safety awareness. Staff were completing weekly checks on fire safety measures. Fire fighting equipment was regular serviced by an external fire safety specialist.

The person in charge had ensured that staff had up to date knowledge and skills appropriate to respond to behaviour that is challenging and to support

residents to manage their behaviours. Residents had access to a range of multi-disciplinary services to support their needs including behavioural therapy, psychology, and psychiatry. Recommendations made by behavioural specialist were implemented into the residents behavioural support plans and personal plans. The service had a restrictive practice committee where any restrictive practices in use were discussed and reviewed on a regular basis. Any restrictive practices in use had been notified to the Chief Inspector as required by Regulation 31. The inspector observed evidence that therapeutic intervention techniques were used when possible including relaxation sessions, encouragement, visual reward boards and re-direction.

Evidence was seen that issues of a safeguarding nature were appropriately reported within the designated centre and investigated. All staff had received training in the safeguarding and protection of vulnerable adults. Details of advocacy services available to residents were prominently displayed on the centres wall. Staff spoken with were aware of safeguarding measures and procedures in place and any open safeguarding concerns. There was a designated officer in the service, nominated to manage any safeguarding concerns raised. All residents were assessed for potential risk of financial exploitation and had secure money management plans in place.

Regulation 17: Premises

The premises was designed and laid out to meet the needs and number of residents living there. The premises was maintained in an appropriate state of repair internally and externally.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place for the assessment, management and ongoing review of actual and potential risks in the designated centre. However staff had failed to adequately implement risk measures outlined in a residents risk assessment which contributed to a serious high risk incident occurring.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Appropriate measures were in place for protection against infection. New procedures and protocols had been implemented in the centre in light of the COVID-19

pandemic.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place in the designated centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of need in place which accurately reflected their most up to date needs. These were used to inform the residents plan of care. These were all subject to regular review.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills appropriate to respond to behaviour that is challenging and to support residents to manage their behaviours.

Judgment: Compliant

Regulation 8: Protection

Evidence was seen that issues of a safeguarding nature were appropriately reported within the designated centre and investigated in line with national guidance.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Auburn House OSV-0005253

Inspection ID: MON-0031042

Date of inspection: 19/11/2020

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: All Staff have read and familiarized themselves with the Individual Risk Management Plans in place and signed off on same. PIC will complete 'On the Floor Management Form' with all Staff to test their knowledge of the plans.	

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 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	26/02/2021