

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Auburn House
Centre ID:	OSV-0005253
Centre county:	Offaly
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services Unlimited Company
Provider Nominee:	Shane Kenny
Lead inspector:	Raymond Lynch
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 03 October 2017 10:30 To: 03 October 2017 15:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to Inspection

This was an unannounced inspection in order to assess the centres ongoing compliance with regulations. The centre was last inspected over a three day period between March 2017 and April 2017, where significant levels of major non-compliance were found across most outcomes assessed.

The provider was requested to submit monthly reports to the Health Information and Quality Authority (HIQA) with assurances that the centre was being adequately monitored so as to ensure actions could be identified to manage risk appropriately and address all safeguarding issues found on inspection in March/April 2017. The provider had complied with this request.

This inspection was to assess the effectiveness of the actions taken by the provider to address the concerns raised by HIQA on the last inspection and to ensure that the centre was being appropriately monitored as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (The Regulations).

The inspector found that a number of systems and resources had been put in place to promote the quality and safety of service delivered. Additional staffing resources had been deployed to the centre and there was significant input and support being provided from a behavioural specialist and a qualified trainer with regard to multi-element behavioural support planning.

Staff had also received additional training in safeguarding, risk management and positive behavioural support. This resulted in the number of adverse incidents reducing in the centre and in particular, the number of peer-to-peer related issues.

It was observed on the day of this inspection that one resident, who lived in the centre, was experiencing a period where they required additional support for their emotional health and wellbeing. On reading their file the inspector observed that the resident had been recently reviewed by two psychiatrists, a psychotherapist, the behavioural support specialist, their general practitioner (GP) and their multi-element behavioural support plan had been recently reviewed.

One issue was identified where the centre did not follow up in a timely manner with medical advice/input for a resident after an incident of behaviour of concern. However, since that incident the resident in question had attended their GP and on the day of this inspection had an appointment with their psychiatrist.

Overall, this inspection found that the centre was implementing the assurances as given to HIQA each month. The number of adverse incidents occurring had reduced as had the number of issues occurring between peers. The centre was being monitored and audited and it was found that those audits were bringing about positive change for the residents.

How we gathered evidence

The inspector spoke at length with the person in charge and the regional manager about the service being provided. The inspector also spoke with a qualified trainer (over the telephone) who was providing staff with ongoing support for the management of behaviours of concern. The inspectors also met with four of the residents over the course of this inspection.

A sample of policies and documents were also viewed as part of the process including the residents' health and social care plans, health and safety documentation, risk assessments, complaints log, safeguarding documentation, staff rosters and a trend analysis of incidents occurring in the centre.

Description of the service

The centre comprised of a large two storey detached house in a rural location on the Offaly/Laois border. It was a modern building with each resident having their own bedroom. There was a large kitchen/dining area provided along with a spacious separate and very well furnished sitting room.

There were adequate laundering, bathing and showering facilities provided for residents.

Transport was provided for access to the nearby town so residents could use local amenities such as restaurants, pubs, shops, shopping centres and trips further afield as and when requested.

Overall judgment of our findings

This inspection found that the provider was implementing the actions as identified in the monthly assurances reports being provided to HIQA.

It was also found that the number of adverse incidents had reduced considerably and while one resident was experiencing difficulties with their mental health, they had regular ongoing access to allied healthcare professionals and their multi-element behavioural support plan had been recently updated.

Of the five outcomes assessed four were found to be compliant, including Risk Management, Governance and Management, Safeguarding and Workforce. Healthcare was found to be moderately non compliant.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

This inspection found that the issues as highlighted in the previous inspection had been addressed (or were in the process of being addressed) and the centre was implementing the actions identified in their monthly assurances reports to HIQA.

The centre had reviewed their risk management policy in line with their monthly assurances reports and was in the process of developing a corporate risk register. This inspection found that risk was being managed in line with policy and the centre had taken a number of steps to reduce the level of risk that residents and staff were exposed to.

For example, additional staff had been deployed to the centre on a 24/7 basis to support the residents. Staff had also been provided with additional training so as to be better equipped to meet the needs of the residents in a safe manner.

Staff also had ongoing regular access, support and advice from a behavioural support specialist and a qualified trainer in the management of behaviours of concern. Both of these allied healthcare professionals were working as part of the staff team for two days per week and were assessable to staff via phone for advice and support.

It was found that these interventions had resulted in a reduction of the risks associated with behaviours of concern and peer to peer aggression.

There was also an 'interim centre specific risk register' in place which was being monitored closely by the person in charge so as to alert staff to the most pressing risks in the centre and how best to manage them.

It was found that suitable fire equipment was in place and was being serviced regularly as required. All fire fighting equipment was serviced in December 2016, and the fire panel and emergency lighting had been serviced in August 2017. Staff carried out weekly checks on fire equipment as required.

The last fire drill was held in September 2017 and no issues were identified. From a sample of files viewed, residents had a personal evacuation emergency plan in place.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

This inspection found that the centre had systems in place to promote the safety of residents, staff and visitors.

As identified in Outcome 7: Risk Management, the centre had put a number of actions and resources in place to promote the safety of the residents. This resulted in the number of adverse incidents reducing in the centre and there had been no reported peer-to-peer issues in September 2017. A sample of documentation viewed by the inspector informed that residents felt more content in the centre.

While a number of restrictions remained in place to keep residents safe, it was observed that all restrictions were under review and where deemed safe, were reduced and/or removed. For example, previously all residents were required to use plastic cutlery due to a safety concern. This was no longer the case at the time of this inspection.

One resident was experiencing some issues with their mental health however, on reviewing their file the inspector observed that they had regular input from a range of allied healthcare professionals and their multi-element behavioural support plan had recently been updated with the input, advice and support from a behavioural support specialist.

The resident was also staffed on a 2:1 basis at this time and a qualified trainer in the management of behaviours of concern was on site two days per week to support the resident and staff.

Where required, residents had a safeguarding plan in place and from a sample of files viewed, all staff had recently attended training in safeguarding.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

From a small sample of healthcare files viewed the inspector observed that residents had access to allied healthcare professionals as and when required. However, it was observed that there was a delay in seeking medical treatment for a resident after an episode of behaviour of concern.

The inspector observed a small sample of files and found that residents had access to a range of allied healthcare professionals including GP visits and hospital appointments as and when required.

Positive mental health was also provided for and residents had frequent access to psychiatry and psychotherapy support as and when required. Specialised behavioural support was also provided for on a regular basis by two qualified staff members, who were on site two days per week in the centre.

It was identified that there was a delay in seeking medical intervention/advice for one resident after an incident of behaviour of concern. That said, it was also noted the resident in question had been reviewed by their GP and had an appointment made to see their psychiatrist by the time of this inspection. However, systems needed to be improved to ensure residents had prompt access to medical attention when it was needed.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the

delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

This inspection found that there were clear governance and management arrangements in place and the centre was being audited and monitored as required by the Regulations.

The centre had a qualified person in charge who worked full-time in his role and was present in the centre five days per week. He was supported by two qualified deputy team leaders and a regional manager.

The inspector met with the person in charge and the regional manager on the day of the inspection and it was found they were both knowledgeable of their remit to the Regulations.

The person in charge knew the needs of the residents at an intimate level and it was observed that residents knew the person in charge well and were comfortable in his presence.

The centre was being audited as required and it was found that the actions arising from the audits were being implemented (or a plan of action was in place for their implementation).

For example, an audit identified that a summary report was required to highlight key risks occurring in the centre. This had been completed and was viewed by the inspector over the course of the inspection. Other audits identified that a multi-element behavioural support plan required review. Again this was completed by the time of this inspection.

It was also observed that there were on-call systems in place 24/7 to provide support and advice to staff if and when required. The centre had also acquired two behavioural support specialists to provide practical support and advice to the staff team.

These professionals were working two days per week in the centre and were also available to staff via telephone for advice and support if required.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that there were sufficient staff numbers with the right skill-mix, qualifications and experience to meet the assessed needs of the residents living in the centre.

There was a team of social care workers providing support to the residents living in the centre. There were also two qualified behavioural support specialists providing practical support and advice to staff for two days per week.

The team leader met with his staff team on a regular basis in order to support them in their roles. Team meetings were held regularly and the inspector observed that the agenda covered items such as weekly updates on risk management and any adverse incident occurring in the centre.

This provided the person in charge with an opportunity to discuss issues of concern arising in the centre and planned agreed actions on how to mitigate the risk of a reoccurrence going forward.

From a small sample of documentation viewed it was also observed that staff had up-to-date training in safeguarding, safe administration of medication and risk management. Schedule 2 staff files were not checked at part of this inspection process.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Raymond Lynch
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Nua Healthcare Services Unlimited Company
Centre ID:	OSV-0005253
Date of Inspection:	03 October 2017
Date of response:	09 November 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was a delay in seeking medical treatment for a resident as required after an incident of behaviour of concern.

1. Action Required:

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:

In relation to concerns raised by the Inspector specific to a resident;

1. The resident in question will have immediate access to a General Practitioner (GP) following incidents of behaviour of concern if required and to a range of allied health professionals as required.
2. The resident continues to be reviewed by their Multi-Disciplinary Team and are being reviewed on an ongoing basis to ensure their clinical and behavioural needs are being met.
3. The residents' Personal Plan is reviewed, where necessary after consultation with the resident and their allied health professionals which reflects all relevant information to direct a person-centred approach to the management of care to the resident during prolonged incidents of concern.
4. The above points will be discussed at the Designated Centre's next staff team meeting will be held on 15/12/2017.

Proposed Timescale: 16/12/2017