



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

Issued by the Chief Inspector

Name of designated centre:	Auburn House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Offaly
Type of inspection:	Announced
Date of inspection:	20 May 2024
Centre ID:	OSV-0005253
Fieldwork ID:	MON-0035307

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

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 20 May 2024	11:15hrs to 18:30hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

The residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported to achieve best possible health, and were involved in activities that they enjoyed. The person in charge and staff were very focused on ensuring that a person-centred service was delivered to these residents. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing, autonomy, and quality of life of residents. Staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed, and going out in the community.

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met residents who lived in the centre. The inspector also met with the person in charge, her line manager and with staff, and viewed a range of documentation and processes.

Auburn House is a large detached house, which suited the needs of residents. It was clean, spacious and suitably furnished and equipped. The centre comprised a main house which could accommodate up to four adults and an adjoining self-contained apartment for one resident. Each resident had their own bedroom, and these were comfortably furnished and personalised. The centre was located in a rural area close to both a village and a rural town, and this location gave residents good access to a wide range of facilities and amenities. The centre had well-maintained, separate gardens, one of which included a secure dog pen which had been constructed for a resident's dogs. Outdoor activity items such as swings, goalposts, a basketball hoop, raised beds and garden furniture were provided for residents' use. The inspector saw a resident using one of the swings. They were laughing and smiling and clearly enjoying this activity.

Some residents living in this centre required support with communication and could not communicate verbally with the inspector. One resident, however, was happy to tell the inspector about their life in the centre. This resident said they were very happy with all aspects of living in the centre and said that they wouldn't stay there if they didn't like it. They told the inspector that they were well supported by staff, who provided them with good care, and that they always made their own choices around their lives. This resident said that they never had complaints or concerns in the centre, but they knew about the complaints process. They said that they would feel comfortable to raise any concerns with staff if it was required, and that they knew that any issues would be addressed. The resident knew who was in charge, and they said that they trusted the staff. The resident told the inspector that they enjoyed the meals in the centre. They explained that they had choices around their food shopping and meals, and that they were involved in cooking their own meals when they wanted to, with staff support as required.

Although some residents were not able to verbally express views on the quality and safety of the service, they were observed to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. Processes were in place to support residents and staff to communicate with each other. Pictorial information was available to residents, including meal plans, daily planners, and staff on duty.

All five residents who lived in the centre had been supported to fill out easy-to-read surveys about what it's like to live there. The inspector read these questionnaires. The outcomes of the surveys showed that residents had high levels of satisfaction with issues such as the house, food, their bedrooms, choices in daily life and how they spend their days, staff, the people they live with and having their say.

As this was a home-based service residents had choices around doing things in the centre, or going out to do things in the community. The centre had dedicated transport, which could be used for outings or any activities that residents chose. There were sufficient vehicles to ensure that each resident could have individualised outings in line with their own choices. Residents showed preferences for going out during the day. One the morning of the inspection some residents were out and the activities that they were doing on that day included a visit to the hairdresser followed by lunch out, and volunteering at a charity shop. Residents who were in the centre were busy with table top activities, spending time in the garden on the swing and listening to music. Later the inspector saw staff discussing afternoon activities with residents and going to the beach and to the swimming pool were some of the chosen activities. One resident also met with a sibling for lunch and bowling in the afternoon.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service and quality of life of residents.

Capacity and capability

There were effective governance arrangements in place to ensure that the centre was well managed and that a high standard of care, support and safety was being provided to residents.

An organisational structure, with clear lines of authority, had been established to manage the centre. There was a suitably qualified and experienced person in charge and there were effective arrangements in place to support staff when the person in charge was not on duty. The person in charge was based in the centre and worked closely with staff and with the wider management team.

The service was subject to ongoing monitoring and review to ensure that the service

was being managed safely and appropriately. This included auditing of the service in line with the centre's audit plan, an annual review of the quality and safety of care and support of residents, and unannounced audits were carried out every six months on behalf of the provider. The inspector viewed these audits, all of which showed a high level of compliance.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, access to Wi-Fi, television, and adequate staffing levels to support residents.

Documents required by the regulations were kept in the centre and were available to view. A sample of documents viewed during the inspection included personal planning and healthcare records, communication plans, service agreements, records of any resident's hospital admissions, a directory of residents, audits, and records of residents' meals. There was a statement of purpose which gave a clear description of the service and met the requirements of the regulations, and a residents guide had been prepared to provide information to residents. A range of policies and copies of regulations and standards were also available to guide staff.

Regulation 19: Directory of residents

A directory of residents was being kept in the centre. The inspector read the directory of residents and found that it included all the required information relating to each resident who lived in the centre.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records were suitably maintained. Although this regulation was not viewed in full at this inspection, the inspector read samples of records and documentation including personal files, audits, the directory of residents, the statement of purpose and minutes of residents' meetings. The sample of records viewed were maintained in a clear and orderly fashion and were kept up to date.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. The service was subject to ongoing monitoring and review. This included auditing of the service in line with the centre's audit plan, six-monthly unannounced audits by the provider, and an annual review of the quality and safety of care and support. The inspector viewed these audits, all of which showed a high level of compliance.

A clear organisational structure had been established to manage the centre and this was clearly set out in the statement of purpose. There was a suitably qualified and experienced person in charge who was based in the centre on weekdays, while a deputy manager covered the management of the centre at weekends.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. During the inspection, the inspector observed that these resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport vehicles, access to Wi-Fi, television, and adequate staffing levels to support residents' preferences and assessed needs.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place for residents. The inspector read a sample of three service agreements, and found that they included the required information about the service to be provided, and had been signed by the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had developed a statement of purpose and function for the service. The inspector read the statement of purpose and found that it described the service being provided to residents, included the information required by the regulations and was available to view in the centre. The statement of purpose was being reviewed annually by the person in charge.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies required by schedule 5 of the regulations were available to guide staff. Policies were available to staff in both a hard copy folder and in an online format. The inspector viewed the policy folder and found that all schedule 5 policies were present and had been reviewed within the past three years as required by the regulations.

Judgment: Compliant

Quality and safety

There was a high level of compliance with regulations relating to the quality and safety of care and the provider ensured that residents received a person-centred service. The management team and staff in this service were very focused on maximising the independence, rights, community involvement and general welfare of residents who lived there. The inspector found that residents were supported to enjoy activities and lifestyles of their choice.

The centre suited the needs of residents, and was comfortable, well decorated and suitably furnished and equipped. All residents had their own bedrooms which were decorated to residents' liking. The centre was maintained in a clean and hygienic condition throughout and bathroom surfaces were durable and easy to keep clean. There were gardens at the front and rear of the centre for residents' use.

Comprehensive assessments of the health, personal and social care needs of residents had been carried out, with multidisciplinary involvement, and were recorded. Individualised personal plans had been developed for residents based on their assessed needs and preferences, and residents' personal goals had been agreed at annual planning meetings. Records showed how achievement of these goals was progressing.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of health care. Residents had access to general practitioners and were supported to attend appointments as required. Other healthcare services available to residents included occupational therapy, psychology and behaviour support therapy, which were supplied directly by the provider. Residents also had access to the organisation's regional nurse who called to the centre every week. Reports and information from healthcare professionals were available to guide staff in the delivery of appropriate care. Staff supported residents to achieve good health through ongoing monitoring of healthcare issues, and encouragement to lead healthy lifestyles and take exercise. None of the residents were currently eligible to avail of national health screening programmes.

Residents' nutritional needs were well met. Well equipped kitchens were available for the storage, preparation and cooking of residents' food. Residents were involved in choosing their preferred meals and in grocery shopping and food preparation at

levels that suited their assessed needs and preferences.

Measures were in place to respond to behaviour that is challenging. There were procedures, such as behaviour support plans, involvement of a psychologist and behaviour support specialist, and an up-to-date policy to support any resident to manage behaviours of concern.

Residents' civil, political and religious rights were being well supported in line with their preferences. Throughout the inspection, the inspector found that residents' needs were supported by staff in a person-centred way. An individualised home-based service was provided to meet residents' needs and preferences. The inspector observed that staff supported residents to do things that they enjoyed both at home, and in the community, as well as having fun in the centre. Residents were involved in a range of activities such as shopping, going the barber or hairdresser, day trips, sports and going to entertainment events. Residents also enjoyed contact with family and friends, and this was supported both in the centre and elsewhere. An external advocacy service was available to residents, and a resident from this centre had availed of this process.

The provider had also ensured that residents were supported and assisted to communicate in accordance with their needs and relevant information was supplied to residents in formats that best suited their levels of comprehension. Residents had good choices around meals and food choices, and these were also communicated to residents in formats that they could understand.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes. The inspector read a communication plan which had been developed to guide staff and support a resident to communicate. This communication plan had been developed with the involvement of a speech and language therapist, and described the individual communication supports required for the resident. Hospital passports, including a synopsis of each resident's care and communication needs, had also been developed. The inspector saw that pictorial activity planners and choice boards had been developed for some residents and these were in use in the centre. Television, radio, internet and user-friendly pictorial aids were provided to support residents' communication needs. There was an up-to-date communication policy to guide practice.

Judgment: Compliant

Regulation 11: Visits

Residents could have visitors in the centre in accordance with their own wishes. The

centre was spacious and there was sufficient space for residents to meet their visitors in private if they chose to. A residents told the inspector that they were also supported to meet family and friends in other locations. Residents often visited family homes or went out with family members. Residents had access to telephones, and wi-fi was supplied throughout the centre which enabled residents to communicate with their loved ones by social media. There was an up-to-date visitors policy to guide practice.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were being supported to take part in a range of social and developmental activities both at the centre and in the local community. Suitable support was provided for residents to carry out these activities in accordance with their individual choices and interests, as well as their assessed needs. Residents were being supported by staff to be involved in activities that they enjoyed, such as sport, going to the cinema, for walks, and for drives to places of interest. Residents were involved in their own laundry and food preparation at a level that suited them. Some residents had taken part in training courses and some were involved in voluntary work. Residents also had opportunities to take part in everyday community activities such as shopping, going to the barber and hairdresser, and going out for meals.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. During a walk around the centre, the inspector saw that it was well maintained, clean and comfortably decorated. To the front and rear of the centre, there were gardens with equipment, such as swings, games and raised flower beds, for occupation of residents, The centre was laid out as a four-bedroomed house and a separate self-contained apartment. Communal areas were spacious and residents' bedrooms had been personalised and decorated to each person's liking. There were laundry facilities in both dwellings and there was a refuse collection provided by a private contractor.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being supported. The inspector visited the centre's kitchens, which were well equipped, and where food could be stored and prepared in hygienic conditions. The inspector saw that there was a food safety policy to guide staff in the safe preparation of meals. Meal plans for each week were planned in advance at weekly residents' meetings. The inspector read minutes of a residents' meeting, which recorded residents' meal choices and saw the current week's pictorial meal plan which had been developed based on this information. Residents went shopping with staff and were involved at various levels based on their capacity. Residents were also involved in food preparation, ranging from basic preparation of ingredients to cooking full meals.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide that contained a wide range of information for residents. The inspector read the residents guide and found that it met the requirements of the regulations. This guide was seen to be available to residents in the centre. Other information that was relevant to residents was provided in user friendly formats, such a photographic information about staff on duty at each shift, information about the HIQA inspection, and an easy read version of the complaints process.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There were arrangements in place to ensure, that where a resident was temporarily absent from the designated centre, that the hospital or other place was supplied with relevant information about the resident. The person in charge showed the inspector a resident's hospital passport passport, which had been used when the resident was admitted to hospital. The passport was informative and contained a range of information about the resident's specific care needs to inform hospital staff. The inspector also saw that clear records of the resident's admission and discharge from the hospital were kept. There was an up-to-date policy to guide this process.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of residents had been carried out, and individualised personal plans had been developed for residents based on their assessed needs. The inspector viewed a sample of residents' personal plans for three residents. These personal plans had been developed with input from the provider's multidisciplinary team. Residents' personal goals had been agreed at annual planning meetings, and progress in achieving these goals was being recorded.

Judgment: Compliant

Regulation 6: Health care

Residents had access to medical and healthcare services to ensure their wellbeing. The inspector viewed a sample of two residents' healthcare files which included records of medical appointments, assessments and plans of care. Residents could visit general practitioners, and medical specialist consultations were arranged as required. Residents also had access to allied healthcare professionals such as speech and language therapists, occupational therapists, physiotherapists, behaviour support specialists, and appointments and assessments were arranged as necessary. Residents also attended community based appointments for their welfare, including reviews and treatments by chiropodists, dentists and opticians. Nursing support from the provider was available to residents. The person in charge explained that a nurse employed in the organisation called to the centre every week, or as required, to support staff and residents. Staff supported and encouraged residents to lead healthy lifestyles and incorporating exercise into their daily routines. None of the residents were currently eligible to attend national health screen programmes.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges. The inspector read a resident's file and saw that there were procedures to support the resident to manage behaviours of concern. There was a clear and up-to-date behaviour support plan which had been developed by a behaviour support specialist. There was a policy to guide practice. The person in charge discussed behaviour support plans with the inspector and was very clear on how interventions would be implemented.

Judgment: Compliant

Regulation 9: Residents' rights

There were systems in place to support residents' human rights. From discussions with a resident, staff and the management team, observation in the centre, and review of information, it was clear that residents had choice and control in their daily lives, and in relation to how their healthcare, finances and living arrangements were being managed.

Although some residents did not have the capacity to express their views verbally, the inspector observed that staff had established and recorded residents' likes, dislikes and preferences, based on assessments, observation and knowledge of each individual. Information gathered for each resident, and outcomes of professional assessments, were used to inform residents' activity plans. Food choices were established at weekly house meetings. A resident who spoke to the inspector said that they were aware of their rights and were very involved in decision making in the centre. They also explained that they could live their life as they chose and received staff support as required. They knew the complaints process and felt confident that if they made a complaint that it would be addressed. The person in charge was aware of an external advocacy process and explained how this process had been accessed to support a resident. All staff in the centre had attended training in human rights. The person in charge stated that the training had been interesting and worthwhile, but that it had not given rise to change, as a right based approach to living had already been in place in the centre. She explained that the management team and staff had already been very focused on ensuring that residents rights were being supported and that the training served as a refresher and as assurance.

Residents had comfortable accommodation. Each had their own bedroom and there was ample communal space, which ensured that residents could enjoy privacy or time alone as they wished.

The person in charge confirmed that all residents were registered to vote and had had the option of voting during a recent referendum. She also confirmed that residents chose not to be involved in religious activities and this preference was supported.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant