Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Aura View
Name of provider:	The Rehab Group
Address of centre:	Offaly
Type of inspection:	Short Notice Announced
Date of inspection:	05 December 2024
Centre ID:	OSV-0008726
Fieldwork ID:	MON-0043047

About the designated centre

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

Aura View can provide residential services for up to three adults with a diagnosis of Intellectual Disability and Autism Spectrum Disorder. This service can accommodate up to three male or female adults over the age of 18. Aura View is based on a social care model of support. The property is a two storey detached residential house which is accessible in design with a ramp and railings to assist with entry to the service should the need arise. The ground floor living area includes a sitting room, kitchen-dining area, and utility room and a fully accessible en-suite bedroom which means Aura View can accommodate one person with physical disability at any time. Two bedrooms one of which has an en-suite bathroom are located on the first floor as is the main bathroom, a second living room (snug) and the staff office/sleepover room. There is a patio area off the dining area at the rear of the property. Transport is provided to residents to access local amenities. Residents are supported by a staff team which includes the person in charge, team leader, residential care workers and relief residential care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 5 December 2024	15:00hrs to 18:45hrs	Jackie Warren	Lead
Friday 6 December 2024	09:30hrs to 13:50hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

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 with residents who lived in the centre and observed how they lived. The inspector also met with the person in charge, team leader, staff on duty,and a senior manager and viewed a range of documentation and processes. This was the first inspection of the centre since it opened in March 2024.

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. However, governance improvements were required in the centre to strengthen the overall oversight and quality of the service. During the inspection it was found that aspects of governance, fire safety and behavioural support were not compliant with the regulations.

The person in charge and staff ensured 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 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 offering meals and refreshments. All residents had the option of attending day service activities. Some residents liked to attend day activities on weekdays and one resident preferred a home based service. Residents also had good involvement in the local community and took part in leisure activities that they enjoyed. Activities that residents enjoyed included days out, shopping trips, bowling, going to the gym, and for meals out, playing football and hurling with staff, going to matches and recycling. All residents were involved in a plastic bottle recycling scheme and staff said that they enjoyed this project. Separate storage boxes were provided for each resident, in which they gathered their used bottles before bringing them back to the supermarket to reclaim a cash refund. The centre was equipped with Wi-Fi throughout and residents used personal computers, television, phone time and electronic games.

The centre consisted of a large house in a residential area close to a busy rural town.This gave residents access to shops, coffee shop, gyms and sporting facilities, restaurants, churches and community activities. The centre was laid out, furnished and equipped to provide residents with a safe and comfortable living environment. There was a spacious kitchen and dining area, and two comfortable sitting rooms which ensured that each resident could have their own space when they wanted it. There was a massage chair in the sitting room, which residents enjoyed for relaxation. The house had been decorated for Christmas with a Christmas tree in the main sitting room. Each resident had their own bedroom and these were comfortably furnished and personalised.

During the course of the inspection, the inspector met with all three residents who lived in the centre. One resident clearly stated they did not want to speak or meet with the inspector and this wish was respected. The resident was leaving shortly to spend a few days with family and was busy getting ready for this. Another resident spoke briefly with the inspector in the evening. They said that they liked living in the centre. They had been on an outing the previous day to Wildlights in Dublin Zoo. They had really enjoyed it but were tired following the long day out. They were also preparing to go home to family for the weekend and said that they were looking forward to it. The third resident met the inspector briefly on return from day service in the evening but did not wish to talk to the inspector for long, but said that they knew the reason for the inspection, that they liked living in the centre and that they were happy with the support they received there. However, they were observed to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre.

On the evening of inspection, residents had a chicken stir fry meal which had been chosen in advance. Residents either dined together or privately in line with their preferences on the day. Residents told the inspector that they enjoyed the meal.

It was clear from observation in the centre, conversations with residents and staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community.

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

The provider's management arrangements required strengthening to ensure that a good quality and safe service would continue to be provided for residents who lived in this centre. Although residents were receiving good care and had a good quality of life, significant improvement to the management oversight of the service was required. During this inspection fire safety and management of restrictive practice were found to be not compliant with the regulations. Several of other areas, including staff training, supervision and recruitment, personal planning, premises, medication management, human rights and service agreements were found to be substantially compliant but required some improvement. Governance was judged to be not compliant in part due to the combination of these deficits.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge who worked closely with staff and with the wider management team. The person in charge was supported by

a team leader who was based in the centre and was involved in the day to day running of the service.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included comfortable accommodation, and transport vehicles for residents' use. There were sufficient staff on duty during the inspection to support residents to take part in the activities that they preferred, and to ensure that each resident had individualised care and support. Review of staff rosters indicated that these were typical staffing levels and that the service was consistently well staffed. Staff had attended mandatory training as well as other training relevant to their roles, although some improvement was required to staff training, supervision and recruitment. Most staff had attended up-to-date mandatory training and other training relevant to their roles. Some staff had not received some required training, although dates had been identified to address some of these. Staff supervision sessions had been occurring since the centre opened. These had mostly been completed in a timely manner, although a small number of staff supervisions had not been carried out as planned. Staff training records were disorganised and some records viewed by the inspector were not up to date. It was, therefore difficult for the management team to review training needs. Improvement to the recruitment process was also required as there was only one suitable reference on one of the recruitment files viewed.

The provider had developed plans for the ongoing auditing of the service, including audits by staff and two unannounced audits of the service had already been carried out on behalf of the provider since the service opened. These audits gave rise to action plans for any required improvements to be carried out. These had been developed into a quality improvement plan and were being addressed. However, the audit systems were not sufficiently comprehensive, as deficits found during this inspection had not been identified for action in the ongoing audits.

Regulation 14: Persons in charge

The provider had appointed a suitable person in charge of the designated centre.

The role of person in charge was full-time. Prior to the inspection the inspector read the information supplied to the Chief Inspector in relation to the person in charge and this indicated that they had the required qualifications and experience for this role. The person in charge was based in the centre several times each week and was knowledgeable regarding the individual needs of each resident. The person in charge worked closely with the wider management team, a team leader who was based in the centre, and staff.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that appropriate staffing levels were being maintained in the centre to ensure that residents were being supported in line with their preferences and assessed needs. Overall staff had been suitably recruited, although some improvement was required to an employee's reference.

Planned duty rosters had been developed by the person in charge. The inspector viewed the rosters for October, November and December. These showed that required staffing levels were being consistently allocated and that sufficient staff were being rostered to support residents' needs and preferences. The rosters were being updated as required to provide actual rosters which were accurate at the time of inspection.

The inspector reviewed a sample of two staff recruitment files during the inspection. Overall these were found to contain most of the information and documents specified in Schedule 2 of the regulations, including up-to-date vetting disclosures. However, on one file viewed there was only one verified reference. The second referee had invited the provider to contact them, but there was no evidence to indicate that this had been followed up and verified.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Although staff had received a range of training appropriate to their roles, some had not attended refresher mandatory as required. Training records were not being consistently updated to reflect staff's current training status.

The inspector viewed staff training records and saw that all staff had attended mandatory training in safeguarding. Most staff had attended up-to-date training in fire safety and behaviour support, although a small number of staff had not attended refresher training in these areas within the required time frames. Staff had also received other training and refresher training relevant to their roles. For example, training in safe administration of medication had been provided to any staff who were involved in medication management in the centre, and manual handling training had been completed by most staff. Training records were disorganised. Records were kept in two formats and the information in each was not consistent, and some information in one system was not up to date. It was, therefore, difficult for the management team to maintain good oversight of training needs. Staff had access to a range of policies and guidance documents to inform practice.

Staff had access to support and supervision meetings. The team leader showed the inspector the supervision plan for 2024 which scheduled each staff member for

supervision once every three months. Overall, this had taken place as planned, although there were a small number of gaps. The inspector viewed a sample of two staff supervision records and found that they had been satisfactorily completed.

Judgment: Substantially compliant

Regulation 23: Governance and management

Leadership and management arrangements in the centre required improvement to ensure the ongoing provision of a good quality and safe service to residents. During this inspection it was found that significant improvement to the management oversight of the service was required, as fire safety, auditing and management of restrictive practice were found to be not compliant with the regulations, while staff training, supervision and recruitment, personal planning, premises, medication management, human rights and service agreements required some improvement and were found to be substantially compliant. The provider's auditing systems and oversight of the service had not suitably identified these issues and put plans in place to address them, therefore governance was judged to be not compliant.

The provider had developed an auditing plan and audits were being carried out by the team leader on a weekly and monthly basis. There had been two unannounced visits on behalf of the provider since the centre opened, and a medication audit by an external person had been completed. The inspector viewed these audits and found that the in-house audits were not up to date and that the deficits identified related mainly to documentation. Overall, the auditing systems were not effective as deficits found during this inspection had not been identified and plans put in place to resolve them. For example, ongoing medication errors had been identified during the in-house audits, measures had not been put in place to suitably address this. This presented a risk that a good standard of care and safety to residents might not continue to be delivered.

The provider had developed a clear organisational structure to manage the centre. There was a suitably qualified and experienced person in charge who worked closely with staff, and the wider management team. The person in charge had been recently appointed to the service and was setting into their role. The person in charge was supported by a team leader who carried out management functions such as auditing, staff supervision and developing staffing rosters. The service also has the support of a project executive who spends a day in the centre each week to support the management team with administrative work.

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, Wi-Fi, television, and adequate staffing levels to support residents' preferences and assessed needs.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place for all residents. However, these required review and update to ensure that they included accurate information about the service. The inspector read a resident's service agreement, which had been developed in both regular and easy-to-read format. The agreement included information about the service to be provided, but required review as the fees stated were not accurate and did not reflect current arrangements. The agreement had been agreed and signed by the resident, but had not been signed on behalf of the provider.

Judgment: Substantially compliant

Quality and safety

Based on these inspection findings there was a high level of compliance with regulations relating to the care and welfare of residents, the provider ensured that residents received a person-centred service. The management team and staff in this service ensured that residents' independence, community involvement and general welfare were supported and respected. The inspector found that residents were supported to enjoy activities and lifestyles of their choice and, that residents' rights and autonomy were being supported. However, improvement was required to some practices relating to the safety of the service, including fire drills, medication management and restrictive practice. Improvement to an aspect of the external premises was also required.

Residents in this centre had an option to attend day service activities on weekdays or to receive a home-based service. Staff were available to support residents at all times throughout the day if they chose the home-based option. This gave all residents the opportunity to take part in the activities that they preferred either in their home, at day service or in the community. During the inspection, the inspector found that residents' needs were supported by staff in a person-centred way. Residents were involved in a range of activities such as shopping, day trips, taking exercise, attending entertainment events and sporting activities and, going out for something to eat. Residents' contact with family and friends was also being supported in line with their preferences.

Residents' human rights were being well supported by staff and by the provider's systems. Throughout the inspection, the inspector found that residents' needs were supported by staff in a person-centred way. Information was supplied to residents through ongoing interaction with staff and the person in charge. Suitable

communication techniques were being used to achieve this. Residents could choose whether or not they wanted to vote or to partake in religion and were supported to take part in these at the levels that they preferred. Staff supported residents' involvement in community activity and also supported residents to keep in contact with their families. An advocacy system was available to residents in the centre and this was being utilised to address an identified issue. There was very limited use of restrictive practice in the centre, but the use of chemical restraint was sometimes required for behaviour management. While there was a protocol to manage this, there were insufficient records to demonstrate whether or not this medication was being administered appropriately.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of health 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 kitchen facilities were available for food preparation, and residents could choose to take part in grocery shopping and food preparation at a level that suited their assessed needs. Comprehensive assessments of the health, personal and social care needs of each resident had been carried out and were recorded. Individualised personal plans had been developed for all residents based on their assessed needs and residents' personal goals had been agreed at annual planning meetings. Improvement, however, was required to recording of residents' personal planning needs.

Overall, there were safe practices in the centre for the management, storage and disposal of medication, and all residents had been assessed for their suitability for self-administration of medication. However, there been medication errors occurring in the centre.

The centre suited the needs of residents, and was comfortable, well decorated and suitably furnished. All residents had their own bedrooms which were decorated to their liking. The centre was maintained in a clean and hygienic condition throughout. There was a garden surrounding the house where residents could spend time outdoors. However, improvement to a garden shed was required.

The provider had systems in the centre to manage and reduce the risk of fire and most of these were being well managed. These included staff training, emergency evacuation drills, personal evacuation plans, servicing of fire safety equipment by external experts and ongoing fire safety checks by staff. Fire doors were fitted throughout the building to limit the spread of fire. The fire drill process, however, required improvement as residents' capacity to evacuate safely in night-time situations had not been evaluated. Furthermore a small number of staff had not attended up-to-date fire safety training.

Regulation 13: General welfare and development

Residents were being supported to take part in a range of activities in the centre, at day care services and in the local community. During the inspection, the inspector could see that suitable support was provided for all residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs. Residents were supported to take part in activities that they enjoyed in the centre, such as colouring, making jigsaw puzzles, playing ping-pong and sensory games. Social and leisure activities that residents enjoyed outside the centre included bowling, eating out, tag rugby, cycling, going to the gym, and home visits.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the needs of residents. However, improvement to an external storage area was required.

During a walk around the centre, the inspector saw that the house was well maintained, clean and comfortably decorated. The house was spacious and was laid out to ensure that each resident had adequate communal and private space as required. Each resident had their own bedroom and these were very nicely decorated and personalised with residents' own belongings. Adequate bathroom facilities were provided in the house and these were readily-cleanable and hygienic. There were laundry facilities for residents to use and there was a refuse collection provided by a private contractor.The centre had a garden where residents could spend time outdoors. In the back garden there was a shed which was used for storage of cleaning equipment and miscellaneous items. This area was not maintained in a clean condition and due to its door being ill-fitting, could provide access and shelter to rodents. This presented a risk of rodent infestation and a further risk of unclean cleaning equipment being brought into the centre.

This did not effect the compliance levels as this area did not form part of the centres footprint.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being supported. The centre had a well equipped kitchen where food could be stored and prepared in hygienic conditions. While in the kitchen the inspector saw that the provider had a system in place to ensure that out-of-date foods would not be consumed. The inspector saw that weekly food choices and preferences were discussed with residents at weekly house meetings,

and weekly choices were displayed in pictorial format for residents.

Judgment: Compliant

Regulation 28: Fire precautions

Some aspects of fire safety management were not adequate and were found to be not compliant. Although the provider had measures in place to safeguard residents, staff and visitors from the risk of fire, improvement to fire drills, staff training and internal fire safety checks was required.

The inspector reviewed records of fire drills, equipment servicing, personal evacuation plans and staff training and to fire safety checks in the centre. Training records viewed by the inspector confirmed that most staff had attended up-to-date on-site fire safety training. There were three staff who had not attended this training, although they had attended online training and had covered fire safety in their inductions to their roles. Fire evacuation drills involving residents and staff were being carried out frequently and evacuations were being achieved in a timely manner during day time hours. However, there had been no drills carried out at night, or to reflect night time arrangements with minimum staffing and when residents were sleeping. Therefore, there was no information to determine if an emergency evacuation at night time could be carried out effectively and in a timely manner. Furthermore, this impacted on the development of accurate personal emergency evacuation plans for residents. There were arrangements in place for servicing and checking fire safety equipment and fixtures both by external contractors and by staff. The checks carried out by staff were generally up to date, although on four days there were no records to confirm whether or not the checks had been carried out. There were fire doors with automatic closing devices throughout the house to reduce the spread of smoke and fire.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were generally safe practices in the centre for the management, storage and administration of residents' medication. However, there were some inconsistencies in the recording of administration of PRN (as required) medication.

Medication prescription charts contained the required information to guide staff on the safe administration of medication, including required doses, administration times and routes of administration. Administration records for everyday medications appeared to accurate. Residents' medications were safely stored and, there were suitable arrangements in place for storage and management of any medications

intended for return to pharmacy. Assessments for suitability for self-administration of medication had been carried out for all residents and medications were being administered accordingly. Each resident has access to a pharmacist in the community. There was an up-to-date medication policy to guide practice.

Improvement to recording PRN administration was required. While reviewing a resident's notes the inspector saw that a prescription psychotrophic medication had been administered to a resident for behaviour support. There was, however, no record of this recorded in the medication administration chart.

Judgment: Substantially 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. Overall these were of good quality and were informative. However, some improvement to recording of residents' goals and interventions was required.

The inspector viewed two residents' personal plans. Comprehensive assessments of residents' needs were being carried out annually with multidisciplinary involvement as required. These personal plans identified residents' support needs and identified how these needs would be managed. Residents' personal goals for the coming year had been agreed at annual planning meetings and were recorded. However, in some instances clear and up-to-date records were not being maintained of how achievement of residents' goals was progressing, although staff had this knowledge and could discuss it with the inspector. For one identified goal for a resident, there were no recorded plans about how this would be achieved. it was recorded that a resident would like to lose some weight and go on a calorie-controlled diet. However, there were no records of how this would be achieved, no plan of care had been developed to support this goal, and there was no specific target identified.

Judgment: Substantially compliant

Regulation 6: Health care

The provider had ensured that appropriate healthcare was provided for each resident. The inspector viewed the healthcare plans for two residents and found that their health needs had been assessed and they had good access to a range of healthcare services, such as general practitioners and medical consultants. Access to healthcare professionals were arranged as required. Plans of care for good health had been developed for residents based on each person's assessed needs. As this is

a new service, the person in charge confirmed that all residents had retained their general practitioners when they moved to this centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were unsafe practices in place in the centre for the use and management of PRN medication for behaviour support, and administration of this medication was not being managed in line with the provider's protocol for the management of restrictive practice.

Some residents had been prescribed pyschotrophic medication to be taken as required for behaviour support. There was a restrictive practice protocol in place to guide on the use of these medications. The inspector read this protocol and found that it included guidance on when these medications could be administered and how this process should be recorded. While reviewing a resident's medication records and notes, the inspector saw that a prescription psychotrophic medication, which would be considered to be a restrictive practice, had been administered to a resident for behaviour support on several occasions. However, these had not been administered in line with the restrictive practice protocol. There were inadequate records of interventions that had been tried before this medication was administered, and there was no information to demonstrate that this had been the least restrictive option at the time.

Judgment: Not compliant

Regulation 9: Residents' rights

There were systems in place to support residents' human rights. Throughout the inspection, it was clear that residents had choices around how they spent their days, and how their lifestyles were being managed. However, some improvement to access to personal finances were required.

The inspector saw that residents had choice and control in their daily life. Each resident was being supported in an individualised way to take part in whatever activities or tasks they wanted to do. Adequate transport and staff support ensured that each resident could take part in individualised activities and outings.

The provider had both a complaints process and an advocacy process available to residents. An aspect of financial management and practice of civil rights for a resident required improvement. The inspector found that a resident did not have free access to their own money, as this was being managed externally. This

presented a risk that the resident's social and personal choices could be limited. Furthermore the resident did not have access to voting rights. The management team, however, were mindful of these issues and were working with the external party to support this residents rights.

Comfortable accommodation was provided for residents. Each resident had their own bedroom, and bedrooms were personalised to each person's taste. Residents had adequate space and furniture in their rooms to store their personal belongings and keys were available so that residents could lock their doors if they wanted to. The centre was nicely furnished and there was adequate space, which ensured that residents could enjoy privacy. There was a well equipped kitchen for food preparation and a resident told the inspector they they enjoyed their meals in the centre. The inspector saw evidence that residents were involved in choosing the meals that they liked.

Judgment: Substantially 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Aura View OSV-0008726

Inspection ID: MON-0043047

Date of inspection: 06/12/2024

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The unverified reference referred to above will be verified by the provider. This will be completed by 31/1/25. • The HR Department will review files for all staff working in this service to ensure there are appropriate references are on file for all staff, this will be completed by 28/02/25	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Going forward Fire and Behavior Support trainings will take place on a quarterly basis. The first of these sessions will be delivered before 31/3/25 and will proceed on a quarterly basis thereafter. • The training records available in the service will be reviewed to ensure it is accurate and up to date, only one version of the training records will be maintained. This will be completed by 26/01/25. The revised training records will be reviewed on a monthly basis to ensure all training is accurately recorded and required training is planned as required. • The person in charge shall ensure that copies of the following are made available to staff; standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act by 29/01/25 • Outstanding staff training has been identified and all required will be completed by the	

31/03/2025.

A supervision scheduled for 2025 will be developed, this will be reviewed on a monthly basis to ensure supervision is facilitated as planned. This will be completed by 26/01/25

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

• A new PIC will be recruited for the other service the PIC of Aura View manages. This will allow the Aura View PIC to focus entirely on Aura View and improve governance in the service. Interviews are being held for this position during the week commencing 13/01/2025.

• Actions from this Compliance Plan will be uploaded to the provider's online action tracking database, these will be monitored by the PIC and PPIM until they are closed.

• The provider's board have been provided with a copy of this report and will be updated regularly until actions are closed.

• The provider has included this service in its internal escalation process and it will remain in this process until all actions identified in this plan are resolved. A Governance Group comprised of the PIC, Regional Manager and senior staff from the Operations and Quality & Governance Teams will meet at minimum on a monthly basis. The most recent meeting took place on 08/01/2025, the next meeting is scheduled for 04/02/2025.

• The PIC and PPIM will ensure that both weekly and monthly service audits are completed consistently by the team leader and person in charge with a view to improving day to day governance and oversight arrangements in the service. The reviews will monitor key aspects of service delivery and will ensure that actions identified across all audit systems are monitored. This will be implemented by 31/01/25.

• A new system for tracking and auctioning issues arising from weekly audits will be put in place where responsible staff are assigned tasks and these will be tracked until they are completed. This will commence by 31/1/25.

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: • Contacts of care/tenancy agreements will be updated noting the correct amount of rent, and the amount/purpose of any other contributions paid by residents. The revised documents will be held in files and signed by residents. This will be completed by 31/01/25.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • Fire drill will be completed during quiet period of nighttime with minimum staffing. This will be completed by 31/01/25. • PEEPS will be updated as required following night time drill. • All staff will have completed additional fire training as required by 31/01/25. PIC will ensure that fire checks are completed on a daily basis, staff will be reminded of same at the next team meeting scheduled for 29/01/25.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: • An incident report will be recorded in relation to the missed recording of medication administration on a MAR noted in this report. This will be completed by 26/01/25. • Staff will be reminded to ensure that all PRN administrations are recorded as required. This will take place at the staff meeting scheduled for 29/01/25.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: • All resident's action plans will be reviewed by 31/01/25 to ensure that all goals are identified and updated as required.	
Regulation 7: Positive behavioural support	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: • PIC will ensure that all less restrictive strategies as per protocol are implemented in advance of PRN administration and that staff are aware of the need to document all strategies used before administering PRN medication. This will be discussed with staff at team meeting scheduled for 29/01/25. • Behavior Support Plans will be reviewed with team by BT as well as guidance on how to documents strategies used, this will be completed by 28/02/25	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: • The PIC will continue to engage with the family of the resident in relation to financial and voting rights. Advocacy support are engaged with the next meeting scheduled for 28/01/25.	

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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	28/02/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/03/2025
Regulation 16(2)(b)	The person in charge shall ensure that copies of the following are made available to staff; standards set by the Authority under section 8 of the Act and approved	Substantially Compliant	Yellow	28/02/2025

	by the Minister under section 10 of the Act.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/01/2025
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	31/01/2025
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	31/01/2025
Regulation 28(4)(a)	The registered provider shall make arrangements for	Substantially Compliant	Yellow	29/01/2025

	staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	31/01/2025
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as	Substantially Compliant	Yellow	29/01/2025

	prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	31/01/2025
Regulation 05(7)(a)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include any proposed changes to the personal plan.	Substantially Compliant	Yellow	31/01/2025
Regulation 05(7)(b)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the rationale for any such proposed changes.	Substantially Compliant	Yellow	31/01/2025
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall	Substantially Compliant	Yellow	31/01/2025

	be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	28/02/2025
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	28/02/2025
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	28/02/2025
Regulation 07(5)(b)	The person in charge shall ensure that, where	Substantially Compliant	Yellow	28/02/2025

	a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.			
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Substantially Compliant	Yellow	28/01/2025