



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

Issued by the Chief Inspector

Name of designated centre:	Miltown Lodge
Name of provider:	S O S Kilkenny Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	20 January 2022
Centre ID:	OSV-0006413
Fieldwork ID:	MON-0027258

About the designated centre

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

This centre is a large single storey house set in it's own grounds in close proximity to Kilkenny city. The centre has capacity for four residents. It has a large open plan kitchen diner with two living rooms, each resident has their own bedroom and one is en-suite. There is ample parking to the front of the house and a large paved courtyard for residents to enjoy is to the side of the house. This centre is open 24 hours a day for seven days a week year round. Residents in this centre are supported by a staff team comprising a nurse, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 20 January 2022	10:00hrs to 17:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This centre comprises a large bungalow in Kilkenny city and is currently home to two individuals, although is registered for a maximum of four. Both residents were present on the day of inspection and the inspector spent time with them both over the course of the day. The inspector was also in a position to meet and spend time with the staff team, person in charge and the person participating in management of the centre on the day of inspection. As restrictions remain in place as a result of the COVID-19 pandemic the inspector adhered to guidance by ensuring social distancing and wearing personal protective equipment in addition to following the providers own precautions in this centre.

This was an announced inspection completed to inform a decision regarding renewal of registration for the centre. The views of the residents were sought in advance of the inspection via questionnaires. The inspector reviewed these satisfaction questionnaires which the residents were supported to complete prior to the inspection. Overall, feedback in these questionnaires was positive with residents complimentary towards the care and support they received. However, one resident stated that they were not happy with noise levels in the centre and stated that they often found it difficult to live in the centre as a result of the noise. The inspector met with the resident during the inspection who said that while staff were very kind and helped them, they were not happy in the centre and had been asking to move for a long time. This was discussed with the provider and the resident who has previously been assured that there is a plan for them to move to a new home in place.

The residents were supported to go on walks and to walk their dog over the course of the day. In addition one resident went to the local shop supported by a staff member while another resident was accompanied to go for a drive. Residents were observed getting food and drink at times that suited them and were supported to be as independent as possible. One resident was seen to relax at the kitchen table and to engage in some colouring and later to bring their laundry to their laundry basket independently. Another resident relaxed in the living room to watch television and later to watch videos on their phone.

The residents in this centre had varying degrees of skill in communication and the staff team explained what they used to assist residents with both understanding language and in expressing themselves. The person in charge and the staff team worked to advocate on residents behalf and to support residents in advocating to change aspects of their living arrangements for example.

In summary, based on what residents communicated with the inspector and what was observed, it was evident that residents received a good quality of care and had reasonably active lives. However, there are some areas for improvement including residents rights and management of resident possessions. The next two sections of the report present the findings of this inspection in relation to the the overall

management of the centre.

Capacity and capability

Overall the inspector found that the registered provider, person in charge and the staff team in place had ensured that the individuals living in this designated centre received a good quality service. This inspection found evidence, across the regulations reviewed, of a service that supported and promoted the health, personal and social needs of the residents. However, the inspector also found that the previously identified concerns regarding resident compatibility remained and for one resident their request to move to a different centre had not yet been resolved. The provider had reportedly been actively engaging in discussion with the resident since 2019 and in seeking a resolution for them.

There was a suitably qualified and experienced individual in the post of person in charge. There were good reporting systems evident between the person in charge and the staff team. There was an individual in the post of team leader who provided support to the person in charge and to the staff team in the centre. In addition, an on call system was in place for staff to call outside of regular working hours, should management support be needed.

There was a management structure that identified the lines of authority and accountability that were in place. The provider had introduced enhanced systems of liaison between the person in charge and person participating in management that better identified systems of oversight that were in place. This included reviews of actions identified in provider level audits as being required, in addition to staff supervision schedules and content or that staff meetings were being held as per the providers policies.

The provider had completed only one unannounced visit to the centre to review the quality and safety of care provided to residents within the last 12 months which was not in line with the requirements of the regulations. In addition the provider had completed an annual review of the quality and safety of care and support as required by the regulations.

Registration Regulation 5: Application for registration or renewal of registration

A complete application for the renewal of registration of this centre had been submitted within required timelines to the Chief Inspector in advance of the inspection and contained all documents as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that there was an appropriate skill mix and level of staffing in the centre to confirm residents' needs were met. There were some current vacancies due to periods of leave and these gaps on the rota were filled by consistent agency or relief staff. The inspector reviewed the rotas which reflected the staff on duty on the day of inspection and showed continuity of staff over time. The inspector reviewed additional rotas in place to ensure there was governance cover and also out of hours emergency cover.

The inspector found from review of the roster and speaking to staff, that the provider and person in charge had responded to residents needs and used additional staff to provide enhanced support at times. This extra staff time also ensured residents could access individual activities where requested.

Judgment: Compliant

Regulation 16: Training and staff development

The provider has an annual schedule of planned and available training in place and the person in charge evidenced that they followed through with staff to ensure they were allocated to training or refresher training as required. The person in charge monitors the training needs of the staff team to ensure the delivery of safe and effective care to the residents in this designated centre.

There was evidence that the staff team had completed both mandatory training and also training that was important to ensure they could respond to the individual needs of the residents in the centre.

Staff were in receipt of formal supervision from either the team leader or person in charge that was in line with the provider's policies and there were monitoring and oversight systems in place to review these. Informal and formal staff support and supervision was in place for all staff.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a clearly defined management structure in place with a full time person in charge supported by a team leader and a person participating in the management of this centre, who is one of the providers' assistant directors of

service. It was evident that the members of the management team were present in the centre on a regular basis. There were audits and reviews taking place that were seen to provide oversight of everyday tasks and activities and informed the quality of care and support provided to the residents.

The provider had completed an annual review of the quality and safety of care and support in the designated centre as required by the regulations. However, only one six monthly unannounced visit had been completed within the preceding 12 months which was not in line with the regulations. The inspector found that there was an action plan arising from the last six monthly report with some records available on progress towards achieving these actions.

Staff team meetings were taking place in the centre and there were clear systems for communication and for information sharing within the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to submit notifications to the chief inspector as required by regulation. The inspector reviewed the records of accidents and incidents in the centre and found that all incidents requiring notification had been made.

Judgment: Compliant

Quality and safety

Overall the inspector found that this centre was a warm and comfortable home in keeping with the ethos of the provider. The staff team were attempting to support the residents to engage in meaningful activities and to live a life of their choosing. Residents engaged with the inspector and indicated they lived in a caring environment and were happy with the support they received from staff. However, one resident did state that they were not happy with the noise levels in the house and that they had expressed a wish to live independently to the provider on a number of occasions over the last two years.

There was building work being completed connected to the centre which had impacted in a loss of external space and in creating internal rooms where there had previously been windows. This was found to be well managed by the provider to minimise the impact of noise and debris on the residents as well as systems to

maintain their privacy.

Regulation 12: Personal possessions

The inspector found that improvements had been made in the management and oversight of resident finances since the last inspection with one resident now having full access to their own money in contrast to previous arrangements. The provider and person in charge had clear guidelines and procedures in place to support the residents and to mitigate financial risks. Systems of auditing were in place that provided oversight in line with service policy.

However, the management of personal possessions for one resident continued to require review. Previous inspections identified that a resident's personal belongings which had been placed in storage by the provider had been recovered and brought to the centre. The resident informed the inspector that more of their possessions had recently been found and delivered and this was confirmed by the provider. These have remained in boxes and bags stacked in a room in the centre with the resident stating that they did not remember what they owned any more. They had not been unpacked the inspector was told as the resident would be transitioning out of the centre. However, they had been waiting to move for two years and their belongings remained unpacked over that timeframe.

Judgment: Substantially compliant

Regulation 17: Premises

This centre is a large single storey property on a standalone site adjacent to a busy main road on the outskirts of the city of Kilkenny. Externally there is parking to the front of the property and a small garden and enclosed paved area to the side and rear of the property. The registered provider is currently building a large extension to the house which while intended to be connected to the centre is currently separate. This new building had however, created an internal bathroom as windows were now sealed and this had an implication for ventilation. One bedroom was observed to have a small area of mould forming and again the ventilation was currently under review by the provider. The staff were endeavouring to clean and remove this in a consistent manner.

The inspector observed that some minor painting was required however, this had been self identified by the provider and was scheduled for completion when the building works were completed. The garden required maintenance as was used by one resident's dog and the inspector found that this had not been cleaned and was not suitable for residents to use due to the dog fouling. The person in charge

ensured this was cleaned on the day of the inspection.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk in the centre. Where required, each resident had number of individual risk assessments on file so as to promote their overall safety and well-being. For example, where a resident may be at risk of choking, a choking risk assessment had been completed and a number of control measures were in place (such as specialised assessment, adapted consistency of food or staff support) to mitigate this risk.

There was a system for keeping residents safe while responding to emergencies. There was a risk register which was reviewed regularly by the person in charge. General risk assessments in addition to individual risks were developed and there was evidence that they were reviewed regularly and amended as necessary. There were also systems to identify, record, investigate and learn from adverse events in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

The person in charge and provider had taken steps in relation to infection control in preparation for a possible outbreak of COVID-19. The infection control policy had been updated to include up to date guidance on how to prevent and manage an outbreak of COVID-19 in the centre.

The person in charge ensured regular cleaning of the premises, sufficient personal protective equipment was available at all times and staff had adequate access to hand-washing facilities and or hand sanitising gels. Mechanisms were in place to monitor staff and residents for any signs of infection. The inspector observed staff over the course of the day cleaning frequently touched services and engaged in completion of the daily cleaning tasks.

The training records viewed indicated that all staff had completed training in infection control procedures required to manage an outbreak of COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre. Suitable equipment was available and there was evidence that it maintained and regularly serviced. The inspector reviewed records of monthly, weekly and daily checks that are completed as outlined in the providers policy. The providers health and safety audits also identified any actions that may be required and there was evidence that for any identified actions these were scheduled or already completed.

The personal evacuation plans for the residents were regularly reviewed and there was evidence that where a means of evacuation was identified that use of these was integrated into fire drills. The provider and person in charge had ensured that fire drills were being carried out in line with the provider's policy. The inspector found that there was evidence that the residents could be safely evacuated at night when minimum staffing levels were in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' had an assessment of need in place and a personal plan. These documents were found to be person-centred and residents had access to a keyworker to support them to develop and reach their goals. All of the resident goals are aligned to areas that were important to them in their lives. Both of the residents had been involved in discussions about and review of their goals and a formal annual review with the multidisciplinary team including family and residents if they wished to attend had taken place.

Residents' preferred activities were highlighted in their personal plans as were the supports they required to engage in these activities. These included steps that would be required in order to achieve an action such as going for a weekend away or ensuring that ongoing activities were maintained such as regular trips to the library.

Judgment: Compliant

Regulation 6: Health care

Overall, residents were supported to enjoy best possible health. They had access to the support of relevant health and social care professionals in line with their needs. Staff were knowledgeable in relation to their care and support needs.

Documentation was reflective of their current needs and guided staff in providing support to them. Where residents had presented with health concerns such as increased bruising the person in charge had ensured a comprehensive review of medication and the resident's health had been completed.

Residents were supported to access National screening programmes and to attend specialist medical consultations as required. Both residents had detailed personal health care plans in place to guide staff for example with insulin management.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge promote a positive approach in responding to behaviours that challenge and in promoting a consistent environment. Residents are supported to maintain best possible mental health and access psychiatry and psychology support as required. Residents have comprehensive mental health care plans in place and stress management plans both of which were reviewed and updated within the preceding three months. Where one resident's behaviours that challenge resulted in a difficult living environment the provider had endeavoured to provide additional staffing support to the other resident.

Restrictive practices were in place to promote the safety of the residents and their use had been comprehensively assessed for and where required a recommendation from an appropriate health and social care professional was in place. The inspector reviewed documentation that demonstrated review of these by the providers human rights committee. There was evidence that their use was regularly reviewed.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure all residents were adequately safeguarded at all times in the centre. Staff had completed training in relation to safeguarding residents and the prevention, detection and response to abuse. Staff who spoke with the inspector were knowledgeable in relation to recognising and reporting suspicions or allegations of abuse. A comprehensive detailed intimate care plan had been developed for each resident in the centre.

Where current or active safeguarding concerns were present in the centre the systems in place were found to be robust and are audited by the provider on a regular basis.

Judgment: Compliant

Regulation 9: Residents' rights

The provider endeavoured to support residents in this centre to exercise choice and control in their lives. The inspector observed that each resident was listened and responded to with care and respect by staff on the day of inspection. Their views were sought on matters that related to them and the inspector observed staff requesting permission to enter resident's personal spaces.

However, where one resident had been requesting a change in their living arrangements this had not yet been facilitated. The inspector acknowledges that the provider had developed a transfer plan with the resident. The inspector found letters to the resident from the provider dating from June 2020 giving them dates that their transfer request had been discussed. The resident gave the inspector their transition folder to review stating they had waited too long for a date and had made a lot of complaints. The resident spoke of their distress in having their belongings still packed and waiting to move while not yet having a real date for their new home. The person in charge and staff team were endeavouring to develop some skills for a more independent living arrangement that the resident had identified.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Miltown Lodge OSV-0006413

Inspection ID: MON-0027258

Date of inspection: 20/01/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A schedule has been completed to ensure that all six month unannounced audits will be fully completed in line with regulation. Following each audit, the auditor will meet with the PIC and Operations manager to give feedback and an action plan and timeline will be agreed. The action plan will be reviewed monthly with PIC and Operations manager to ensure that all actions are been completed within the agreed timeline</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>A part of the resident's transition plan staff will support the resident to go through all their personal belongings and decide what they wish to keep and what they want to be discarded.</p>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

The Regional Operations Manager and Facilities Manager visited the Centre in Feb to assess/agree what work requires to be completed, to bring it up to regulatory requirements.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The resident's transition from the current centre into the semi-independent service is still on track and the resident is engaging and participating in this process. This transition will be completed by the end of April at the latest.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	28/03/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/04/2022
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an	Not Compliant	Orange	30/08/2022

	<p>unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.</p>			
Regulation 09(2)(a)	<p>The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.</p>	Substantially Compliant	Yellow	30/04/2022
Regulation 09(2)(e)	<p>The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.</p>	Substantially Compliant	Yellow	30/04/2022

