



# 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:	Unannounced
Date of inspection:	07 March 2024
Centre ID:	OSV-0006413
Fieldwork ID:	MON-0037311

## 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. One resident lives in a self-contained part of the centre which while connected to the house has it's own entrance and back garden. 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:	4
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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 7 March 2024	11:30hrs to 16:30hrs	Miranda Tully	Lead

## What residents told us and what inspectors observed

This centre comprises a large bungalow in Kilkenny city and is currently home to four residents. It had a large, open plan kitchen diner with two living rooms, each resident had their own bedroom with one en-suite. One resident lives in a self-contained part of the centre which while connected to the house had it's own entrance. The immediate impression of the home was that it was warm, nicely decorated and maintained to an overall good standard.

The inspector had the opportunity to meet with all residents living in the centre on the day of the inspection. On arrival to the centre two residents were in the kitchen area, the third resident was in their bedroom arranging items while the fourth resident was preparing to attend an appointment. As mentioned previously, one resident lived in a self-contained part of the centre, this resident at the time of arrival to the centre was in the main kitchen area. The resident had opportunities to integrate with the main house while also being afforded personal space as indicated by their assessed needs. The resident later returned to their apartment with the inspector and staff. The resident appeared comfortable in this area and was observed arranging their personal items and also seeking preferred activities and seating with staff. It was evident staff were familiar to the resident's individual needs and communication style.

Throughout the inspection, residents were observed coming and going from the centre and participating in activities in the community. One resident spoke to the inspector about a shed which they used for DIY projects, it was evident that this interest was supported by the provider. Throughout the home residents' personal effects were on display including artwork which had been completed by the residents themselves. Residents were supported to maintain friendships for example, one resident had a separate living space where they enjoyed watching football with friends, other residents also enjoyed visiting their friends external to the centre.

In summary, residents appeared content and comfortable in their home and the staff team were observed supporting the residents in an appropriate and caring manner. The inspector found that the provider was providing a service which provided a good quality of life to residents.

The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

## Capacity and capability

Overall, there was a clearly defined management system in place which ensured the service provided quality, safe care and was effectively monitored.

There were clear lines of authority and accountability within the centre. The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits of the quality and safety of care taking place, including the annual review and unannounced provider six-monthly audits. These quality assurance audits identified areas for improvement.

On the day of inspection, the inspector observed that there was sufficient staffing levels and skill-mix in place to meet the residents' needs. There was a programme of training and refresher training in place for all staff. The inspector reviewed a sample of the centre's staff training records and found that the staff team in the centre had up-to-date training and were appropriately supervised.

Staff members spoken to during this inspection were able to accurately describe residents' specific needs and the supports required to provide for these. Records reviewed also indicated that training was provided in areas such as fire safety, infection prevention and control and safeguarding.

#### Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

Judgment: Compliant

#### Regulation 15: Staffing

There was an appropriate number and skill mix of staff present in this centre. The staff team was established and the inspector found staff to be professional, knowledgeable in their roles and very caring towards the residents. The staffing ratio's and rosters in the centre were reviewed and found to be meeting residents needs.

Judgment: Compliant

## Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The staff team in the centre had up-to-date training in areas including infection prevention and control, fire safety, safeguarding and manual handling. Where refresher training was due, there was evidence that refresher training had been scheduled. Staff were supervised appropriate to their role.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place. The governance systems in place ensured that service delivery was safe and effective through the ongoing audit and monitoring of its performance resulting in a thorough and effective quality assurance system. For example, there was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents' needs. The quality assurance audits included an annual review and six-monthly provider visits as required by the regulations. These audits identified areas for improvement.

Judgment: Compliant

## Regulation 31: Notification of incidents

All required notifications had been submitted to the office of the chief inspector in line the requirements of regulation.

Judgment: Compliant

## Quality and safety

The inspector found that the quality and safety of care provided for residents was to a very high standard. They were in receipt of person-centred care that supported them to spend their days as they wished. Residents were supported to make decisions about their care and about the day-to-day running of the centre.

A number of key areas were reviewed to determine if the care and support provided

to residents was safe and effective. These included meeting residents and the staff team, a review of personal plans, healthcare plans and risk documentation. The inspector found good evidence of residents being well supported in the majority of areas of care and support.

Residents were supported to participate in meaningful activities of their choice through day services and activities in the wider community, this included maintaining important friendships and relationships.

## Regulation 12: Personal possessions

The inspector reviewed a sample of residents' finances and that found that there were appropriate local systems in place to provide oversight of monies held by residents physically in the centre. For example, local systems included day-to-day ledgers, storage of receipts and regular checks and reconciliations of residents' finances.

Judgment: Compliant

## Regulation 17: Premises

The centre was a bungalow situated on the outskirts of Kilkenny. The premises was well maintained, however some improvements externally would enhance the overall experience for residents. This had been identified by the provider and plans were in place for when the weather permitted.

The design and layout of the centre was in line with the statement of purpose. There was adequate private and communal accommodation. The centre comprises a large open plan kitchen diner with two living rooms, each resident had their own bedroom and one was en-suite.

Staff had supported residents to display their personal items and in ensuring that their personal possessions and pictures were available to them. All residents had their own bedrooms which were decorated to reflect their individual tastes.

Judgment: Compliant

## Regulation 26: Risk management procedures

The safety of residents was promoted through risk assessment, learning from adverse events and the implementation of policies and procedures. There were



systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments. The individual risk assessments were up to date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed residents' personal files. Each resident had a comprehensive assessment which identified the residents' health, social and personal needs. The assessment informed the residents' personal plans which guided the staff team in supporting residents with identified needs, supports and goals. Staff were observed to implement the plans on the day of inspection and were seen to respond in a person-centred way to residents.

Judgment: Compliant

### Regulation 6: Health care

Appropriate health care for the residents was provided. The healthcare needs of the residents were suitably identified and assessed. Healthcare plans outlined supports provided to the residents to experience the best possible health. There was evidence that the residents were facilitated to attend appointments with health and social care professionals as required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours. Residents had access to behavioural specialists within the service. Residents had behavioural support plans in place which were subject to regular review. Staff had received up to date training in behaviour management techniques. Restrictive practices and safeguarding were discussed and reviewed regularly by the staff team.

There were systems in place to identify, manage and review the use of restrictive practices. Restrictive practices in use were regularly reviewed. Documentation reflected risks and clear rationale for the use of these.

Judgment: Compliant

### Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Residents had intimate care plans in place which detailed their support needs and preferences.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider had ensured that residents were facilitated in participating in many aspects of the running of the designated centre through regular meetings and consultation with staff. Residents were seen to be treated in a respectful manner by staff present throughout the inspection while choice was actively encouraged within the centre.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	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	Compliant