



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 CLG
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	14 January 2025
Centre ID:	OSV-0006413
Fieldwork ID:	MON-0037297

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
Tuesday 14 January 2025	09:00hrs to 17:00hrs	Linda Dowling	Lead

What residents told us and what inspectors observed

The purpose of this announced inspection was to monitor the designated centre's ongoing compliance with relevant regulations and standards and inform a decision on the renewal of the registration of the centre. The inspection took place over a one day period and was completed by one inspector. Overall, the findings of the inspection showed good levels of compliance with the regulations reviewed which was resulting in positive outcomes for the residents that lived in the centre. Although, improvement was required in the area of medication which will be discussed later in the report.

The centre had capacity to accommodate four individuals for full-time residential care. At the time of the inspection four residents were living in the home therefore, there was no vacancies. The inspector had the opportunity to meet all four residents and observe how they went about their day. In addition to meeting with residents the inspector spoke with the staff and management team and reviewed documentation in relation to the care and support needs of the residents in the home. The inspector based themselves in the office which was just off the kitchen so the inspector had the opportunity to hear and observe the daily routine of the residents.

On arrival to the centre the inspector was welcomed into the centre by a member of the staff team. The person in charge and the team leader were also present in the centre to support with the inspection. There was a number of staff present in the main house and one resident was eating breakfast at the table. The staff introduced the inspector and the resident acknowledged by replying hello, the inspector requested permission from the resident to spend time in their home and look at their documents and the resident agreed.

The inspector and person in charge took a walk around the premises and met with one resident who lives in a single apartment attached to the main house. This resident was up and dressed and was being supported with their breakfast. The resident was holding a crayon and had some coloring pages on a table top in front of her chair. The apartment had a very bright and spacious kitchenette and dining area along with a large on-suite bedroom equipped with tracking should it be required in the future. The apartment also had a cosy relaxation room with sensory lighting, comfortable armchairs and a TV. This resident enjoyed their own space and quite environment but had the option to freely enter the main house if they wished. This resident was supported by one staff at all times.

Back in the main house, one resident was relaxing in their room watching TV, they made verbal attempts to communicate with the inspector showing them their watches, rings and cardigan. Another resident was being supported to get dressed after having a shower. Later in the morning the inspector had a cup of tea with these two residents and they spoke about their love for art, trips they had recently taken, their plans for the day and who they were going to see. All residents

appeared very comfortable in their home, they interacted with staff in a positive manor while smiling and laughing. Staff were familiar with the residents and were able to understand all communication attempts with ease. One resident got ready to go to day service where they were going to do art and creative writing. The resident was very happy to go and see all their friends. They told the inspectors everyone was very nice and they had lots of friends and have lots of visitors to their home.

Throughout the day staff were observed to offer a number of activities and outings to residents. One resident had a doctors appointment and one had decided they wanted to go to the local hotel for their lunch.

In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre. Four surveys were returned to the inspector a few days prior to the inspection. The feedback was very positive, and indicated satisfaction with the service provided to them in the centre, including; the staff, activities, people they live with, food and the premises. From review of the surveys the residents like their bedrooms, who they live with and the opportunities they have while living in this centre. One survey stated "staff have helped me sort out problems".

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

Capacity and capability

Overall, the inspection found that there were comprehensive and robust management systems within this designated centre which was driving a positive lived experience for the residents living here. The centre had a clearly defined management structure in place which was lead by a person in charge. There were supported in their role by a full time team leader. Staff training was up-to-date, rosters were planned and managed effectively and staff were familiar with the support needs, likes and interests of the residents.

The inspector found, that overall care was provided to a high standard with the provider having clear systems in place to identify where improvements or change may be required and implementing changes to bring about improvements in relevant areas. The person in charge and the team leader were found to have an in-depth knowledge of the residents' care and support needs.

Registration Regulation 5: Application for registration or renewal of registration

The purpose of the inspection day was to inform a registration renewal decision. The provider had ensured that a full and complete application and registration pack had been submitted to the chief inspector within the requested time lines.

Judgment: Compliant

Regulation 15: Staffing

The provider had a recruitment policy which detailed the systems they employed to ensure that staff had the required skills and experience to fulfill the job specifications for each role. The provider had ensured there were sufficient staff on duty to meet the assessed needs of residents.

Staffing levels and skill mix had been recently reviewed which had resulted in some changes to the staff team. The provider had hired one nurse and relocated another nurse to work as part of the team in this designated centre. This was in line with the changing needs of the individuals in the centre as they progressed in age. While there was evidence of personnel changes within the staff team in the previous months all staff on duty were familiar with the needs of residents. The inspector reviewed the last six months of planned and actual rosters and found their was consistency of staff within the roster and when there was a need to utilise agency or relief these staff were also kept as consistent as possible. The rosters showed any planned leave and training and how these gaps would be filled in advance.

The staff team comprised of care staff, social care worker and staff nurses. There was evidence of good communication between the team and person in charge and team leader this was documented through minutes of meetings.

Judgment: Compliant

Regulation 16: Training and staff development

The inspectors reviewed the staff training matrix that was available in the centre. All staff had completed their training listed as mandatory in the provider's policy. They had also completed additional training courses in line with residents' assessed needs such as diabetes training. All training records were held on the providers online system and staff were encouraged to maintain their own training. Staff had access to view their own training and sent any training request via the system to the person in charge who could then approve the request. The person in charge had oversight of the team training records and had the ability to identified what staff would be due refreshed training in the coming months. All staff had completed human rights training and any new hires were completing it as part of their

induction process.

The person in charge had a schedule in place for planned supervisions for 2025 and had a completed schedule for 2024. The inspector reviewed staff supervision records for three staff for 2024. The topics discussed were resident and human-rights focused. From the sample reviewed, discussions were held in relation to areas such as staff responsibilities, training, policies and procedures and staff achievements and areas for development. Staff also had the opportunity to raise any questions or concerns they might have at this time.

Judgment: Compliant

Regulation 23: Governance and management

The management structure defined in the statement of purpose was in line with what was in place in the centre during the inspection. The person in charge was full time with responsibility for one other designated centres operated by the same provider. They were supported in their role across the two centres by a full time team leader. The lines of authority and accountability were clearly identified and these lines were clearly identified by the staff team. This ensured that the operational management of the service was completed in an effective manner.

The provider's last two six-monthly providers audits which were completed in July and December 2024 and the latest annual review completed in December 2024 were reviewed by the inspectors. These reports were detailed in nature and capturing the lived experience of residents living in the centre. They were focused on the quality and safety of care and support provided for residents, areas of good practice and areas where improvements may be required. For example, the most recent annual provider audit had identified that the providers system of person centred planned required improvement in the area of recording. The auditor identified that some new hire staff had not been provided with training in this area and required some support.

The person in charge had completed team meetings with the staff team monthly for all of 2024, the minutes in the more recent meetings were very detailed in the discussion held with staff and actions were clearly identified and followed up at the next meeting. The person in charge held some team meetings as mandatory attendance if there were areas of concerns to be discussed so the full team was present. All minutes of team meetings were signed off by all staff members.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

Inspectors reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre.

In addition, from observation throughout the day it confirmed that the statement of purpose accurately described the facilities available and the support available to the residents.

On review of the statement of purpose available in the centre the inspector found there was no floor plans or reference to room layout and size, this was discussed with the person in charge and was rectified on the day of the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre, and the person in charge was aware of the requirement to notify specific incidents to the Chief Inspector of Social Services, in line with the regulatory requirements.

The inspectors had reviewed the notifications prior to the inspection and also completed a review of the provider's accident, incident and near-miss records. The inspectors found that all incidents requiring notification had been reported in line with regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were effective systems in place for the management and investigation of complaints. The residents and their representatives were supported to express any concerns or issues they may have. For example, in the most recent provider audit, the auditor contacted family members to ask them how they felt about the quality and safety of care and support provided to their relatives. The provider audit detailed how three families were very complimentary of the service provided and they did not have any concerns or issues to raise. One family member express concerns about the level of turnover in the staff team and the support their relative received in the area of personal hygiene. From review of the follow up conversation held with this family member and the team leader they were offered if they wished to make a formal complaint which they declined. The family member was satisfied

with the outcome of the discussion with the team leader and an agreement has been put in place to prevent any further concerns for the family.

From review of the complaints log all complaints have been investigated appropriately and closed by the management of the centre. One resident was supported to make a complaint on two occasions and appropriate follow up was documented. The resident is now satisfied and the complaint was closed. Residents are reminded through their 'your say' meetings and key working session around the process of how to make a complaint.

Judgment: Compliant

Quality and safety

From what inspectors observed, speaking with the residents, staff and management and from review of the documentation it was evident that good efforts were being made by the provider, person in charge and the staff team to ensure that residents were in receipt of a good quality and safe service. Residents were afforded good opportunities to engage with their community and complete activities of their choosing. Their home was warm, clean and comfortable.

The inspector completed a walk around of the centre with the person in charge. The designated centre was found to be bright and spacious and in a good state of repair. Residents rooms were well kept and personalised as per the individual likes and wishes. Residents items were seen around the home and one resident had completed several pieces of art that were framed and displayed in the hallways and communal areas of the home.

There was a range of systems in place to keep residents safe including, fire safety measures, safeguarding procedures and a system to manage the maintenance of the centre.

Regulation 13: General welfare and development

From review of support plans, daily notes and records of goals set out at personal planning meetings, it was evident that all residents were supported to engage in a number of meaningful activities in line with their assessed needs and expressed preferences.

These activities included both in house and community based activities. Residents had engaged in reading, cooking, watching TV, listening to music and arts and crafts within their home. They were also seen to go bowling, cinema, dining out and visiting local attractions. One residents who was an avid Liverpool fan was support

to take a trip away and partake in the tour of Anfield stadium. This resident was supported to raise some money for their trip by holding an art exhibition in their home. They were supported to frame, price and display their art work and have canapes for guests on arrival. Their art exhibition was very successful and the residents told the inspector they might do it again for their next holiday.

While the recording of personal goals and the progress being made required some improvements the provider had identified this through their provider audit and had a plan in place to make these improvements.

Judgment: Compliant

Regulation 17: Premises

The premises of the designated centre was well maintained, it was spacious and bright. As mentioned earlier one resident had an apartment off the main house which was well laid out and had a cosy relaxation room fitted with sensory lights and comfortable chairs. This resident had their own patio area to the side of the house but also had access to use the main garden to the front and rear of the centre. The main house had a big kitchen and living room. Each resident had their own bedroom that was decorated to the individuals needs and interests. One resident had a small sitting room where they liked to display items of important to them, they also used this room to do art and have friends over to watch football.

There was a maintenance system in place to log any requests required for the centre. At the time of the inspection all maintenance requests were up to date. The provider had identified a build up of moss on the paths and patio areas of the centre and had arranged for power hosing to be completed to remove this moss.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed the residents guide which was submitted to the Office of the Chief Inspector as part of the application to register the centre. This met the regulatory requirements. For example, the guide outlines how to access reports following an inspection of the designated centre and how residents can make a complaint.

Judgment: Compliant

Regulation 28: Fire precautions

Each resident had a detailed personal emergency evacuation plan which clearly outlines the support they may require so they can safely evacuate in the event of an emergency. These were also supported by associated fire safety risk assessments. The inspector observed emergency evacuation procedures on display in the hallway. There were records to demonstrate regular visual inspection by staff of escape routes, fire doors, emergency lighting, and fire-fighting equipment all of these were reviewed by the inspector for 2024. The fire safety systems in the centre such as the alarm, emergency lighting and fire fighting equipment had all been serviced and maintained in line with regulatory requirement.

Fire drills had been completed every six weeks in line with the providers policy. The inspector reviewed these and found they were completed at different times and specifically at times when the most number of residents and least number of staff were present. This specific drill also lead to staff receiving additional training due to some concerns that arose.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had policies, procedures and systems in place for the receipt, storage, return and administration of medications. The inspector observed that there were suitable storage facilities for medicines, including a system for storing additional stock. A lockable fridge was available for medications which was in use on the day of inspection. On review of the temperature recording for this fridge it was found that records were not consistently kept in line with the providers policy. On review of the Kardex and other associated documentation in relation to medication the inspector found further gaps and errors. For example, the stock check recording was not accurate for the daily medication of one resident, the amount of medication dispensed was not recorded for any medications on review of two residents stock check recording books.

The provider had reviewed most recent medication errors and meet with the staff team to discuss the potential cause for these errors. From this discussion the staff team and management agreed to move the medication press from each of the individual bedroom and into the office as it appears some errors are in relation to distraction from residents interactions while dispensing medication. This action was due to be completed in the coming months after staff carry out consultation with the residents.

It was evident from the review of documentation that some areas had already been subject to improvement since the addition of two staff nurses joined the team

although, further improvements were required.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspection reviewed all four residents' assessments and personal plans and found them to be up-to-date and person centred. They were comprehensive and it was clear that residents' strengths and needs were clearly reflected. Personal plans were found to be specific to the individuals needs and supported by relevant professionals. For example, one resident had a support plan in place to manage their mental health and this was also linked to their behaviour support plan which detailed how to manage stress. Residents assessments and personal plans were taken into account when developing the layout of the premises. For example, the hallways and communal areas were free from excess furniture and kept tidy in order to allow residents who use mobility aides to freely move around their home.

Personal planning meetings were held yearly with good attendance and in put from relevant professionals involved in the residents life. Residents were also invited to attend their meeting but in most cases had declined to attend.

Judgment: Compliant

Regulation 9: Residents' rights

Through the review of documentation, discussion with residents, staff and management it was evident that residents lived in a service that empowered them to make choices and decisions about where and how they spent their time.

Residents were observed responding positively and with ease towards how staff respected their wishes and interpreted their communication attempts. They were observed being offered choices in a manner that was accessible for them. Residents were seen to express their wishes freely in the presence of staff. For example, staff consulted with residents on the topic of restrictive practices and the restrictions that were in place in their home. Staff recorded how they explained to resident the rational for these restrictions and give them an opportunity to respond.

Each resident had an intimate care plan in place, detailing how best to support them in line with their likes, dislikes and wishes. Residents had the opportunity to have a residents meeting weekly where they discussed meals they would like to have, places they wanted to visit and people they would like to see over the coming week. Residents also had an opportunity to voice their opinions during 'your say' meetings. Topics discussed as these meetings included safeguarding, advocacy and current

topics of importance. For example, the general election was discussed with residents and this resulted in one resident taking on an advocacy role and met with local councilors in the run up to the general election.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
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	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Miltown Lodge OSV-0006413

Inspection ID: MON-0037297

Date of inspection: 14/01/2025

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 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Quantities of medication dispensed weekly to be recorded on medication stock sheets.</p> <p>Keyworking sessions completed with all residents in relation to moving medication presses from bedrooms into office to alleviate distraction whilst dispensing prescribed medications.</p> <p>Medication presses removed from residents bedrooms into office. This will alleviate errors on Kardex recordings.</p> <p>Sign on office door whilst dispensing /counting prescribed medications to prevent interruption and distraction alleviating medication errors.</p> <p>Monthly fridge temperature recording sheet placed on front of fridge.</p> <p>Staff nurses on duty working closely with staff team to reduce errors and provide support and guidance.</p>	

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 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 prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	