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## Miltown Lodge, OSV-0006413, 19 December 2019

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'Miltown Lodge, OSV-0006413, 19 December 2019', [report], Health Information and Quality Authority, 2020-07-30, Designated Centre for Disabilities
Publisher	Health Information and Quality Authority
Download date	2026-05-10 12:19:24
Link to Item	<a href="https://hdl.handle.net/20.500.14765/100167">https://hdl.handle.net/20.500.14765/100167</a>



# 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:	19 December 2019
Centre ID:	OSV-0006413
Fieldwork ID:	MON-0027257

## 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 storied 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 social care workers and care assistants.

**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 - 2015 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 19 December 2019	09:00hrs to 17:30hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

The inspector met with all three residents over the course of the day and also met some family members of individuals living in this centre. One of the residents in this centre has a small dog who is also an important member of the household and was seen to interact with all residents and the staff over the course of the day.

One resident was waiting to go out to their day service when the inspector arrived and explained to the person in charge that they had made their lunch and put their belongings in their bag in preparation for being collected. They told the inspector that they had recently moved into the centre and liked it. Although they were seen to comment on the noise later in the day and said they only liked to be in the kitchen when it was quieter, preferring time in their room to relax when others were making noise. The resident explained that there was a Christmas cake sale and fair in the day centre later that day and asked staff to check the poster on the fridge for the times. The resident wondered whether to buy a cake for everyone in the house, however, another resident explained that they had just had their birthday and most of their cake was still in the fridge.

One resident was seen to enjoy colouring and a number of seasonal colouring books had been purchased for them. Over the course of the day this resident was supported to enjoy some one-to-one time with a staff member in a second living room where they had a hand massage. Residents explained to the inspector that they had family members coming to visit that day or over the following few days and they had plans in place to complete their Christmas shopping with staff members.

One of the residents in the centre spent time with the inspector and explained that they were hoping to move to another centre as they were not satisfied with the arrangements in place for them in this centre. They were clear in explaining why they needed staff support but also that they were reasonably independent. The resident explained that the person in charge and social worker were advocating on their behalf and they were happy that the provider was listening and responding to their concerns.

Taking 'Bella' the dog for a walk was an important part of one residents day and it was noted that there were opportunities to walk near the centre. The resident also noted there was a new local bus which they were to try out as it stopped near the centre.

## Capacity and capability

This was a follow-up inspection as residents were now living in the centre, the centre having been newly registered earlier in the year. Overall, the inspector found that the registered provider and person in charge were striving to ensure a good quality and safe service for residents. However, there had already been a change to both the person in charge and to the assistant director of services with responsibility for the centre within the preceding couple of months. Additionally, staffing vacancies were negatively impacting on continuity of care for residents.

There were clearly defined management structures in place which identified the lines of authority and accountability. The staff team reported to the person in charge who in turn reported to the assistant director of services. The new person in charge and assistant director of service had initiated a pattern of meetings and the inspector found that they were identifying areas for further development in line with the findings of this inspection.

Overall, the inspector found that the designated centre had only begun to implement systems of management and oversight although improvements were still required in order to ensure positive outcomes for residents. On the day of inspection there was a situation whereby an unsupervised visit of a minor to the centre occurred without due regard to staffing levels, and residents' profiles. This was discussed as an example of where better oversight was required.

As this was a recently registered centre there had not yet been an annual review of the quality and safety of care; however the initial six monthly visit by the provider or their representative had taken place. The inspector found that learning and improvements were brought about as a result of the findings of this review. Staff meetings had not been consistently held until recently; however, the current person in charge had now established these and agenda items were found to be resident focused.

There were staffing vacancies at the time of the inspection. The provider was in the process of recruiting to fill these positions and was attempting to minimise the impact of these vacancies on residents by using regular agency staff. However, due to the volume of shifts covered by agency staff, residents were being negatively impacted. On the morning of the inspection, the second staff on duty was to have been an agency staff who was unable to attend, therefore the provider had to provide emergency relief cover with a staff member from within their service until another agency staff was provided. Continuity of care was particularly important to some residents in line with their changing needs.

The inspector found that residents in the main, appeared happy, relaxed and content at periods in the day; however, there were times where individual residents required increased levels of support to ensure the impact of noise was not effecting other residents. Staff members were observed by the inspector to be warm, caring, kind and respectful in all interactions with residents. Each staff member who spoke with the inspector was knowledgeable in relation to their responsibilities and residents' care and support needs. There were some gaps in staff training and

refreshers in line with residents' needs, including training required for some staff in the area of safeguarding. Staff were not yet in receipt of formal supervision provided by the person in charge although a schedule for the provision of these was seen by the inspector to have been drafted by the person in charge.

The registered provider had put a clear transition plan in place for the residents in supporting them to move into this centre. There were pictorial and easy-to-read versions of the transition plans in place as required. The residents had a tenancy agreement in place, which was signed by the residents or their representative if appropriate, in addition to a representative of the registered provider. In addition a written contract for the provision of services was in place which outlined any services to be provided and costs that may be occurred; this was also signed by all parties.

The residents were encouraged and supported to raise complaints if they choose to do so and arrangements were in place for any complaints to be resolved locally where possible. Relatives were aware of how they could make complaints if required and a relative who met with the inspector was clear on the how the process could be accessed. The provider had clear procedures relating to complaints and a complaints log was maintained outlining the nature of any complaints made, any action taken and whether the individual who had complained was satisfied with the outcome. This provided assurance that complaints were listened to and acted upon.

The person in charge and assistant director of service on taking up position, completed an audit of all incidents, accidents and near misses in the centre and had identified that these had not been notified to the Chief Inspector as required. On the day of inspection all recent incidents requiring notification had now occurred. The provider's retrospective audit had identified some areas of concern, however, the inspector was satisfied that the provider was ensuring that any issues that required improvement were being addressed, which improved the overall quality and safety of service to residents.

### Regulation 15: Staffing

There were a number of staff vacancies in the centre and as such a high number of shifts were covered by agency staff. This negatively impacted on the continuity of care for residents. Given the high volume of agency staff it was not always possible to ensure that the skill-mix of staff in the centre was as per the assessed needs of the residents.

Judgment: Not compliant

## Regulation 16: Training and staff development

There was a small number of staff due refresher training in mandatory areas such as safeguarding. Additionally, no staff member had yet been in receipt of formal supervision although this was now scheduled.

Judgment: Substantially compliant

## Regulation 23: Governance and management

While there are clear lines of authority and accountability in place, structures for the management and oversight of the centre have only recently been put in place and these are still evolving. The inspector was not assured that all management systems within the centre as yet were effective in ensuring the service provided is safe, appropriate to the residents' needs, consistent and effectively monitored.

Judgment: Not compliant

## Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured the development of a comprehensive service provision agreement between the organisation and the resident. This was signed for all residents. Clear tenancy agreements were also in place for all residents with easy-to-read versions available..

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose for the centre contained all information as required in Schedule 1. This had recently been reviewed and an easy-to-read version was also available.

Judgment: Compliant

## Regulation 31: Notification of incidents

While all required notifications had not been submitted to the Chief Inspector as required, the new person in charge had audited this process and revised it. Therefore prior to the inspection the new person in charge had been notifying as required.

Judgment: Compliant

### Regulation 34: Complaints procedure

A complaint policy was present within the centre giving clear guidance for staff in relation to complaints procedure. Details of of complaints officer was visible in an accessible format throughout centre.

Judgment: Compliant

### Quality and safety

Overall, the inspector found that residents lived in a warm, comfortable and relaxed home. The existing staff team were attempting to support residents to engage in meaningful activities and to live a life of their choosing.

The centre was found to be clean, spacious, homely and meeting residents' specific care and support needs. Each resident had their own bedroom which was decorated in line with their wishes and preferences. The provider had identified that resident bedrooms were not optimally located with respect to bathrooms allocated for individual use, with two residents using a bathroom at the opposite end of the house next to another residents bedroom; however, this was being reviewed. Residents had plenty of storage for their personal items and to display their pictures. There was a second private living space available which had been set up for one resident in particular, as well as used for residents to meet their visitors if they so wished.

The inspector reviewed residents' personal plans and found them to be person-centred. One resident had opted not to participate in the formal process of goal setting, preferring to independently direct their day. This was facilitated by the person in charge and was clearly documented. There were good practices in relation to recording residents' social goals and in relation to consistency across documentation in residents' personal plans. In line with the findings of this inspection, the provider had recognised the need for staffing resources to support residents to engage in meaningful activities. From discussions with residents and the staff it was evident that residents were attending events and there were

opportunities for residents to engage in community based activities.

Residents' healthcare needs were appropriately assessed and support plans were in line with these assessed needs. Each resident had access to appropriate health and social care professionals in line with their assessed needs.

The inspector found that the provider and person in charge were promoting a positive approach to responding to behaviours that challenge. Residents' positive behaviour support plans clearly guided staff practice in supporting residents to manage their behaviour and they were reviewed regularly. Staff who spoke with the inspector were knowledgeable in relation to residents' behaviour support needs in line with their positive behaviour support plans. The inspector found that there were some restrictive practices on the day of inspection and these had been clearly assessed and were recorded on a centre restrictive practice register which was reviewed. All restrictive practices had been referred to the provider's human rights committee for discussion in January 2020.

The provider and person in charge had systems to keep residents in the centre safe. There were policies and procedures in place and safeguarding plans had been developed as necessary in conjunction with the designated officer by the new person in charge. Safeguarding concerns that had been identified during the review of incidents in the centre were now being reviewed and there were robust plans in place. Staff who met with the inspector were found to be knowledgeable in relation to keeping residents safe and reporting allegations of abuse. The inspector reviewed a number of residents' intimate care plans and found they were detailed and guiding staff practice in supporting residents. However, one intimate care plan stated that there was a requirement for the support of two staff members. This required review to ensure that this was provided, as there were periods of the day in the morning and evening where there was a staff member lone working in the centre.

The residents in this centre were protected by policies, procedures and practices relating to health and safety and risk management. There was a system in place for keeping residents safe while responding to emergencies. There was a risk register which was reviewed regularly by the person in charge and service manager. General and individual risk assessments were developed and there was evidence that they were reviewed regularly and amended as necessary. It was seen that for a resident with changing health needs their risk of falls had been recently reviewed. The risk register should be reviewed to ensure all identified risks reflected practice in the centre, for example, the risk regarding lone working required amending to reflect that there were periods when staff were present on their own.

All residents spoke with the inspector over the course of the day. While residents were, in the main, happy living at the centre, some residents expressed dissatisfaction in some aspects of their lives, mainly related to concerns regarding compatibility between them and others living in the centre. However, the provider had acknowledged this concern and was actively engaging in discussion with the residents and seeking a resolution for them. Residents said that they enjoyed attending their day services and staff at the centre supported them to enjoy a range of social activities. The inspector found that residents were further supported by

staff to develop daily living skills such as doing their personal shopping or taking responsibility for a pet. While it appeared that residents were actively involved in making some decisions about the day-to-day running of the centre, there were no formal house meetings occurring nor a record kept of any one-to-one meetings with residents to demonstrate how they made decisions on weekly menus and social activities or that staff were informing them on their personal rights. In each resident's bedroom there were copies of easy-to-read documents and policies which included information on making complaints, accessing advocacy services and information on human rights.

Residents who had moved into this centre had moved from other designated centres or had a period at home with their families, and for some they had their belongings placed in storage by the registered provider, or personal belongings were transferred between designated centres. On the day of inspection there were no records of the personal possessions of residents available to ensure that all their belongings had transferred and for one resident items had been transferred that were identified as not belonging to them. Equally, where possessions had been placed in storage, there was no record available of what the provider had taken responsibility for on the resident's behalf. For some residents, a new record on arrival had been initiated but this was not updated as they had purchased new and expensive items.

### Regulation 12: Personal possessions

The person in charge ensured that each resident had access to and retained control of their personal property and that support was provided to them to manage their finances. However, further improvements were required to ensure records of residents' property was accurate and up to date. It was unclear for some residents whether all belongings had transferred with them, as errors were recorded and no accurate record was available on the day of inspection regarding what items the provider held in storage for some residents.

Judgment: Not compliant

### Regulation 20: Information for residents

Each resident had a comprehensive folder in their individual bedrooms containing a suite of easy-to-read or pictorial versions of information

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had a system in place to identify, assess, respond to and monitor risks in this centre. There was evidence of learning from incidents and that risk assessments were revised and updated as required. One centre risk pertaining to lone working was discussed on the day and plans for review were in place.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Each resident who wished for it had an individual personal plan in place. A planning meeting had been implemented prior to transition to centre, with a plan in place for a review meeting to occur. Individual plans as required were reviewed review to reflect the changing needs of residents and to promote participation in meaningful activities through the day, which are in accordance with residents' wishes, hobbies and age.

Judgment: Compliant

## Regulation 6: Health care

The person in charge had ensured that residents' healthcare needs were assessed on a regular basis and guidance was available to support staff in caring for the healthcare needs of these residents. Residents also had access to a wide variety of healthcare professionals, as required.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Positive behavioural support guidelines had been reviewed to reflect the change in living environments for some residents to ensure guidelines were clear and effective for staff. Staff had received training in the area of managing behaviours of concern.

The use of restrictive practice was in place to promote the safety of residents. Clear processes were in place in relation to documentation of these practices.

Judgment: Compliant

### Regulation 8: Protection

A safeguarding policy was in place which gave clear guidelines for staff on procedures if a concern arose. Details of the designated officers were visible in an accessible format throughout the centre.

There was evidence of appropriate action being taken following an allegation of abuse.

A comprehensive detailed intimate care plan had been developed and maintained for each resident.

Judgment: Compliant

### Regulation 9: Residents' rights

It was not clearly documented that the provider had ensured that each resident, in accordance with their wishes, participated in decisions about their care and support. This was due to no formal residents' meetings having taken place and no records available of any one-to-one meetings or structured conversations. It did appear from observation and engagement that residents had the freedom to exercise choice and control in their daily lives.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not 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	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Not compliant
Regulation 20: Information for residents	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	Substantially compliant

# Compliance Plan for Miltown Lodge OSV-0006413

Inspection ID: MON-0027257

Date of inspection: 19/12/2019

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            A fulltime social care worker commenced work in this centre on 05.02.2020            A fulltime social care team leader will commence work in this centre in March 2020            A fulltime care assistant will commence work in this centre in March 2020            This will bring the centre in line with the statement of purpose and into compliance with regulation 15.            This will also ensure the continuity of care for residents and the skill mix of staff as per the assessed needs of the residents</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            Any outstanding staff training requirements will be completed by 30.04.2020            Quality conversations has commenced in the centre and will be completed by 29.02.2020</p>	
Regulation 23: Governance and management	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Regular meetings continue to take place between the Person in Charge and the Assistant Director of Services to ensure that all management systems within the centre are effective.</p> <p>Risk assessments, incident reports and safeguarding plans are been reviewed in line with policy.</p> <p>Staff meetings are attended by the Assistant Director of Services to ensure that the service provided is safe and appropriate to the residents needs.</p> <p>A new Social Care Team lead will be commencing in the centre in March 2020 and will have supernumery hours each week to support the person in charge to consistently and effectively monitor the service.</p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Since the inspection date, all residents have an updated inventory on file which ensures that the record of property for each resident is accurate and up to date.</p> <p>The identified resident who has some personal possessions in storage has undertaken a inventory of these possessions with the support of staff which is now held on the residents file.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Formal residents meetings have commenced in the centre since the start of February 2020 and will continue on a weekly basis and will be recorded. This will ensure that each resident participates in decisions about their care and support in accordance with their wishes.</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 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.	Not Compliant	Orange	31/01/2020
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Yellow	31/03/2020
Regulation 15(3)	The registered provider shall	Not Compliant	Yellow	31/03/2020

	ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.			
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	30/04/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	29/02/2020
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Yellow	30/03/2020
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	Not Compliant	Yellow	31/05/2020

	to residents' needs, consistent and effectively monitored.			
Regulation 09(2)(e)	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.	Substantially Compliant	Yellow	05/02/2020