



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

Issued by the Chief Inspector

Name of designated centre:	Huntstown Lodge
Name of provider:	Resilience Healthcare Limited
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	10 February 2023
Centre ID:	OSV-0008356
Fieldwork ID:	MON-0038195

About the designated centre

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

Huntstown Lodge is a large well-built house situated a short distance from the village of Tullaroan. It is in a quiet setting, set back from the road. The house is decorated and furnished in a modern style. It is purposefully designed to cater for adults with an intellectual disability and/or Autistic Spectrum Disorder and/or Challenging behaviour and/or Physical and Sensory disability between the ages of 18-65. The service will operate 365 days a year. Huntstown lodge at present is only providing full time residential placements. Huntstown Lodge can accommodate a maximum of 6 service users. The staff ratio in Huntstown Lodge takes into account staffing on nights/evenings/weekends.

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
Friday 10 February 2023	10:00hrs to 13:30hrs	Miranda Tully	Lead
Friday 10 February 2023	10:00hrs to 13:30hrs	Conor Brady	Support

What residents told us and what inspectors observed

This was the centre's first inspection, and two inspectors completed the inspection over one day. The centre was initially registered in October 2022 and is currently a home for two individuals. Overall, it was found that the care and support was person-centred and in line with the residents' specific needs.

The inspectors had the opportunity to meet with the two residents that lived in this centre. One resident met with the two inspectors on their return from a walk in the local area. The resident was supported by two staff members and appeared content in their company. Staff communicated that the resident enjoyed farming and enjoyed walks where they could see farm machinery. Their bedroom had also been decorated with pictures of farming and dinosaurs which they also enjoyed. One inspector met with the second resident in their individualised living space. The resident greeted the inspector and introduced themselves before beginning a game of Jenga with a staff member. Interactions between the staff members and resident were seen to be respectful. Different forms of communication were used by residents such as spoken language, vocalisations, facial expressions, behaviours and gestures. To gather an impression of what it was like to live in the centre, the inspectors briefly observed daily routines with the residents, spent time discussing residents' specific needs and preferences with staff, and completed a documentation review in relation to the care and support provided to residents.

On arrival at the centre, it was noted that it was a two-storey stand alone building in a rural setting. The centre had large gardens to front and rear of the property. The provider had recently divided the garden with fencing should residents require separate external recreational areas. The provider also discussed their intention to develop a section of the garden area with swings and soft areas, once the weather permitted works to be carried out. Internally the property was well maintained and welcoming. Individual bedrooms were decorated according to residents' personal preferences. Both residents' bedrooms had en-suite facilities and residents each had access to their own living room.

Overall, the inspectors found that the residents in this centre were supported to enjoy a good quality of life which was respectful of their choices and wishes. The inspector found that residents' well-being and welfare was maintained by a good standard of evidence-based care and support. High levels of compliance with the regulations reviewed were observed on the day of inspection.

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 the inspector found that the registered provider was demonstrating effective governance, leadership and management arrangements in the centre which ensured they were effective in providing a good quality and safe service. The provider had established systems to support the provision of information, oversight and escalation of concerns and responses to matters such as risk. There was evidence of regular quality assurance audits of the quality and safety of care taking place, including hand hygiene, individual support file and medication audits. These quality assurance audits identified areas for improvement and action plans were developed in response.

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. The person in charge had responsibility for two other designated centre, however the provider had advised the authority of its intention to reduce the remit of the person in charge to two centres. The person in charge was supported by a team leader. 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.

The residents were supported by an experienced and consistent staff team in place in this centre. As residents had recently transitioned to the service, the provider had ensured staff transferred with or were introduced to residents as part of their transition process. This further supported continuity of care. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner. From a review of the roster, it was evident that there was an established staff team in place with the use of regular relief or agency staff which ensured continuity of care and support to residents.

There was a programme of training and refresher training in place for all staff. The inspectors reviewed the centre's staff training records and found that it was evident that the staff team in the centre had up-to-date training and were appropriately supervised. This meant that the staff team had up to date knowledge and skills to meet the residents assessed needs.

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. The person in charge was also responsible for two other designated centres, however there were plans to reduce the remit of the person in

charge. The person in charge were supported in their role by a team leader. It was evident through review of local systems in place for example, local audits and staff supervision that daily oversight was appropriately delegated to ensure care was delivered as expected.

Judgment: Compliant

Regulation 15: Staffing

The inspectors reviewed a sample of the roster and found that there was a core staff team in place and the use of regular relief staff which ensured continuity of care and support to residents. As residents had recently transitioned to the service, the provider had ensured staff transferred with, or were introduced to residents as part of the transition process. This further supported continuity of care. Staff met with during the course of the inspection were knowledgeable in relation to residents' needs, communication style and individual preferences.

The service ensured staff ratios were flexible to respond to resident's needs also, for example the service was implementing a day service model of support which promoted residents ability to engage in social activities at varying times throughout the day and evening. The registered provider had ensured that there were sufficient staffing levels to meet the assessed needs of the residents.

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. Observation and discussion with staff on the day of inspection indicated that staff had the appropriate knowledge and skills. For example, staff were knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse.

There was a supervision system in place and all staff engaged in formal supervision. From a review of the supervision schedule and a sample of records, it was evident that formal supervisions were taking place in line with the provider's policy.

Judgment: Compliant

Regulation 23: Governance and management

High levels of compliance with the regulations reviewed were observed on the day of inspection. There were clear management structures and lines of accountability. There was a full time person in charge who was supported by a team leader in the centre. There was also a regional manager who had regular oversight of the service provided. It was evident that the service provided was being regularly audited and reviewed.

Staff meetings were occurring regularly and the staff team were in receipt of regular formal supervision. Those staff who spoke with the inspector, stated they were well supported.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

It was evident that there was a clear, planned approach to admissions to the centre. Transitions and visits were completed as indicated by the individual needs of the residents. A review of the supports provided was also scheduled for the week following the inspection, this scheduled review included key stakeholders. The provider had ensured admissions to the centre took into account the services outlined in the statement of purpose and other residents living in the centre. For example, the provider had provided one resident with an individualised living area and had adapted the garden area to allow for the garden to be segregated should the need arise.

There were contracts of care in place for the residents that outlined the service and supports that would be provided in the centre. These had been signed by the residents' representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. Incidents were appropriately managed and reviewed to enable effective learning and reduce recurrences.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the centre presented as a comfortable home and provided person-centred care to the residents. A review of documentation and observations indicated that their rights and choices were promoted and respected. They were being supported to regularly engage in activities of their choice, both in their home and their local community.

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, risk documentation, fire safety documentation, and protection against infection. The designated centre provided a spacious and comfortable environment for residents. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the care practices required to meet those needs. The inspectors found good evidence of residents being well supported in the areas of care and support.

The inspectors reviewed residents' personal files. Each resident had an up to date comprehensive assessment of their personal, social and health needs. Personal support plans were found to be person-centred, regularly reviewed and suitably guiding the staff team in supporting the residents with their needs. The residents were supported to access health and social care professionals as appropriate.

The inspector reviewed the fire management arrangements and found the provider ensured that appropriate fire precautions were in place and that these were well maintained. While the staff team were conducting regular fire drills, a fire drill had not been completed with minimum staffing. The provider provided written confirmation on the evening of the inspection to verify this was completed which indicated that all residents could be evacuated in an efficient manner at all times of the day and night.

The residents were protected by the policies procedures and practices relating to safeguarding in the centre. Staff had completed training and were found to be aware of their roles and responsibilities in relation to safeguarding.

The inspectors found that the service provider had systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of the residents. The designated centre was visibly clean and well maintained on the day of the inspection.

Regulation 17: Premises

The premises was well maintained internally and externally. The centre was a large

house situated a short distance from a small rural village.

The design and layout of the centre was in line with the statement of purpose. There was adequate private and communal accommodation. There was a large sitting room and recreational room. Two bedrooms in the service were located downstairs and four bedrooms are upstairs. Two of the downstairs bedrooms were en-suite. Two bedrooms upstairs had en-suites while the remaining two bedrooms shared a communal bathroom. On the day of inspection the two ground floor bedrooms were occupied. Both bedrooms had been decorated according to the residents preferences and assessed needs.

The house had a large back and side garden which was secured. The provider also discussed their intention to develop a section of the garden area with swings and soft areas, once the weather permitted works to be carried out.

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. It was evident that incidents were reviewed and learning from such incidents informed practice. 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 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of residents. The inspectors observed that the centre was visibly clean on the day of the inspection. Cleaning schedules were in place for high touch areas and it was evident regular cleaning of rooms was occurring. Good practices were in place for infection prevention and control including laundry management and a color coded mop system.

Judgment: Compliant

Regulation 28: Fire precautions

There were effective fire safety management systems in place in the centre. The inspector observed fire fighting equipment, detection systems, and emergency lighting all in working order around the centre. Staff and residents were completing regular fire safety evacuation drills however a fire drill had not be completed with minimum staffing. The provider provided written confirmation on the evening of the inspection to verify this was completed. Records demonstrated that residents could be evacuated from the centre in the event of a fire in an efficient manner. Staff were completing daily checks on fire safety systems and equipment was regularly checked and service by a fire specialist. One query was raised by the inspector regarding containment systems in the centre on the day of inspection. The person in charge consulted with a fire specialist who confirmed that the systems in place were appropriate.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspectors 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. There was evidence of regular review and oversight of the effectiveness of plans in place with regular audit of individual support files.

Judgment: Compliant

Regulation 6: Health care

Each residents' health care supports had been appropriately identified and assessed. The inspectors reviewed healthcare plans and found that they appropriately guided the staff team in supporting residents with their healthcare needs. The person in charge had ensured that residents were facilitated to access appropriate health and social care professionals as required. The provider was in the process of seeking health care professionals in a closer proximity to the centre to further support a residents individual needs regarding travel.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and positive behaviour support guidelines were in place as required. Staff had up-to-date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

There were systems in place to identify, manage and review the use of restrictive practices. There were a number of restrictive practices in use in the designated centre which had been appropriately identified as restrictive practices.

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

Through observation and review of systems in place it was evident that residents were facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected. Staff were observed to respectfully engage with residents. Residents were seen to be consulted regarding how the centre was run with regular discussion using communication appropriate to their assessed needs.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	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	Compliant