



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:	Unannounced
Date of inspection:	17 April 2024
Centre ID:	OSV-0008356
Fieldwork ID:	MON-0042531

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. 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:	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
Wednesday 17 April 2024	11:30hrs to 17:00hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed to monitor levels of compliance with regulations. The inspector found that this was a well run centre where safe and good quality care was being delivered to the residents by a professional, knowledgeable and competent staff team.

The inspector had the opportunity to meet with three residents that lived in the centre. In addition to speaking with residents, the inspector observed daily routines with residents, spent time discussing residents' specific needs and preferences with staff and completed documentation review in relation to the care and support provided to residents. Overall, it was found that the care and support was person-centred and in line with the residents' specific needs.

As the inspector arrived, one resident was preparing to leave the centre to move to a new centre also run by the provider. This was a planned transition for the resident. This new placement for the resident had been assessed as more suitable placement due to the specialist services provided there. The resident appeared happy in relation to their move on the day of inspection. Staff discussed the transition process for this resident which included visits to the centre and meeting the staff and other people who live there.

The inspector completed a walk round of the centre with the team leader. The centre was for the most part well maintained and homely in appearance. Some minor decorative works were required in the premises, such as painting and repairs to a door. The provider was aware of the works and plans were in place to address same. Each resident had their own bedroom, some of which were en-suite. Resident bedrooms were warmly decorated and personalised to suit the residents' individual tastes. There were plans for one resident to move to a larger bedroom which also contained a small recreational space. One resident on the ground floor had their own self contained living space. This included a bedroom with en-suite and kitchen/living area. The inspector met with the resident during the walk around of the centre. The resident briefly spoke with the inspector before continuing with their routine. The inspector met with the third resident after they had returned from an activity. The resident was enjoying using their electronic device with staff in the kitchen area. The fourth resident was engaged in planned activities in the community and therefore did not meet with the inspector.

Residents were seen to engage in individual programmes each day supported by the centre staff. Residents were seen to be engaged in a variety of activities in accordance with their individual assessed needs. On the day of the inspection residents were visiting parks, walking and partaking in shopping and coffee out. High levels of staff support were noted in the centre and the staff team appeared knowledgeable regarding the residents' individual preferences and needs when speaking with the inspector.

There was a large, well maintained garden surrounding the property, which included grass areas, decking and swings. Some trees had fallen in the garden. Plans were in place to remove fallen trees and an assessment of the other trees on the perimeter of the property had been completed.

In summary, based on what the residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care and support. It was found that the care and support provided was person-centred and in line with the residents' specific needs in this centre.

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 centre was well run, as the provider's systems were proving effective at capturing areas where improvements were required, and bringing about these improvements.

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.

The centre was well resourced and there were systems in place to ensure the workforce were aware of their roles and responsibilities, and carrying out their duties to the best of their abilities.

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 one other designated centre. 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

On the day of inspection, there was an experienced and consistent staff team in place in this centre and there were high levels of staff support for residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

The inspector reviewed a sample of the roster and found that there was a core staff team in place which ensured continuity of care and support to residents. On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. Planned and actual rotas were also maintained and found to contain the required information.

On-call arrangements were in place and communicated to staff to ensure access to managerial support at times when this may be required.

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 such as fire safety, safety intervention, safeguarding, infection control and medication management. The inspector reviewed the staff training records and found that all staff had received up to date training or refresher training had been scheduled.

Staff received regular one to one formal supervision with line managers.

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

Admissions to the centre have been gradual since it first began operation in October 2022. On the day of inspection there were four residents in the centre, one of which was in the process of discharge due to a planned transition to another centre.

The centre has recently submitted an application to vary the age range and become a mixed centre for adults and children in order to meet the specific needs of one young person. An initial assessment was completed for this resident a year ago, the person in charge advised of plans for further review of the resident's assessment of need and their compatibility with others in the centre prior to their admission.

From review of admissions to the centre, residents had a detailed assessment of their needs completed in advance of admission to the centre. In addition admissions to the centre were discussed at a referral committee, where impact and suitability of admissions were discussed. A clear transition plan was developed which took the individual wishes and individual needs into consideration.

There were contracts of care in place for the residents that outlined the service and supports that would be provided in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose clearly described the model of care and support delivered to residents in the service. It reflected the day-to-day operation of the designated centre. In addition a walk around of the property confirmed that the statement of purpose accurately described the facilities available including room size and function.

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

Regulation 4: Written policies and procedures

The registered provider had ensured that all Schedule 5 written policies and procedures were available, implemented, and reviewed in line with the regulations. The provider advised that the policy regarding admissions, transfers, discharge and temporary absence of residents was under review.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider and local management team were striving to ensure residents were in receipt of a good quality and safe service. The inspector reviewed a number of areas to determine the quality and safety of care provided, including review of premises, review of risk management, temporary absence, transition and discharge of residents, protection and individual assessment and plan.

Residents were found to be supported to engage in various social activities. Plans clearly outlined the supports residents may require. Residents were being supported to develop and achieve their goals and participate in a range of activities.

Regulation 17: Premises

The premises was well maintained internally and externally. Some minor decorative works were required in the premises, such as painting and repairs to a door. The provider was aware of the works and plans were in place to address same.

The centre was a large house situated a short distance from a small rural village. The centre had six bedrooms, four of which were en suite. There was a large sitting room and recreational room. All residents had their own bedrooms which were decorated to reflect their individual tastes. The design and layout of the centre was in line with the statement of purpose.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There had been two discharges from the centre since it began operation in October 2022. One resident was transitioning to a new centre also operated by the provider on the day of the inspection. This had been a planned transition for the resident as the identified service had been assessed as a more suitable placement due to the specialist services provided. The resident appeared happy about the transition and was eager for their plans to continue on the day of inspection. A transition plan for the resident was available and it was evident the transition had taken into account their individual preferences and wishes.

A resident had been discharged from the service in February after a short admission in the centre, the resident was discharged from the centre due to an escalation in assessed needs post admission to the centre. The resident was discharged to acute services. The provider ensured the residents personal belongings were safely managed and respected and that relevant and appropriate information about the resident was transferred between services.

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. The provider ensured that a comprehensive risk management policy was implemented in practice as well as a centre-specific emergency plan.

It was evident that incidents were reviewed and learning from such incidents informed practice. The provider was seen to be proactive in addressing any issues of safety within the centre. There was prompt and effective sharing of recommendations and learning from the management and review of adverse events and incidents. For example, debriefing of serious incidents were occurring both individually and through team discussion.

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. 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 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

Throughout the inspection the inspector observed residents being treated with dignity and respect. There was information available for residents in relation to their rights, complaints and advocacy services. Through observation and review of systems in place it was evident that residents were facilitated to exercise choice and control across a range of daily activities and to have their choices and decisions respected. Residents were seen to be consulted regarding how the centre was run with regular discussion.

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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant