



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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:	Announced
Date of inspection:	22 April 2025
Centre ID:	OSV-0008356
Fieldwork ID:	MON-0038199

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:	5
--	---

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 (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 22 April 2025	09:00hrs to 17:00hrs	Linda Dowling	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to inform a decision on the renewal of registration for the designated centre. The inspection was completed by an inspector of social services over the course of one day. From discussion with management, the inspectors observations and based on the information reviewed, this centre was well-run, residents were leading busy lives and supported to make decisions and choices in their day-to-day lives. The inspector had an opportunity to meet and communicate with one of the residents living in the centre, one staff member, the team leader and the person in charge of the designated centre. Overall, the inspector found that the staff team in place were a consistent team and were supporting residents to reach their full potential. The provider had systems in place to ensure they had oversight of the care and support being delivered to residents, for the most part, these systems were being utilised and resulting in positive lived experiences for the residents. The inspector did identify areas where improvements were required these were in relation to staff training and development, contracts for the provision of service and medication management.

Huntstown Lodge is a full-time residential service that is registered for a maximum of six residents. On the day of inspection there were five residents living in the centre and one vacancy. One resident who was living in the centre had been identified for a transition to another centre operated by the same provider. The resident and their representatives had been consulted in relation to this transition and the resident had been supported by familiar staff to visit and spend time in the new property on a few occasions. Huntstown comprises of a large two storey house on its own grounds on the outskirts of a village in County Kilkenny. On the ground floor of this property there was a spacious utility room, an open plan kitchen dining area with access to a decking in the garden. There was one en-suite bedroom and sitting room utilised by one resident and access to a self contained apartment where one resident lived, they also had access to the garden. There was a communal sitting room with lots of games and art and craft supplies and a table where these activities could be completed. Upstairs was three bedrooms, two of them were occupied, main bathroom, office and one self contained apartment with en-suite bedroom, sitting room and dining space.

On arrival most of the residents had left the centre or were leaving to participate in their scheduled activities. The inspector took a walk around the premises and found it to be suitable for the needs of the residents living in the centre, it was equipped with items of interest for residents such as swing chair and trampoline in the garden along with stationary, table top games, puzzles and sensory items in the communal areas and residents individual living spaces. The centre was clean and warm and generally well maintained. It could be seen that residents had been supported to personalise their rooms in line with their own preferences and interests. Some residents had items of value on display such as family photos, art work and achievements.

Staff were observed to speak to residents respectfully and all documentation was written using respectful language with a focus on residents strengths. Staff were observed to knock on residents doors before requesting to enter. Some easy read documents were on display such as complaints and access to advocacy.

In summary, it was evident that residents living in the centre were in receipt of good quality of care and support, their rights were being promoted and they were protected from abuse. Residents appeared comfortable in their home and in the presence of staff.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

The findings from this inspection highlighted that residents were receiving good quality care and support, although some areas required improvements. The provider had systems in place to monitor the quality and safety of the care and support provided to residents, including local audits, unannounced six-monthly visits and annual service review. Through the review of documentation it was evident the staff members had not received training specific to the needs of the residents in the centre and not all residents had contracts of care in place that were reviewed in line with the providers policy.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application seeking to renew the registration of the designated centre to the Chief Inspector of Social Services. The provider had ensured the information and documentation on matters set out in Schedule 2 and Schedule 3 were included in the application. This included submitting information in relation to the statement of purpose, floor plans and the fee to accompany the renewal of registration.

Judgment: Compliant

Regulation 15: Staffing

The provider had a recruitment policy in place 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 staff team was lead by an appropriately skilled and qualified person in charge, they also had responsibility for another designated centre operated by the same provider in the same locality. The person in charge was supported in their role by a full time team leader. The staff team consisted of support workers including two senior support workers.

The provider had ensured there were sufficient staff on duty to meet the assessed needs of residents, this was in line with the staffing arrangements outlined in their statement of purpose. There was a planned and actual roster in place reflective of any changes required such as sick leave. There is no requirement to use agency at the time of the inspection. The person in charge utilised familiar relief to fill any gaps on the roster, this helped to ensure consistency of care provided to the residents.

One staff member has been identified to transitions with a resident to another designated centre and there was a recruitment plan in place to back fill this staff member on the roster.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the most recent staff training matrix that was available in the centre and found that for the most part, staff were appropriately trained.

All staff had completed training which had been identified as mandatory by the provider such as safeguarding, seizure management, safe administration of medication and fire safety . Although none of the staff team had received training in feeding, eating, drinking and swallowing difficulties (FEDS) and two residents living in the centre had swallow care plans in place that staff were required to implement. The inspector reviewed the swallow care plans in place that had been developed following assessment by a qualified clinician. At the end of each plan it noted that staff must be the holder of a FEDS training certificate prior to implementing the plan. The person in charge informed the inspector of a newly implemented online platform for training and noted FEDS training would be available on this platform in the coming months.

There was a supervision schedule in place for 2025 developed by the person in charge. Each staff member had a supervision meeting every 8 weeks and the minutes of the meeting were recorded and actions developed where necessary.

Judgment: Substantially 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. Staff had defined roles and responsibilities and the lines of accountability and authority were clear.

The person in charge was present in the centre regularly and there was an on-call service available to residents and staff out-of-hours. The person in charge reported to and received support from an assigned senior service manager.

The providers last annual review was reviewed by the inspector and found it to include engagement with families through questionnaires, the review was resident focused and identified where actions were required. Examples of actions identified, additional easy read documents to be developed for residents, gaps identified in training for staff members and contracts of care requiring updating. The provider had completed two six-monthly unannounced visits in the last twelve months one in September 2024 and one in March 2025.

The team leader had responsibility for completing a number of local audits in the centre, these included, monthly hand hygiene, residents' support plans, residents file audits, weekly environmental checks and six monthly medications audits. Samples of these were reviewed by the inspector and were seen to be completed with detail and included actions where issues were identified.

The provider held monthly team meetings at these meetings there was an update given about each resident, discussion on safeguarding, incidents and restrictive practice.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The providers' policy states as part of the admissions process residents are provided with a a contact of care. While most residents had a contact of care on file one resident who moved into the centre in September 2024 did not. The inspector review the contracts for the other residents and found that the provider had clearly outlined at the end of the contact and a subsequent consent form that they were to be reviewed yearly with the resident and their representative. While some of the contacts and consent forms were reviewed within the last 12 months not all had been.

The provider was making efforts to explain these contracts and consent forms to residents and in some cases residents were supported to sign their own documents.

Judgment: Substantially 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. The inspector 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, a walk around of the premises confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Quality and safety

From the inspector's observations, speaking with residents, staff and management and from review of the documentation, it was clear that good efforts were being made by the provider, the person in charge and staff members to ensure that residents were receiving good quality and safe services. Residents were afforded good opportunities to engage in their community and complete activities of their choosing.

While there was a number of improvements required in regulation 29: medication and pharmaceutical services, the provider had a range of systems in place to keep residents safe including risk assessments, safeguarding procedures, and individual support plans.

Regulation 13: General welfare and development

The provider and person in charge were working to ensure the residents were supported to take part in activities they enjoyed. It was evident to the inspector through discussion with management and review of residents weekly planners that residents regularly had opportunities to take part in activities both in the community and in their home. Examples of some activities residents were involved in included, swimming, woodland walks, bowling, cinema, visits to the library, beach, local pet farm, amusements and the zoo. As previously mentioned there were a variety of table top activities available in the residents home, games including pairs and counting, puzzles, arts and craft materials.

Residents' personal planning meetings included a review of the previous year and planning for the year ahead. The meeting recorded details on learning, fun and

leisure, where and how I live, choice and control, health and feeling good. As part of one residents personal planning meeting, monthly goals had been set to develop their independence, some goals included, washing your plate, dressing your bed, independence in the shower, the resident was supported to reach their goals with the support of social stories.

Judgment: Compliant

Regulation 17: Premises

The premises was found to be clean and warm, it was well maintained and in good state of repair both internally and externally. The person in charge had identified some areas that required maintenance and these had been logged on the providers digital system, this was reviewed by the inspector. The system of maintenance was seen to be working well and any maintenance requests had been acknowledged and actions identified to address the issue. The time frame of getting work completed was seen to be reasonable.

The premises was suitable to the assessed needs of the residents and there was sufficient communal space for residents to spend time. The residents personal spaces were decorated in line with their preferences and there was suitable storage for their belongings.

Judgment: Compliant

Regulation 20: Information for residents

The inspectors reviewed a resident's guide which was submitted to the Office of the Chief Inspector prior to the inspection taking place. This met regulatory requirements. For example, the guide outlined how to access reports following inspections of the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep the residents safe in the centre.

There was a policy on risk management available and the residents had a number of individual risk assessments on file so as to support their overall safety and well being.

The inspectors reviewed the individual risk assessments in place for three residents and found that the measures in place suitability addressed the risk, for example there were risk assessments in place in relation to safety while travelling in the car. The risk assessment was found to be in date and identified the use of a restrictive practice and guidelines around its use.

Additionally, there were risk assessments completed in relation to the centre, these included, slips, trips, falls, electric gates, fire, transport, complaints management and use of restrictive practices. The provider and person in charge had also developed a business continuity plan for red weather warnings, this plan was detailed and showed learning from previous adverse weather events.

The provider had a robust digital incident reporting system in place. This system had oversight from the person in charge, the clinical risk manager and senior management. The inspector reviewed all incidents from Jan 2025 and found the provider had reported all required incidents to the Chief Inspector of Social Services.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

While there was safe practices in relation to the receipt and storage of medicines in the centre. The provider did not show effective oversight of safe medication management. On review of medication, it was found that each resident had suitable storage for their medication and a lockable fridge was available when required. Daily stock checks were being completed on all medication, on review of this documentation no expiry date was being checked and the recording of liquid medication was not accurate. Some medication that was prescribed for residents as PRN (medicines to be taken as required) were not available on the day of inspection. One resident was prescribed a new regular medication a number of weeks prior to the inspection and while the resident was being administered this medication it had not be added to their Kardex. Staff were not recording the administration of this medication and the most recent medication audit had not picked up this discrepancy.

Judgment: Not compliant

Regulation 7: Positive behavioural support

The person in charge reported that the staff team had the knowledge and skills required to support the residents in managing their behaviour.

All residents had behaviour support plans in place. The inspector reviewed three of these plans and found they were detailed and reflective of the residents assessed needs. The plans contained guidance for staff in the management of behaviours and were individualised for the resident, taking into account their preferences and how they respond best. Behaviour support plans included identified behaviours of concern, triggers, strategies both proactive and reactive and skills teaching for the resident.

There were some restrictive practices in use in the centre. These had been identified and were reviewed by the providers restrictive practice committee in March 2025. The person in charge had also completed HIQA's self-assessment questionnaire in March 2025 and had identified some areas for improvement. On review of restrictions the inspector identified areas for improvement. One resident had a restriction in place where the use of an audio visual monitor was utilised when the staff were required to step out of their apartment due to behaviours of concern. The purpose of this monitor was to observe the resident. It was unclear the time frame this could be used for, and when staff should re-enter the apartment to offer support to the resident. It was also unclear how often this restriction had been used as there was no formal recording in place.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents. For example, there was a clear policy and procedure in place, which clearly directed staff on what to do in the event of a safeguarding concern.

All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit. It was evident there was an open reporting culture in the centre, for example, one staff member identified and reported when a prescribed restrictive practice was not used in line with guidance. This was reported to the person in charge and a safeguarding referral sent to the HSE and submitted an appropriate notification to the Chief Inspector of Social Services.

Residents' had intimate care plans in place that detailed the care and support they required in relation to personal care, from review of these plans they were found to be individualised in line with the residents personal preferences.

Judgment: Compliant

Regulation 9: Residents' rights

Through the review of documentation, discussion with the person in charge and team leader, and observations of staff interactions with residents it was evident that residents lived in a service that empowered them to make decisions about where and how they wanted to spend their time.

Residents were observed responding positively and with ease towards how staff respected their wishes and interpreted their communication attempts. They were being offered choices in a manner that was accessible for them. The inspector reviewed the residents meeting minutes available and found them to include discussion about the house rules such as respecting peoples privacy, respect and personal property. Residents were also supported to pick chores to engage in through the use of pictures, such as laundry and recycling.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Huntstown Lodge OSV-0008356

Inspection ID: MON-0038199

Date of inspection: 22/04/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All training, including refresher training or staff to be completed by 30.06.2025.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: All contracts of care to be signed and in place in the designated center by 22.05.2025.	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Prescription chart to be reviewed and amended by GP to reflect all current medications by 24.04.2025. Additional staff training in medication to be provided. Resilience nurse manager to attend next scheduled team meeting to give a refresher on medication policy	

and completing daily check appropriately, including the entry of expiry dates for all medications. All prescribed PRN medications to be ordered and on site.

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 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	30/06/2025
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	22/05/2025
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating	Substantially Compliant	Yellow	24/04/2025

	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.			
--	--	--	--	--