



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:	03 May 2022
Centre ID:	OSV-0006413
Fieldwork ID:	MON-0036821

About the designated centre

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

This centre is a large single storey house set in it's own grounds in close proximity to Kilkenny city. The centre has capacity for four residents. It has a large open plan kitchen diner with two living rooms, each resident has their own bedroom and one is en-suite. There is ample parking to the front of the house and a large paved courtyard for residents to enjoy is to the side of the house. This centre is open 24 hours a day for seven days a week year round. Residents in this centre are supported by a staff team comprising a nurse, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
--	---

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 3 May 2022	17:30hrs to 19:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was a short, targeted unannounced risk based inspection completed following receipt of solicited information of concern submitted to the Chief Inspector of Social Services through the notification process. The notification was made regarding a financial safeguarding concern in the centre.

This inspection focused on financial safeguarding practices by gathering information from documentation review, speaking with staff in the centre and speaking with the providers support staff in an office base away from the centre. The inspector found that the provider had put further safeguards in place since they had identified the concern but the matter had still not concluded on the day of inspection.

This centre is registered to provide full-time residential care for a maximum of four individuals and currently two residents live in the centre. Both residents were present in the centre during the inspection, with one resident entering the office to engage with the inspector on a number of occasions and using non-verbal communication signals to invite the inspector down the corridor to observe items in their bedroom. The other resident greeted the inspector on arrival and then returned to their room where they were relaxing. There were two staff on duty during the period of the inspection and they engaged with the inspector and were observed supporting residents in a caring and warm manner.

The documentation review indicated that one resident in the centre required full support to manage their personal finances and one resident required minimal guidance and support. The provider had clear and detailed systems in place for the management of day to day spending which had been reviewed previously. However this inspection found a complete absence in appropriate oversight and safeguarding of residents finances in a savings account that was being "managed" outside the centre. Findings of this inspection indicated that this had been the case for many years and was not rectified by the provider until 2021, resulting in the residents monies/finances being substantially compromised over a long period of time.

Capacity and capability

On 31 March 2022 the registered provider submitted solicited information via the notification system to the Chief Inspector as required by the regulations. This notification stated that a resident had not held an account in their own name until one had been opened with support from the provider in December 2021. The provider had not ensured oversight of their financial savings prior to the summer of

2021 when they had first requested information about them. This lack of oversight had not ensured that the resident's savings had accrued nor that they were safeguarded.

Prior to the summer of 2021 the registered provider supported the resident to receive their financial allowance, and to manage outgoings such as rent. The remaining amount was divided into savings and spending. The resident held their spending income which was managed as per the providers systems. The provider supported the transfer of savings into an account not in the residents name and it was this accrued amount that there had been no oversight of.

The inspector observed that the provider has a monthly audit of resident finances in place and reviewed these, the section that states 'bank statements checked' had been previously left blank or stated that the provider had none on file.

On identifying that oversight was required, the provider as stated earlier requested confirmation of the resident's funds. In addition the provider supported the resident to open an account in their own name and has ensured that all of the resident's finances are now lodged into their account. These are now being audited and safeguarded as required by the provider's safeguarding systems.

However, when the provider subsequently requested transfer of the resident's previously accrued monies into their new account, it was identified that the savings had potentially not been maintained nor safeguarded. The provider and person in charge continue to seek clarity on how to locate the resident's personal funds and are working with their support staff and have linked with the Health Service Executive safeguarding team for advice. This situation has occurred due to an ongoing lack of oversight prior to May/June 2021.

Regulation 23: Governance and management

Management systems previously in place had failed in this centre to ensure that the the residents finances were appropriately safeguarded. The provider had documented their concerns that the resident had no access to their finances in a monthly review in May 2021 and further in June 2021 and had referred this concern internally at that point. The provider began supporting the resident to open a financial account in August 2021 and this was operational in December 2021. Despite documented conversations with those that had previously managed the resident's finances throughout 2021 and into 2022 the situation had still not been resolved and at the point of inspection nor had onward referral to external agencies such as An Garda Síochána been made.

The provider has however implemented full reviews on the financial safeguarding for all residents across all their residential centres and they have also updated the oversight systems for resident's who are supported by others outside of the provider

to manage their money. In addition the provider has updated their policy titled 'Policy and Procedure for Residents Personal Possessions and Finances' in January 2022. This policy clearly states that residents must have unlimited access to their finances and that a residents savings must be audited on an annual basis.

Judgment: Not compliant

Quality and safety

The inspector was assured that the finances of residents in this centre are now being appropriately safeguarded and that the provider has ensured effective safeguards are now in place for resident finances. However, while the inspector was assured that internally measures were in place and that liaison with the safeguarding and protection team had taken place, investigations had still not concluded.

The provider and person in charge had ensured that the resident had their own account and this was operational in December 2021. However a request for the transfer of the resident's savings was not made until late March 2022 when the monies were required for the resident to make a purchase. At the point of inspection a further five weeks had passed without the transfer of funds nor the amount involved identified.

Each resident had an individual assessment in place around their ability to manage their finances with as stated earlier one resident requiring full assistance. The requirements of the regulations and the providers own policy had not been followed in relation to the safeguarding of residents finances up to the point it was identified in summer 2021. At the time of this unannounced inspection resident monies were found to be safeguarded going forward.

Regulation 8: Protection

The registered provider had notified the Chief Inspector that a resident's savings had not been potentially safeguarded nor that there had been any oversight of these by the provider. The as yet, unidentified amount of savings could not at the point of the inspection be accounted for and referral to external agencies for investigation had not taken place in a timely manner.

The findings of this inspection indicated that the residents' finances failed to be appropriately safeguarded. The provider had failed to take effective steps in relation to overseeing residents' finances in the form of checking actual bank balances and providing comprehensive provider oversight. These failings resulted in poor financial safeguarding arrangements and practices which the inspector acknowledges have

now been reviewed and amended.

Judgment: Not 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 23: Governance and management	Not compliant
Quality and safety	
Regulation 8: Protection	Not compliant

Compliance Plan for Miltown Lodge OSV-0006413

Inspection ID: MON-0036821

Date of inspection: 03/05/2022

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Finance policy has been reviewed and will be signed off by the Board of management at the next board meeting in July 2022. • Social worker has sent a letter to all families informing them of the requirement for them to submit statements for all resident’s bank accounts in line with SOS policy and HIQA regulations requirements by 23.06.2022 • All Families are required to submit bi-annual bank statements to SOS Kilkenny clg with respect to Resident’s accounts or any account where a resident’s money is lodged • The Residential Manager/Team Leader will audit the Residents accounts and will have a recorded oversight of the transactions • Monthly managers meetings and senior managers meetings to include Finances on the agenda to keep all levels up to date with Policy and practice developments and promote learning commencing 22.06.2022 • Admissions policy has been amended to state that any new persons admitted to SOS Kilkenny clg must have an account in their own name. • The Residential Manager/Team Leader will audit the Residents accounts and will have a recorded oversight of the transactions 	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • SOS Kilkenny social worker spoke with the Safeguarding Team on 25.05.2022 and a PSF1 was submitted 	

- On 25.05.2022. Social worker spoke with the Gardaí
- The resident now has their own bank account in their own name.
- The staff on duty check each individuals balance daily at the end of each shift and maintain records of these.
- The Residential Manager/ Team Leader will audit Resident finances on a monthly basis and will maintain records of these
- The Residential Manager/Team Leader will audit the Residents savings accounts on an annual basis and keep records of these
- The Operations Manager will spot-check Residents finances on a six-monthly basis or on a more frequent basis if required.
- There is effective management and oversight of this account and only named persons can withdraw money from the account (Key workers) using a withdrawal form which must also be sign by the PIC/Residential manager and Regional Operation Manager.
- To access the account requires named person's signatures along with those of both the Residential manager and the Regional Operations manager.
- Quarterly bank statements are issued by the bank for oversight and the monthly management finance checks are carried out to further protect resident's finances.

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 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 to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	20/06/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	20/06/2022