



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

## Issued by the Chief Inspector

Name of designated centre:	Iron Hills
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	09 January 2025
Centre ID:	OSV-0007800
Fieldwork ID:	MON-0040023

## About the designated centre

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

Iron Hills is a residential home for adults, located in Co. Kilkenny. Residential services are provided to adults, both male and female 24 hours a day 365 days a year. Up to five residents can be accommodated at any one time. The centres consist of five self-contained apartments, a large communal area incorporating a dining room and kitchen with a separate room for laundry requirements and a staff office. Recreation and leisure space is also provided in the garden area. The service is a community based service where staff encourage residents to enjoy the benefits of the local community and social facilities. Vehicles are allocated to the house to support community access. Staff support is by way of a team of support workers supported by a multidisciplinary team. The numbers, qualifications and skills-mix of staff is appropriate to the number and assessed needs of the residents. The staff team is supported by a person in charge.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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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
Thursday 9 January 2025	09:00hrs to 17:00hrs	Linda Dowling	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection completed to monitor compliance against regulations and standards. It was carried out by one inspector over one day. On the day of the inspection there was limitations on community access due to a orange rated snow and ice weather warning. All five residents were present in the centre on the day and were supported within their individual apartments and the communal area's of the centre throughout the day. Overall, the findings of the inspection indicated good levels of compliance with the regulations reviewed which was resulting in positive outcomes for the residents that lived in the centre.

On arrival to the centre the inspector was greeted by the person in charge of the centre and signed into the visitors book. The inspector and person in charge carried out a walk around of the premises and met with some of the residents who were up, dressed and well presented. One resident resides in a self contained apartment to the side of the main house. The living area of this apartment required some minor repairs that had already been reported through the providers maintenance system. This resident also had a separate enclosed back garden which included a large basket swing. When the resident came from their bedroom into the living area they gave both the inspector and person in charge a high five, they were vocalising and sat down at their table to have some breakfast. The staff were observed responding well to the residents non verbal queues and were respectful of the resident at all times.

In the main house there was a further four individual apartments two upstairs and two downstairs. One residents was having a rest and one declined for the inspector to come into their apartment. The inspector met this resident later in the day in the communal area. The resident commented that they liked living in the centre. The inspector could hear a variety of music from this residents apartment throughout the day.

One apartment was nicely decorated to the individuals taste, they had sensory items and a choice board available to them. Each apartment had there own en-suite, they were found to be clean and in good state of repair. The final apartment viewed by the inspector was bare and only had the essential items such as sofa, enclosed TV unit, bed and wardrobe. The wardrobe did not contain any clothing or footwear, this was in line with the residents assessed needs at the time of the inspection and is under regular review. This resident shouted and repeated words and phrases while the inspector was present. They were supported and reassured by staff and the person in charge, the resident returned to baseline and said bye when the inspector was leaving their apartment. Later in the day the inspector overhead this resident and staff singing, chatting and laughing.

Each resident had developed weekly planners with the support of their staff, some residents followed their planners and other chose to carry out different activities on the day. This was recorded in the residents activity schedules. The residents were

seen to be given a variety of activities to choose from including in house and community based. For example, some residents attended day service facilities, others engaged in music therapy, swimming, get up and go classes, local walks, going to get coffee and some had recently had a short holiday. All residents had access to a specifically developed sensory room located to the side of the house, this room was equipped with soft furniture, beanbags, sensory lighting and music facilities.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

## Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The inspection found that there was comprehensive and robust management systems in place to ensure that the service provided was safe, consistent and appropriate to the assessed needs of the individuals living in the centre. There were effective oversight arrangements in place at provider level, the centre was led by a person in charge who was supported in their role by a director of operations and senior director of operations. The management system at a local level were also ensuring that the service was consistently monitored through internal local auditing and trending of data.

## Regulation 14: Persons in charge

The person in charge was found to be suitably qualified and experienced. The person in charge were full time in this centre and were supported by their direct of operations and senior director of operations. They were in the role for just over one year and have shown how they effectively and consistently monitor the service through the use of data trend analysis and audits. Where actions had been self identified or through external auditing the person in charge ensured these actions were addressed and noted as closed. The person in charge was utilising the providers systems in place to support them in their role.

The person in charge had the support of two depute managers in the centre who could hold the position of person in charge during periods of absence.

Judgment: Compliant

### Regulation 15: Staffing

The inspector observed that there were sufficient staff on duty to meet the assessed needs of the residents living in the centre. The staffing levels allowed for staff to provide care in an individualised and person-centred manner. The staff team within the centre was well established and very stable for the past two years. Staffing levels and skill mix were found to be in line with what the provider had set out in their statement of purpose.

All staff were familiar with the residents, the inspector observed staff treating residents with respect and dignity at all times. From review of the roster in place the staff team worked from a rotational roster between day and night duty. There were three vacancies within the centre, this gap was well managed through the core team picking up additional shifts. There was also a relief panel in place should it be required.

The staffing arrangement in place in the centre on the day of the inspection was in line with what the provider set out in their statement of purpose.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector reviewed the training matrix which was available within the centre. This matrix was last updated in November and showed some staff required refresher training in December 2024. The person in charge provided further assurance that those training sessions had been completed in December and as of January 2025 all staff were fully trained in all mandatory training.

The inspector reviewed the last year of supervisions records for three of the staff members who were on duty on the day of inspection. They had each received two supervisions and one appraisals meeting as per the providers policy. The person in charge had a schedule in place for all staff for 2025 appraisals and supervisions. From review of the supervision minutes it was evident that any actions set out were reviewed at the next meeting and signed off. All appraisals and supervisions were carried out by the person in charge or one of the depute managers and were signed by the staff member. They were all stored in a secure locked filing cabinet in the office.

Staff were also supported with, on the floor training which was happening on a regular basis with all members of the staff team. One specific on the floor training that was regularly practiced was the use of safety interventions. The inspector

reviewed the records of this training and could see all staff were in receipt of ongoing weekly training in areas such as verbal escalation and holds, such as hair pull, wrist holds and arm grabs.

Judgment: 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 on the day of the inspection. The person in charge was supported by two deputy managers within the centre. The providers last two six-monthly reviews and latest annual provider audit were reviewed by the inspector. These audits were detailed in nature and captured the lived experience of the residents living in the centre. The provider had a number of systems in place to ensure oversight and monitoring of the centre. For example, admin support within the centre carry out weekly reviews on individuals files and develop actions for the person in charge to follow up. Staff had clearly defined roles and responsibilities and the lines of accountability and authority were clear. These were discussed with all staff through staff supervision, team meetings and on the floor training.

The provider had implemented a new system for cross learning and oversight in the service, this included learning from inspections, for example, any non compliance found on inspections were shared with all centres. The person in charge had reviewed these and recorded how their centre was in compliance with the regulations. There was ongoing quality, admin and health and safety checks happening in the centre on a regular bases. The person in charge was provide with an action plan for any areas identified for improvements. It was evident that the person in charge had robust systems in place and was consistently reviewed and signing off all actions once completed.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had an up to date statement of purpose available within the centre. This statement of purpose was reviewed within the required time frame. It was most recently reviewed in September 2024, it accurately outlined the service provided and meets 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

### Regulation 31: Notification of incidents

A record was maintained of all incidents and accidents occurring in the centre. The person in charge had ensured that all incidents were notified to the Chief Inspector of Social Services in line with the requirements of the regulations. The inspector reviewed the incident and accident database and found all incidents and accidents were appropriately followed up by management and any that required notification had been submitted. All incidents were also discussed with the staff at team meetings to ensure any learning was shared with the team.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had a complaints policy which was available within the centre. Complaints were discussed regularly with residents and they were made aware of how to make a complaint. This was recorded through their regular key working sessions. In the last 12 months one resident had been supported to submit two complaints, for example, one complaint was in relation to a staff member banging doors at night. This was investigated by the person in charge as per the provider's policy. The person in charge spoke to the resident and they were happy for the complaint to be closed once it did not occur again.

This complaint was discussed as part of the next team meeting to ensure all staff were aware of the complaint and to be mindful of noise disturbance when supporting residents at night.

Judgment: Compliant

## Quality and safety

From what the inspector observed, speaking with residents, staff and management and from review of documentation it was evident that good efforts were being made by the provider, person in charge and the staff team to ensure that residents were in receipt of good quality and safe service. Residents had opportunities to partake in activities in their community, their home was suitable to their assessed needs and

was found to be clean and warm.

The provider had ensured there was a range of systems in place to ensure residents safety, welfare and development these included risk assessments and management, annual reviews and key working system. Residents had access to a range of multidisciplinary team members should they require their support. The systems in place within the centre were utilised in an effective manner ensuring that adequate guidance was available for staff.

### Regulation 13: General welfare and development

The provider and person in charge had ensured that a variety of activities were available for residents, both in their homes and in the local community. Staff recorded planned activities and noted whether they had been successful or enjoyed in their daily notes. Outings included shopping, dining out, visiting family and fishing, some residents also had access to day service facilities. In the home residents took part in activities such as, board games, jigsaws, listening to music, watching movies, and exercise workouts with staff.

The inspector review the weekly and daily planners in place for each of the residents. Each weekly planner was developed with the residents as part of their residents meeting, they are supported to choose how they wish to spend their time. This was then populated into a daily planner which staff keep updated with information such as if the residents took part in the planned activity or chose to do something else. On review of these schedules they indicated that residents were engaging in planned days out, holidays, trips to local areas of interest and opportunities to connect with family.

Judgment: Compliant

### Regulation 17: Premises

This centre consists of four individual apartments within the main house and one self contained apartment in an external building. The main house had a spacious communal area with access to a patio and large back garden. The premises was found to be clean and tidy with a homely atmosphere. The individuals apartments were decorated to suit the needs and preferences of the individual and had storage facilities for the individuals belongings. While some areas of the house and external apartment were in need of some repair and upgrade these had already been identified through the providers internal auditing system and were logged on their online system for approval. The bedroom and living area in each apartment were spacious and laid out to suit the needs of the individual living there.

As previously mentioned the centre had a specific sensory room which was available

to all residents. This room gave residents a space to spend some time relaxing, enjoying the lights, music and textures it offered. This room was well kept with appropriate storage for sensory items.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had policies, procedures and systems in place for the receipt, storage, return and administration of medications. The inspectors observed that there were suitable storage facilities for medication, including a system for storing controlled medication and additional stock. The keys for the medication storage units were kept in a lock box in the office at all times when not in use. Good practice measures were in place for the administration of medication, for example when a staff was dispensing and administering medication they wore a 'do not disturb' vest this reduced the risk of distraction and potential for medication errors. All staff had completed training in safe administration of medicines.

On reviewing the prescriptions (Kardex), it was noted that all residents had up-to-date records in place. All administration of medication had been appropriately signed and each 'as required medication' (PRN) had protocols with clear guidance for staff on when to administer, the maximum daily dosage allowed, and the minimum gap between each dose.

Stock checks were reviewed by the inspector and found to be accurate on the day of inspection. The provider had twice daily checks in place support by two staff for controlled medications and weekly stock check carried out on all remaining medications.

Medication errors were recorded through an online system. All errors were reviewed by management and action taken in relation to the severity of the error. For example, when an error is rated level 3 the staff member responsible for the error is booked to complete training again and this is discussed at their supervision meeting.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' assessments and personal plans and found them to be person centred, detailed and up-to-date. From review of the documentation it was clear that residents strengths and needs were known, and clear guidance was in place for staff to support the individual. The annual review and personal plans outlined residents wishes, their likes and dislikes and areas

where support is required. For example, one residents had support plans for weight management, acne, choking and mental health. These plans were specific areas where the resident required support, the plan in place was detailed and outlined the supports required. This resident also had a change in her mental health presentation in recent months and staff were following the plan in place to keep them safe. The resident was receiving supports from psychiatry and behaviour support who were regularly reviewing their progress. The notes for these appointments were reviewed by the inspection and were found to be detailed and gave regular guidance on how to support the individual. On the day of the inspection staff were observed to support the resident in their daily exercise programme by running up the extended driveway from the house, staff encouraged the resident to get to the top through verbal encouragement, joking and throwing snow making it as fun as possible. The inspector could hear the resident laughing as they reached the front gate.

Residents were supported to set goals at their annual review and while some goals for one resident had not been achieved due to a decline in their mental health staff had recorded this and detailed other activities the resident had engaged in as a replacement. On review of another residents goals most had been achieved including a short holiday away from the centre supported by staff. This goal was successful and enjoyed by the resident and was in planning stages again for 2025.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents had multi-element behaviour support plans in place that were regularly updated by the behaviour support specialist. The inspector reviewed a sample of these plans and found that they detailed proactive and reactive strategies to support the residents' accordingly. They also gave a description of the residents baseline and how pain and physical illness can impact on behaviour and how staff can manage these situations. The person in charge reported that the staff team had the knowledge and skills required to support the residents in managing their behaviour. Five members of the team had completed subject training for safety interventions and therefore were able to support staff to practice safety interventions ensuring they were performing such interventions, such as holds correctly.

Residents annual review, support plans, including positive behaviour support plans, PRN protocols and risk assessments in place were relevant to the residents needs and were linked. For example, residents positive behaviour support plan included information on when to consider the administration of PRN medication and the PRN protocol was also found to have the same guidelines.

All restrictions in place in the centre are reviewed quarterly by management and the restrictive practice committee in line with the providers policy. On the last review carried out on the 08/01/25 two reduction plans had been developed and were awaiting sign off by the committee. One of the reductions was to reduce

environmental searches for one resident from daily to twice weekly and if successful to reduce it further to once a week and then monthly. The person in charge had explored alternative interventions and teaching methods for other restrictions but they were found to be unsuccessful at the time. All restrictions in place within the centre were logged and supported by a risk assessment. These restrictions had also been reported to the Chief Inspector of social services as per regulations.

Judgment: Compliant

### Regulation 8: Protection

Residents were protected by the policies, procedures and practices relation to safeguarding and protection. All 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. Each resident had an up to date intimate care plan in place which detailed their support needs and preferences. Each resident had an assigned key worker who was responsible for completing a monthly checklist and giving a up to date report on the individuals well being at each monthly staff meeting.

There were no open safeguarding plans on the day of the inspection.

Judgment: Compliant

### Regulation 9: Residents' rights

Through a review of documentation such as residents meetings, provider audits and key working sessions along with observations of interactions of residents and staff members it was evident that residents lived in a service that empowered them to make choices and decisions about where and how they spend their time.

Residents were observed responding positively towards how staff supported them and interpreted their communication attempts. They were observed offering choices in a manner that was accessible for them. Residents privacy was maintained in their home and they were observed to seek out staff support when they needed it. Residents meetings were happening weekly with all residents. From review of the minutes it was evident that residents were given opportunities to discuss how they wanted to spend their time and were provided with information on their rights and how to access to advocacy. From review of the key working sessions completed, the topic of rights was discussed with residents at every session.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant