



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:	Short Notice Announced
Date of inspection:	03 November 2020
Centre ID:	OSV-0007800
Fieldwork ID:	MON-0030467

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 four residents can be accommodated at any one time. The centres consist of four self-contained apartments, a large communal area incorporating a dining room and kitchen with a separate larder room laundry requirements and a staff office. Recreation and leisure space is provided in the garden area. The service is 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:

4

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 - 2015 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 November 2020	09:30hrs to 15:00hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This inspection took place during the COVID 19 pandemic. All required precautions were taken by the inspector in accordance with national guidance. Interactions with staff and residents were completed through the use of social distancing and the wearing of face masks.

The inspector had the opportunity to meet and interact with two of the four resident's currently residing in the centre. One individual was attending a personal appointment and was not present. Another resident was informed the inspector was present but chose not to interact. This choice was respected. The resident was informed that the inspector was present for the day should they change their mind.

The inspector called to meet to residents in their own apartments. One person smiled at the inspector and interacted with staff in a jovial manner. Staff were observed communicating with the residents in accordance with their personal plan. Staff encouraged positive interactions such as showing the inspector their personal belongings. This resident appeared very comfortable in the company of staff and the person in charge. When they wanted the inspector to leave their space they pointed at the door.

The inspector spent some time in another residents apartment. They resident chose not to interact with staff present or the inspector at this time but carried on with their usual routine and activities. Staff were observed offering the resident a choice of activities and refreshments. Staff in this apartment were observed ensuring a safe environment for the resident was maintained.

Activities in the centre had recently been altered to ensure adherence to the national restrictions in place. Residents and staff were in the process of identifying new activities which could occur with limited community interaction including sensory and music. All interactions observed were positive and professional in nature.

Capacity and capability

The inspector reviewed the capacity and capability of the service provided to residents within Iron Hills. A high level of compliance was evidenced. This was the first inspection of the service since it became operational in April 2020. Four residents had now transitioned to the centre and were supported in an effective manner to move safely into the centre.

The registered provider has appointed a suitably qualified and experienced person in charge to the centre. They possessed a keen awareness of their regulatory responsibilities including notifications of all required incidents and the regular review of the statement of purpose. The appointed individual also held a high knowledge to the needs of the service users. They held governance responsibilities in two centres, in an effective manner through effective monitoring systems.

A clear governance structure was in place within the centre with clear lines of accountability. The person in charge; whom was supported in their role by two deputy persons in charge reported directly to the directors of operations. Key duties were set out for all members of the team including the supervision of staff, the completion of relevant audits and the completion of action plans.

Since the centre had become operational one six monthly unannounced visit to the centre had been implemented by the quality assurance officer. A comprehensive report was generated following this visit and an action plan was in progress to address any areas that been identified. The person in charge was alerted should an action be required to ensure that all actions were addressed in a timely and effective manner. Through regular communication within governance team a strive for service improvement was promoted.

In conjunction to the organisational oversight in place the person in charge ensured measures were in place for the day to day oversight of service provision. For example a weekly house inspection was completed, vehicle checks, financial records checks and weekly medication audit. A weekly report of operations in the centre was forwarded to the director of operations whom also completes a weekly quality assurance to ensure all required actions are completed. The staff team were allocated duties to maintain this oversight. The night time staff team completed weekly audits of health care systems, each key worker completed a task list and forwarded this to the person in charge weekly.

The registered provider had ensured the allocation of an appropriate skill mix of staff. Staff spoken with were very aware of the resident's needs. With support from the deputy persons in charge, all staff received formal supervisory meetings in accordance with local policy. One topic discussed was the training needs of staff. The provider had identified mandatory training needs for all staff members. This included safeguarding vulnerable adults from abuse and managing behaviour which is challenging. The person in charge had ensured that all staff were supported and facilitated to access appropriate training including refresher training.

The registered provider had ensured the development of policies and procedures required under schedule 5 of the Health Act, 2007. On the day of inspection a number of these policies required review to reflect the date set by the provider for review. This was addressed by the provider the days following the inspection with all polices now up to date. Some improvements were required to ensure effective systems were in place to ensure review dates were adhered to for staff to be afforded with guidance in adherence to best practice.

Regulation 14: Persons in charge

The registered provider had ensured the appointment of a suitably qualified and experienced person in charge to the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that all staff were supported and facilitated to access appropriate training including refresher training. Effective measures were also in place to ensure all staff were appropriately supervised.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured the appointment of a clear governance structure within the centre. Clear lines of accountability and responsibilities were in place.

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; this incorporated a comprehensive six month unannounced visit to the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the preparation in writing a statement of purpose containing the information set out in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all incidents which required notification were done so in the correct manner.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had provided an effective complaints procedure for residents which was in an accessible and age-appropriate format and included an appeals procedure

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had ensured the development of policies and procedures required under schedule 5 of the Health Act, 2007. On the day of inspection a number of these policies required review to reflect the date set by the provider for review.

Judgment: Substantially compliant

Quality and safety

It was evidenced during this inspection that the service afforded to resident currently residing within Iron Hills was person centred in nature. Resident were

consulted in the day to day operation of the centre and in all areas of their support needs. The person in charge had ensured that each individual had personal goals in place to support their transition to the centre. Key workers regularly met with residents and informed them of any change in the function of centre or important information.

Each resident had a comprehensive personal plan in place. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team including speech and language. Whilst each resident had been supported to identify short, medium and long term goals these were enhanced through monthly outcomes for each person to achieve. All personal plans had also been developed in an accessible format to ensure the participation of the individuals.

Overall, the registered provider had ensured that each resident was supported to achieve the best possible physical and mental health. Staff were afforded guidance to afford health care supports in a consistent manner. The mental health support needs of all residents were monitored and supported. Some improvements were required to ensure the progression of all identified health care needs were monitored and changing needs addressed in a timely manner. Where a diagnosis of a progressive disease had been made effective monitoring of this progression was not maintained through regular assessment and review.

The design and layout of the centre met the objectives and function as set out in the statement of purpose. Each resident had a self-contained apartment and a communal dining kitchen room was present. A garage was utilised by one resident for some activities of their choice. A large garden was present. Some residents were supported with the decoration and maintenance of their personal areas. Some improvements were required to enhance the personalisation of individual's private accommodation in accordance with their tastes and interests. The centre was clean and well presented with accessibility facilitated throughout. However, a smoking area was located directly outside the communal area which resulted in a smell of tobacco in this area. This required review.

This inspection took place during the COVID 19 pandemic. All staff were observed to adhere to the current national guidance including the use of PPE equipment, and the disinfecting of regularly touched area. Hand sanitizer was readily available throughout the centre and all individuals were observed to utilise same. An organisational contingency plan was in place to ensure all staff were aware of procedures to adhere in a suspected or confirmed case of COVID 19 for staff and residents.

The registered provider had ensured effective systems were in place to ensure the centre was operated in a safe manner. The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse. The personal and intimate care needs of all residents was laid out in personal plan in a dignified and respectful manner. The registered provider had ensured that effective fire safety management systems are in place, this

incorporated staff training, fire fighting equipment and resident and staff awareness of evacuation procedures.

Regulation 17: Premises

The design and layout of the centre met the objectives and function as set out in the statement of purpose. Some residents were supported with the decoration and maintenance of their personal areas. Some improvements were required to enhance the personalisation of individuals private accommodation in accordance with their tastes and interests.

The centre was clean and well presented with accessibility facilitated throughout. However, a smoking area was located directed outside the communal area which resulted in a smell of tobacco in this area. This required review.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider had ensured the development of a risk management policy. This incorporated the regulatory required risks. The person in charge had implemented measures to ensure the effective assessment, management and ongoing review of risk including both environmental and individual.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents, staff and visitors were protected from infectious disease by adopting procedures consistent with the standards for the prevention and control of health care associated infections published by the Authority and adhered to current national guidance.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems are in place, this incorporated staff training, firefighting equipment and resident and staff awareness of evacuation procedures.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive personal plan in place. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team. All personal plans had also been developed in an accessible format to ensure the participation of the individuals.

Judgment: Compliant

Regulation 6: Health care

Overall, the registered provider had ensured that each resident was supported to achieve the best possible physical and mental health. Some improvements were required to ensure the progression of all identified health care needs were monitored and changing needs addressed in a timely manner.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that all staff had up to date knowledge and skills, appropriate to their role, to respond to behaviours considered challenging. Staff had received training in the management of behaviour that is the least restrictive manner and for the shortest duration necessary.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified,

measures were implemented to protect the individual from all forms of abuse.

The personal and intimate care needs of all residents was laid out in personal plan in a dignified and respectful manner

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre was operated in a manner that was respectful of all residents valuing their individualism. Residents were consulted in the day to day operations of the centre and consulted on all aspects of their support needs.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Iron Hills OSV-0007800

Inspection ID: MON-0030467

Date of inspection: 03/11/2020

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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ol style="list-style-type: none"> 1. Policies and Procedures have been reviewed and updated since the Inspection. The Registered Provider will ensure that systems are in place, so Policies and Procedures are reviewed in a timely manner. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. The Person in Charge will ensure that each of the Resident's bedrooms will continue to be decorated in accordance with their tastes and interests. 2. The Person in Charge will ensure that the Designated Smoking Area is moved to a more suitable area on the grounds of the Designated Centre. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ol style="list-style-type: none"> 1. The Person in Charge shall ensure that where Residents have consulted with their Multi-Disciplinary Team that all recommendations are implanted. 	

2. The Person in Charge will ensure that the Residents Personal Plans are updated where required following any clinical recommendations.

3. The Residents Personal Plans will be discussed at the next monthly team meeting on the 25/01/2021 to ensure staff are fully briefed on updates.

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 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	14/12/2020
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/01/2021
Regulation 06(2)(e)	The person in charge shall ensure that residents are supported to access appropriate health information both within the residential service	Substantially Compliant	Yellow	31/01/2021

	and as available within the wider community.			
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