



# 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:	Announced
Date of inspection:	17 November 2025
Centre ID:	OSV-0007800
Fieldwork ID:	MON-0040016

## 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
Monday 17 November 2025	09:30hrs to 17:30hrs	Linda Dowling	Lead

## What residents told us and what inspectors observed

The purpose of this announced inspection was to monitor the designated centre's ongoing compliance with relevant regulations and standards and inform a decision on the renewal of the registration of the centre. The inspection took place over a one day period and was completed by one inspector. Overall, the findings of the inspection indicated full levels of compliance with the regulations reviewed which was resulting in positive outcomes for the residents that lived in the centre.

The centre had capacity to accommodate five individuals for full-time residential care. At the time of inspection five residents were living in the home. The inspectors had the opportunity to meet with three residents and briefly observe staff interactions with a fourth resident. The fifth resident was out engaging in their planned community activities including a visit to a sensory room.

In addition to meeting with residents, the inspectors spoke with the staff and management team and reviewed documentation in relation to the care and support needs of the residents in the home. The inspector spent time at the kitchen table for lunch and observed two residents utilising the communal space and interacting with each other.

On arrival at the centre the inspector was welcomed by the person in charge and one resident who was coming down the stairs. The inspector asked them if it was ok to spend some time in the centre and they agreed. There were a number of staff present in the office completing their morning handover and the senior director of operations was also present at this time.

As part of the inspection process the inspectors completed a walk around of the designated centre. The centre comprises a large detached two-storey home in a rural area in Co. Kilkenny. The house was surrounded by a large well-kept garden area. Internally each resident had their own apartment, two upstairs, two downstairs and a converted garage was the fifth apartment with its own enclosed garden. Each apartment within the main house had a kitchen, living and dining area and en-suite bedroom. Both downstairs apartments had fire exits directly out of the apartment. The external apartment was minimally decorated in line with the residents assessed needs. They had access to snacks and water, although their main meals were prepared in the main house.

The inspector met with one resident as they were sitting outside at a picnic bench, they informed the inspector they liked where they lived, they were happy and had everything they needed. They also identified who they could go to if they wanted to talk about concerns or request anything. When the inspector asked about the management of the centre the resident responded they look after me well. They also spoke about things they like to do including listening to music and listed several artists they enjoy. The inspector requested if they could visit their apartment and the resident agreed. Their apartment was warm and had Christmas lights up, the

resident had a video of a fire on their tv while they sat back in their recliner chair, they told the inspector they liked to play games on their gaming devices and play music on their stereo system.

The inspector visited another apartment where they met a resident who was spending time with their support staff, they were non verbal but were keen to interact with the inspector and person in charge through sounds and physical touch. They had a choice board on display in their living area and were seen to use it to request a snack. Their apartment was clean and tidy, they had limited furniture in their bedroom in line with their assessed needs. They had access to sensory and table top activities in their living room.

The inspector viewed a further two apartments both residents were out of the centre at the time. Both apartments were decorated in line with the assessed needs of the residents. One apartment had decal stickers on the walls, the resident preferred these to framed photos or art work.

The inspector visited the final apartment later in the afternoon, the resident sat at their dining table and spoke to the inspector about their computer, TV, recent holidays and their pet fish. Their apartment was clean and well maintained, they had items of interest on display and appropriate storage for their belongings. They spoke proudly about their apartment and informed the inspector they do household tasks to keep it tidy.

Each of the residents had received a questionnaire which had been sent to the centre in advance of the inspection. The inspectors received five completed questionnaires on the day of inspection. Residents had completed or had been assisted to complete the questionnaires on "what it is like to live in your home". Four residents were supported by their staff to complete the questionnaire and one resident complete theirs independently. In these questionnaires residents and their representatives indicated they were happy with the house, access to activities, staff supports, and their opportunities to have their say. An example of comments in the questionnaires included."I love it here because I have my own apartment I can do as I please" and one resident responded "happy".

In summary, residents appeared to be busy and had things to look forward to. The staff team were motivated to ensure residents were happy, safe and taking part in activities they found meaningful. Overall, the inspector found that residents were supported to make choices around how they wished to spend their time, what and when they would like to eat and drink and to what extent they wished to take part in the upkeep of their apartments and garden. The provider was completing audits and reviews and identifying areas of good practice and areas where improvements may be required. They were implementing the actions to bring about the required improvements.

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 announced inspection was completed to inform a decision on the registration renewal of this designated centre. The findings of this inspection were that residents were in receipt of good quality of care and support. They were supported and encouraged to take part in activities they enjoyed. The provider was identifying areas of good practice and areas where improvements were required in their own audits and reviews.

The provider's systems to monitor the quality and safety of service provided for residents included area-specific audits, unannounced provider audits every six months, and an annual review. Through a review of documentation and discussions with management and staff, the inspector found that provider's systems to monitor the quality and safety of care and support were being fully utilised and proving effective at the time of the inspection.

## Registration Regulation 5: Application for registration or renewal of registration

The purpose of the inspection day was to inform a registration renewal decision.

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 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 submitting fee to accompany the renewal of registration.

Judgment: Compliant

## Regulation 14: Persons in charge

The provider had appointed a full-time person in charge of the designated centre who was suitably qualified and experienced. The person in charge was responsible for one other designated centre operated by the same provider. There was suitable support arrangements in place to ensure effective management of this centre. The person in charge had the support of a team leader and deputy team leader in both of their assigned centres.

The person in charge demonstrated a very good knowledge of the residents, including their support needs, wishes and preferences. It was evident the person in

charge was spending time in the centre. On the day of inspection residents were seen to positively interact with the person in charge.

The person in charge was actively engaging in group supervision every quarter, this was supported by the provider's psychologist and psychiatrist. They reported the process was supportive to their role.

Judgment: Compliant

### Regulation 15: Staffing

The provider had ensured that a core staff team was present in the centre that was consistent and in line with the statement of purpose and the assessed needs of the residents. There were four staff vacancies in the centre at the time of inspection and these shifts were filled by consistent staff or relief staff. Recently two new staff members had been recruited and were currently going through the provider's induction process.

There was a planned and actual roster in place, the inspector reviewed the last two months of rosters and found them to be reflective of the staffing arrangements in place, they were up to date and staff were identified by their full name and grade.

Team meetings were held monthly where topics such as staff training, health and safety, service transport and restrictive practices were discussed. Key workers also presented a report on each resident including information on their well-being, current goals and outcomes, any incidents, changes to risk management or restrictive practices along with updates on clinical involvement. This practice kept all staff members up to date with residents' care and support arrangements, ensuring consistency for the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The inspector reviewed the staff training matrix that was present in the centre. It was found that the staff team in the centre had up-to-date training in areas including safeguarding, medication management, fire safety and manual handling. New staff members had induction training planned.

The staff team were also provided with additional centre specific training including ligature training, Lámh training, and Feeding Eating Drinking and Swallowing (FEDS) training. Specific training in mental health conditions was also delivered to ensure

staff could meet residents' specific needs in this area.

All staff were in receipt of two supervision meetings per year and one appraisal as per provider's policy. The person in charge had a schedule in place for 2025 and all meetings scheduled to date had been completed. The person in charge and the team leaders supported with the provision of supervision meetings. The person in charge completed the team leaders supervision and appraisal meetings.

Judgment: Compliant

### Regulation 19: Directory of residents

The person in charge was maintaining a directory of residents for the designated centre. From review of the directory it included information specified in Schedule 3 of the regulation, including their name, date of birth and next of kin details.

Judgment: Compliant

### Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance and found that it ensured that the building and all contents were appropriately insured.

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 during the inspection. The person in charge was full time with responsibility for one other centre operated by the provider. They were supported in their role in this centre by a full time team leader and deputy team leader. The lines of authority and accountability were clearly identified and these were known by the staff team.

The person in charge was present in the centre regularly and there was an on-call service available to residents and staff for out-of-hours. The person in charge

reported to, and received support from an assigned senior manager.

The provider's last two six-monthly audits and the latest annual review were reviewed by the inspector. These reports were detailed in nature and captured the lived experience of residents living in the centre. They were focused on the quality and safety of care and support provided for residents, areas of good practice and areas where improvements may be required were identified in these reports.

The person in charge ensured local audits were being completed regularly, these included health and safety, infection prevention and control and review of residents' documentation.

Judgment: 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.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed the provider's trending of incident and accident records and found that all those that required notification to the Chief Inspector of Social Services had been submitted in line with the requirements of the regulation.

Judgment: Compliant

### Quality and safety

From speaking with the residents, staff and local management along with review of documentation and observations throughout the inspection it was evident that good efforts were being made by the provider, the person in charge and the staff team to ensure that residents were in receipt of good quality and safe service.

The premises was found to be warm, clean, and in good state of repair and was suitable to the needs of the residents in the centre. There was a range of effective systems in place to keep residents safe including risk assessments, safeguarding plans and support from clinical professionals where required.

### Regulation 17: Premises

As previously mentioned the premises consisted of a large two story house and garage that had been divided into five individual apartments. Each resident had their own apartment that was decorated in line with their assessed needs and preferences.

Overall, the apartments and communal areas of the main house were warm, clean and in good state of repair. The last inspection noted the kitchen cabinetry was due to be replaced, this work was seen to be completed on this inspection.

The premises had a large garden with mature hedging and trees both to the front and rear of the house and this was seen to be well maintained.

On the day of inspection the centre had three vehicles assigned to them that were suitable to the needs of the residents.

Judgment: Compliant

### Regulation 20: Information for residents

The inspector reviewed a residents' guide which was submitted to 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

Residents, staff and visitors were protected by the risk management policies, procedures and practices in the centre. The risk register and risk log reviewed were found to be reflective of the presenting risks and incidents occurring in the centre. The inspector reviewed the risk assessments for three residents and a sample of the organisational risks and found that they were up-to-date and regularly reviewed.

In addition, the inspector found that where risk assessments were in place the associated control measures were specific and detailed to guide staff practice. For instance, risk assessments identified the last known incident associated with the risk and any learning from the incident was documented under the control measures. This learning was also seen to be shared at staff team meetings to ensure all staff were aware of any additional controls in place.

There were systems in place to record incidents, accidents and near misses. A quarterly review of incidents was completed by the person in charge and team leader.

Judgment: Compliant

### Regulation 28: Fire precautions

Each resident had a detailed personal emergency evacuation plan (PEEP) which clearly outlined the support they may require to safely evacuate in the event of an emergency. These were also supported by associated fire safety risk assessments. On reviewing the PEEPs for the individuals in the centre the inspector noted they were not reflective of reduced staffing levels, especially at night. This was rectified on the day of inspection and clear guidance was available for staff for evacuating the centre when reduced staffing levels were in place.

The inspector observed emergency evacuation procedures on display in the hallway. There were records to demonstrate regular visual inspections by staff of escape routes, fire doors, emergency lighting and fire-fighting equipment. The fire safety systems in the centre such as the alarm, emergency lighting and fire fighting equipment had all been serviced and maintained in line with regulatory requirements.

The centre was seen to complete and document fire drills quarterly in line with the provider's policy. The inspector reviewed these and found that they were completed at different times and specifically at times when the most residents and the least staff were present. All staff had completed fire safety training.

From speaking with one of the residents they explained to the inspector what they would do in the event of a fire, they were clear on the escape route, how to raise an alarm if they discover a fire and where the assembly point was located.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The provider was actively reviewing residents needs, developing support plans and

offering support in line with these plans.

The inspectors reviewed two residents assessments and personal plans and found them to be up to date and person-centred. They were detailed and it was clear from review of the plans residents' strengths and needs were clearly reflected.

From the inspectors conversations with residents and review of documentation, it was clear resident were supported to make choices about how they wanted to live. Each resident was supported to have a key working session weekly, this gave them an opportunity to plan for the week ahead. From review of these minutes residents were seen to be making plans to celebrate Christmas and make appointments to get their hair done. When speaking with one resident they told the inspector they were going to change their hair colour at their next appointment.

Judgment: Compliant

### Regulation 6: Health care

Each residents' healthcare supports had been appropriately identified and assessed. The inspector reviewed the healthcare plans and found they effectively guided the staff team in supporting residents with their healthcare needs. The person in charge ensured that residents were facilitated in accessing appropriate health and social care professionals, as required.

From review of medical records residents were seen to receive a full annual medical review, regular bloods, vision check and dental review. Where a resident had an identified medical condition they had a health management plan on file with the supports they required outlined ensuring they received appropriate care and support. Examples of health management plans reviewed included dental care, skin integrity, wound care and weight management.

Residents were also supported to have hospital passports on file should they require a stay in hospital, this contained details around their diagnosis, medical background, communication supports and next of kin contacts.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had a policy in place guiding the provision of behavioural support and restrictive practice. The person in charge reported that the staff team had the knowledge and skills required to support the residents in managing their behaviour. From review of the training records all staff had received training in safety

intervention.

All residents had multi-element behaviour support plans in place that were regularly updated by the behaviour support specialist. The inspector reviewed two plans and found that they identified the individuals behaviours of concern, function of behaviours, along with proactive and reactive strategies to support the residents accordingly.

One resident's multi-element behaviour support plans was divided into a two tier system allowing for staff to change their approach when the resident was presenting with a decline in mental health or experiencing pain.

There was a number of restrictive practices in place in the centre, these were all documented and monitored in line with the provider's policy. The person in charge was completing monthly reviews of restrictions and quarterly reviews were held with the behavioural specialist. A number of residents had reduction plans in place to phase out the use of a restriction, some of these reduction plans had been completed. For example, the front, back door and access to communal areas were now unlocked and residents could access as they wished.

Judgment: Compliant

## Regulation 8: Protection

The provider was found to have good arrangements in place to ensure that residents were protected from all forms of abuse within the centre. Any allegations made, were appropriately documented, investigated and managed in line with national policy.

All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Local management had identified a delay in the reporting of a recent safeguarding incident in the centre, actions taken as a result of this included, additional refresher training for the staff team and additional unannounced night visits to the centre. The inspector reviewed the reports from the night visits and five visits had occurred in a two week period prior to the inspection with no concerns noted.

On the day of inspection there was one interim safeguarding plan in place, a formal plan was due to be developed by January 2025. The current arrangements in place to safeguard the resident were seen to be effective.

Residents' privacy was maintained in their home, and they were seen to seek out staff support when needed. They had intimate care plans in place, which were subject to regular review and guided staff in supporting them with personal care.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were observed responding positively and with ease towards how staff respected their wishes and interpreted their communication attempts. They were observed being offered choices in a manner that was accessible for them. Their opinions were sought on a daily basis and staff were listening to them and their views were defining the service. Throughout the inspection the inspector observed the residents choosing what they wanted to do and when.

The inspector found weekly forums were being held with residents. From a review of minutes they were found to contain information that related to how residents spent their time, were involved in their community and home and provided information on resident rights. Residents had access to social stories and easy-to-read documentation that supported them in further understanding their rights or plans that were in place for them personally.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant