



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:	06 April 2022
Centre ID:	OSV-0007800
Fieldwork ID:	MON-0036458

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
Wednesday 6 April 2022	09:15hrs to 15:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed to monitor the levels of compliance in the centre with Regulation 27 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018).

The provider had implemented infection prevention and control measures within the centre which were in place to keep all residents safe from infection. There are five residents living in this centre and each has their own individualised, self-contained apartment. The inspector had the opportunity to engage with four residents or observe activities residents engaged in on the day of inspection. These engagements combined with documentary review, discussions with staff and observation of staff practice are incorporated into the findings of the inspection.

The inspection took place during the COVID-19 pandemic and therefore precautions were taken by the inspector in line with national guidance for residential care facilities. This included social distancing, wearing face masks and regular hand hygiene. On arrival to the centre the inspector was directed to a door to enter which led to an area assigned for taking temperature, sanitising hands and ensuring that all who entered the centre signed in and completed a check for symptoms of COVID-19. The inspector observed that all staff in the centre were wearing the recommended face masks as per current national guidance. Later in the inspection while the person in charge was walking the inspector through the premises a staff member was observed bringing soiled linen into the utility room not wearing an apron as part of the personal protective equipment (PPE) required in the providers' laundry management procedure. This was highlighted to the person in charge who spoke with staff and staff were observed to wear PPE as recommended throughout the remainder of the day.

This centre comprises a large house containing four individual apartments, also with communal areas such as a bathroom, laundry area and kitchen-dining area. There is a standalone building to the side of the house which contains a single apartment. Externally there is a large garden, patio and deck areas and a number of garden sheds that are used for storage of cleaning equipment, storage of and the donning and doffing of PPE and another shed is set aside for the safe disposal of waste. Resident's apartments were decorated in a way that reflected their personal taste and reflected their assessed needs. Residents were observed to be comfortable and relaxed in their homes. A number of works were required such as painting that were scheduled and furnishings identified that were worn or damaged due for replacement or refurbishment and these had been self identified by the provider . While the house and all apartments were for the most part clean there were some areas that required review such as cupboard doors in the utility room and are detailed later in the report,

During the course of the inspection the centre fire alarm was activated as a result of steam from cooking. All residents were observed to evacuate as per the provider's evacuation plan for the centre. The residents were observed to be supported and reassured by staff and treated with respect throughout this time. On regaining access to their apartments one resident was found to be relaxed and sitting in their apartment having breakfast when the inspector entered and they greeted the inspector. They gave permission for the inspector to view their apartment however, requested that nothing was touched. The inspector and person in charge offered reassurance that they would follow the resident's request.

Another resident was supported by staff to engage in an activity they enjoyed which was washing one of the centre vehicles. A hose and the items they needed were available and set up so that the resident could easily access them whenever they wished. One resident in this centre owns a dog which stays in their apartment. The resident was supported by staff to bring the dog for a walk and to bring the dog out to the garden over the course of the day. The resident was supported by staff to ensure that the feeding bowls and areas the dog slept were kept clean and these were checked daily.

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 with respect to infection prevention and control.

Capacity and capability

Overall, the provider had systems in place for the oversight of the delivery of safe and effective infection prevention and control practices in the centre. However, as mentioned some improvements were required in relation to the use of PPE and the cleaning in some areas of the centre. For the most part the provider was implementing systems and controls that kept residents and staff safe from the risk of infection.

First registered as a standalone centre in April 2020 this centre received its first HIQA inspection in November 2020 where an overall good level of compliance was found. As part of a programme of focused inspections commenced by HIQA in October 2021 focusing on infection prevention and control practices, this inspection was carried out in the centre to assess the discipline and practice in this area. Key areas of focus on this inspection included staffing, monitoring of the infection prevention and control practices by the provider and the leadership, governance and management of the centre.

Overall, the current inspection found that the provider has established a good structure of infection prevention and control systems and supports for its designated centres. Within this centre there were clear and effective management systems in place with a full time person in charge in place supported by two deputies. The

centre availed of the provider systems such as access of information and guidance specific to infection prevention and control. In addition the staff in the centre were supported by the provider having established links with Public Health, an out-of-hours on-call system and the availability of staff with specific responsibility for the management of infection prevention and control within the centre.

There was a detailed COVID-19 contingency plan in the centre which contained the arrangements for deputising cover, stock management for PPE and risk assessment and management in addition to access to clinical support. There were clear individual plans for residents regarding staff support should any resident need to self isolate or require support for any other healthcare infection. The inspector reviewed minutes of staff meetings and found that they contained opportunities for staff to discuss resident isolation plans in addition to cleaning and other infection, prevention and control matters.

The providers six monthly unannounced audit and the annual review which was available in draft form for review both contained clear actions relating to infection prevention and control that were delegated to a responsible individual by the person in charge and progress against them monitored. Audits and reviews were occurring and picking up on most of the areas for improvement however, for example cleaning in high areas where there were a number of cobwebs in corners behind residents furniture on corridors had not been identified as requiring attention.

The provider was planning and organising the staff team to meet the centre's infection prevention and control needs. All staff had received specific training and were also in receipt of internal training such as managing shopping safely. All staff were also in receipt of supervision and were knowledgeable when speaking to the inspector regarding their role and responsibilities.

Quality and safety

The inspector found that there was evidence of good practice relating to infection prevention and control being adhered to in this centre. The centre was for the most part clean and staff were observed following cleaning schedules throughout the day. The person in charge had created simple check lists and directions to guide staff but that were accessible to residents if required which were laminated and on display.

Some areas of the centre however, required attention, a communal bathroom was found not to have been cleaned as required, during a walk around the centre by the inspector, areas around velux windows and behind resident chests of drawers on corridors had cobwebs present and needed to be cleaned. In addition the laundry room needed attention on the day as the cupboard doors and the grooves for opening the doors had not been cleaned. The inspector found that in one resident's apartment the floorboards had moved leaving gaps between them which allowed for

food debris and other material to gather and these had not been cleaned out. The inspector acknowledged that where surfaces were cracked or chipped this had been identified and items were being ordered for replacement.

Cleaning materials were kept in a shed which allowed for the staff to access them at all times and to ensure they were separated according to their colour coding and there were clear systems for the cleaning of these items which staff outlined. There were clear systems in place for the disposal of waste and this included management of resident personal care material. Where staff had to deal with the presence of body fluids they were aware of the procedure to follow and the materials and products to use.

Overall the inspector found that the residents were kept up-to-date with information regarding infection prevention and control measures in place that related to their homes. Discussions were held during keyworking sessions that included infection prevention and control and social stories had been developed to support residents in their understanding of the measures in place and the reasons for them.

Regulation 27: Protection against infection

Overall the inspector found that the service provider was meeting the requirements of the national standards for infection prevention and control in community services, and was keeping the staff team and the residents safe. There were clear management and oversight systems in place and infection control measures were regularly audited and reviewed although some additional areas were identified for adding to checklists such as cleaning of high areas. The designated centre was for the most part visibly clean on the day of the inspection and cleaning schedules were in place. The presence of a dog in the centre was well managed and there were clear systems in place around the dog's living area. The staff team were guided by the provider's infection control policy and all staff had completed training in areas including infection control, hand hygiene and donning and doffing PPE.

However, some improvement was required in the following areas a number of which had been self-identified by the provider and others identified by the inspector.

- Cleaning schedules were in place however some areas of the centre for example the laundry room cupboards and their doors, high cleaning and the communal bathroom required review. While these were attended to on the day of inspection they had not been identified as requiring review as part of the providers auditing systems or spot checks.
- In one apartment the flooring required review as gaps between the ends of floorboards had allowed for food debris and waste to accumulate.
- The storage of medicine measurement cups and syringes in the office required review as these were found in an open container next to the staff hand washing sink directly under the soap dispenser. While an area had been identified for use by the person in charge it was not being used by staff

consistently.

- Staff practice regarding the wearing of PPE was for the most part good however, the inspector observed non-wearing of protective aprons in completing laundry which required action by the person in charge following discussion with the inspector. This was not in line with the providers policy.

Judgment: Substantially 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	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Iron Hills OSV-0007800

Inspection ID: MON-0036458

Date of inspection: 06/04/2022

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ol style="list-style-type: none">1. The PIC will ensure that an enhanced cleaning schedule is implemented which will ensure that high level dusting is completed routinely. The PIC will carry out daily checks to ensure that cleaning is completed in line with cleaning schedules.2. The PIC will ensure that the flooring is replaced with a more durable material to avoid gaps forming between the floorboards.3. The PIC will ensure the safe storage of medication cups and syringes is discussed with the staff team at the upcoming monthly staff team meeting on the 27 May 2022.4. The PIC will ensure that the appropriate use of PPE and donning and doffing procedures are discussed in detail with the staff team at the upcoming monthly staff team meeting on the 27 May 2022.	

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	13/06/2022