Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Liffey House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	29 April 2026
Centre ID:	OSV-0003378
Fieldwork ID:	MON-0044831

About the designated centre

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

Liffey House is a community-based residential centre for adults with disabilities. The premises is a detached bungalow located close to a small village in County Kildare. Residents have access to vehicles to support them to access their local community. The centre is subdivided into two parts, one of which is a self-contained one bedroom apartment, where one resident resides. The other section comprises of five bedrooms where up to four residents reside. Care is provided to both male and female adults some of whom have autism and mental health support needs. The skill-mix in the centre is made up of social care workers and assistant support workers. The staffing levels in the centre is based on the assessed needs of the residents during the day and night. The centre is managed by a person in charge who is employed in a full-time capacity. They are supported by two deputy team leaders and a community nurse who works across a number of centres and has oversight for the healthcare needs of the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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 29 April 2026	09:05hrs to 17:01hrs	Lisa Walsh	Lead

What residents told us and what inspectors observed

An unannounced inspection was conducted over the course of one day by one inspector. The purpose of the inspection was to assess the registered provider's ongoing compliance with the Regulations.

From residents' feedback, and what the inspector observed, it was evident that residents living in the centre were leading busy lives and engaging in activities of their choosing. Overall, the inspection found that the provider had taken several responsive steps to reduce the use of restrictions in place in the centre and was making efforts to bring about change and to meet the needs of residents. The service was provided by a dedicated staff team who were very familiar with the residents' needs. While a good quality service was being provided, some improvements were required to ensure that all residents were supported to manage their possessions and that the premises was effectively cleaned throughout all parts of the centre.

On arrival to the centre the inspector was greeted by staff and two residents. The person in charge, who also has oversight for another designated centre, was not present on arrival. The inspector spent time sitting with the residents and spoke with them about their experience of living in the centre. Residents were sitting at the dining room table getting ready to go out and start their day. Both residents said that they liked living in the centre and that they 'get along' with everyone living there. One resident said they had lived in the centre for many years and said they 'loved it' there. Both residents also said they liked the staff and felt like staff supported their needs well. The residents spoke about their plans for that day, and both planned on going out to the shops and chatted about what they were planning on buying. One resident then brought the inspector to see their bedroom. They spoke about how happy they were with their room and that they had been able to decorate it how they wanted.

After speaking with the residents, the inspector completed an introduction meeting with staff and then the person in charge who had arrived to the centre. Staff brought the inspector on a tour of the premises following this meeting. The centre provides residential services for up to five residents, which had no vacancies on the day of inspection. The centre is a large two storey detached house located in a small village in Co. Kildare. Residents had access to vehicles, which supported them to access their community and engage in activities of their preference. There were some local shops which were in walking distance and access to public transport was available.

The centre is divided in two, with a self-contained apartment for one resident and the main house which accommodates four residents. The communal facilities in the main house consisted of a large open plan kitchen, dining room and sunroom, a separate pantry, a sitting room, a relaxation room, a staff bedroom and an office.

The self-contained apartment had its own kitchen, sitting room, bathroom and access to a private patio area. There was also ample outdoor space with beautifully manicured mature gardens, which residents were observed to use on the day of inspection. Following a review of restrictions in place by the provider, residents could now freely move throughout the house with no restrictions on their movement. Residents spoken with said that the removal of these restrictions had really improved the quality of their life and freedom to exercise choice. While the premises was decorated to a high standard and gave the centre a homely atmosphere, some parts of the centre required review to ensure that it was effectively cleaned, and that furniture was in a good state of repair.

Each resident had their own bedroom, some of these also had en-suites. Residents had personalised and decorated their rooms to their own taste. Residents' rooms were filled with items of significance to them. Where these were not present in the resident's room, it was their choice and their possessions were stored in another room. However, the inspector observed that they were not stored in a way that ensured they were neatly managed and maintained.

The inspector met with the three remaining residents after the tour of the premises and spent time speaking with them about living in the centre. Two residents spoke about how happy they were living in the centre; with one resident saying it 'was the best thing' that had happened to them and that they were 'spoiled'. The third resident said that it was 'grand' living in the centre, however, they would like to live more independently, which the resident explained was being supported by staff to work towards this goal. All three residents said they liked living with each other and chatted about the activities they really enjoyed doing like art, going to the cinema, meeting friends, working, yoga and gaming. Residents proudly showed the inspector their artwork and certificates that they had received for learning new skills. Residents also spoke about different college courses they had completed and plans to progress further in their education and look for job opportunities.

Residents were consulted with, regarding decisions and the running of the centre. There were weekly residents' meetings which actively sought the input, feedback and suggestions of residents. Different topics were also discussed at the meetings to ensure residents had a good understanding of important issues that impacted them such as, safeguarding, complaints and residents' rights. Other topics like menu planning, changes in the centre and policies were also discussed at the meetings. Residents were also given the opportunity to meet directly one-to-one with the person in charge to discuss topics that were important to them.

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.

Capacity and capability

Overall, the inspector was assured that the service had effective governance and management systems in place to ensure that residents were supported and facilitated to have a good quality of life living in the centre. This inspection found that there was a clearly defined management structure in place. The centre had a good history of compliance with the regulations, and this was evident on the day of inspection. While a good quality service was being provided some further improvements were required for the provider's annual review of the quality and safety of care and support provided in this centre. Some improvements were also required to the premises and management of personal possessions for residents.

The person in charge facilitated the inspection and demonstrated a good knowledge of the legislation and a commitment to providing a good quality service for the residents. There was a clear management structure that identified lines of authority and accountability within the centre. The person in charge reported to the director of operations.

The person in charge was supported in their role by a deputy person in charge and was responsible for the oversight of a team of social care workers and assistant support workers who provided care to the residents throughout the day.

The registered provider implemented management systems to monitor the quality and safety of service provided to residents, including annual reviews and six-monthly reports, plus a suite of audits had been carried out in the centre.

Staff team meetings took place monthly and provided staff with an opportunity for reflection and shared learning. The inspector reviewed a sample of staff meetings occurring in the centre and found that there was a standing agenda in place with clear actions set out if deemed necessary following the meeting. The agenda included residents' incidents, updates, complaints, safeguarding, risk management, health and safety and staff support requests from senior management.

Regulation 14: Persons in charge

The person in charge had responsibility for two centres overall and equally divided their time between both. The inspector found that the person in charge had sufficient time available to them to provide appropriate governance and management to this centre.

They had recently commenced this role in the centre; however, they had worked in other designated centres operated by the same provider as person in charge. Residents were observed to be very comfortable speaking with the person in charge and raising any concerns they had. They were observed to be very familiar with residents' needs and were passionate about providing a good service.

The inspector reviewed the Schedule 2 information for the person in charge. They had the relevant experience and qualifications to undertake this role, and they were knowledgeable of their remit and responsibilities.

Judgment: Compliant

Regulation 23: Governance and management

An annual review of the quality and safety of care and support provided in this centre for September 2024 to September 2025 was completed. The provider had assessed the service as requiring no improvements or actions in all areas reviewed. For the most part, this report contained generalised information that was not centre specific. It contained limited information for centre specific evidence and findings gathered or observations in this centre, to evidence compliance, to highlight areas of good practice and areas in which opportunities for improvements were identified. For example, the inspector had identified that there had been an increase of safeguarding concerns reported in 2025 from the previous year. However, this trend was not reported nor discussed in the annual review and protection was found compliant with no actions required. As another example, while the provider had worked to reduce restrictions in place within the centre and briefly made comment about this, they did not demonstrate the positive impact this had on residents or residents' feedback. Some parts of the report also required review and clarity. For example, one section of the report noted that there were no admissions or discharges for the reporting period. However, another section of the report details that there were two discharges and admissions in the reporting period and reference 2022.

The inspector reviewed the previous two unannounced provider six monthly audits completed in September 2025 and March 2026. The provider had introduced a new unannounced six-monthly audit for the March 2026 report. This was a more comprehensive report which identified clear actions to be taken and an improvement plan to be implemented.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector reviewed a record of incidents that occurred in the centre over the last year and found that the person in charge had notified the Chief Inspector of adverse events as required under the regulations.

Judgment: Compliant

Quality and safety

The inspector found that the governance and management systems had ensured care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored. The inspector found the atmosphere in the centre to be relaxed and comfortable with staff who knew the residents very well. Some areas required improvement to ensure that some parts of the centre were effectively cleaned, and furniture was in a good state of repair. A review of how a resident's personal possessions were stored was also required.

Regulation 10: Communication

Residents could communicate freely and were appropriately assisted and supported to do so in line with their needs and wishes. All residents living in the centre were able to verbally communicate their wants and needs. Residents were given information in a timely manner using formats and methods that they could understand. Easy-to-read information was available and communication passports were in place for each resident.

Residents reported feeling listened to and supported to express their thoughts, feelings, needs and wants in relation to the service and their personal care. Residents' communication was supported to ensure they were enabled to actively make informed decisions.

Staff supporting the residents ensured that residents could express themselves in a communicative format that they preferred. Residents had access to and were supported to use communication aids, in line with their assessed needs.

Judgment: Compliant

Regulation 11: Visits

Residents were supported and encouraged to maintain connections with their families. There were no restrictions on visiting the centre. There was adequate space available for residents to meet with visitors in private if they wished. Residents regularly visited family members.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported and encouraged to bring items of significance with them when they moved into the centre. They had adequate space to store their personal possessions and clothes. Residents clothing was laundered regularly and returned to them in a timely manner. One resident did not like items stored in their bedroom and was supported to store this in another room which had sufficient storage space. However, the clothes were not neatly folded and maintained. They were piled high in the wardrobe and had a laundry basket sitting on top of the clothes. There were also no clothes hangers in the wardrobe for the resident to use.

Judgment: Substantially compliant

Regulation 17: Premises

The premises were designed and laid out to meet the number and needs of residents in the centre and was generally maintained to a high standard. As mentioned, the centre comprises of one large detached house which is sub-divided into a self-contained apartment and a main house. The centre was homely and had a pleasant atmosphere.

While the premises were generally designed and laid out to meet the number and needs of residents in the centre, some areas required cleaning and repair to ensure the premises was maintained to a high standard. For example, an armchair and a coffee table were damaged or broken in one area of the centre. The material on the armchair did not allow for ease of cleaning and had several stain marks covering it. A coffee table also had stain marks on it. The inspector was informed that deep cleaning was completed by staff at night, however, these parts of the centre were not clean.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that where a resident is temporarily absent from the centre that comprehensive information systems were in place to ensure a smooth transition. There were hospital passports available for each resident. should they need to be transferred to hospital for treatment. These were accurate, complete, legible and relevant.

When a residents returned from hospital to the centre discharge information was gathered to ensure that any changes to the care, support and well-being of the resident were clearly documented and handed over to the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had ensured that there were arrangements in place to meet the needs of each resident. All care plans in place for two residents' were reviewed and it was found that comprehensive assessments of need and personal plans were in place for these residents.

Care plans were comprehensive and were developed in consultation with the residents and reviewed regularly to monitor the progress of these. Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to live a healthy lifestyle. The health and wellbeing of each resident was promoted and supported in a variety of ways, including through diet, nutrition, recreation, exercise and physical activities.

Management and staff were proactive in referring residents to healthcare professionals, as and when required. They had a good working partnership with them and implemented their recommendations. Where residents were assessed with health care needs, the provider had arrangements in place to ensure they received the care and support that they required. This was done in a rights-based approach to ensure person-centred care was delivered and decisions were made with the resident. There were several health and social care professionals available to this service to review residents' health care arrangements, some provided by the provider and other services through the community. For example, art therapy, dietitian, speech and language therapy, occupational therapy, psychiatry, psychology, psychotherapy and general practitioner. Residents also had access to a nurse where required.

Residents who were eligible were made aware of and supported to access, if they so wished, preventative and national screening services.

Staff who spoke with the inspector were very clear on the specific assessed health care needs that some residents had, and on their role in supporting them.

Judgment: Compliant

Regulation 8: Protection

This centre had an increase in safeguarding concerns in 2025 when compared to 2024. However, there had been no safeguarding concerns for the centre in 2026 up to the date of this inspection. From speaking with residents and staff they felt that the reduction in restrictive practices used within the centre had a positive impact on the number of safeguarding concerns and reduced the occurrence of these.

An up-to-date safeguarding policy was in place to guide staff in the event of a concern of abuse arising. Training was provided to staff in relation to safeguarding residents and the prevention, detection and response to abuse. Each resident's welfare was promoted, and care and support was received in an environment where efforts were made to prevent the risk of harm. The provider had ensured that all safeguarding concerns were investigated and appropriate actions had taken place.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Liffey House OSV-0003378

Inspection ID: MON-0044831

Date of inspection: 29/04/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. The Person in Charge (PIC) will complete a review and revision of the Centre's Annual Review of Quality and Safety (2025) to ensure it is centre-specific, evidence-based and reflective of the lived experiences of residents. This will include: a. Analysis of key trends (e.g. safeguarding, incidents and restrictive practices) with comparison to previous years. b. Inclusion of clear findings, learning and required improvement actions. c. Documented consultation with residents and/or their representatives, including feedback on the quality of care and supports. d. Review and correction of any inconsistencies or inaccuracies within the report The revised Annual Review will be completed and signed off by the PIC, with oversight of quality assured through the provider's governance structures.	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: 1. The Person in Charge (PIC) will meet with the resident to agree their preferences regarding the storage of personal belongings and laundry management, ensuring a rights-based and person-centred approach. Appropriate storage solutions, including the provision of hangers and suitable wardrobe organisation, will be put in place in line with the resident's wishes to ensure clothing is maintained in a neat, clean and accessible manner. The agreed supports will be documented in the resident's personal plan and	

implemented consistently by staff. Staff will support the resident to maintain appropriate organisation of clothing on an ongoing basis, and this will be reviewed through regular keyworker sessions and monthly audits.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
1. Following consultation with the resident, the Person in Charge (PIC) in conjunction with the Maintenance Department will ensure that the damaged or unsuitable furniture identified during the inspection is replaced with items that are fit for purpose and support effective cleaning.

2. The Person in Charge (PIC) will implement a targeted improvement plan to ensure all areas of the centre are maintained in a clean and hygienic condition. This will include:
a. Immediate deep cleaning of affected areas identified during the inspection.
b. Reinforcement of staff responsibilities in relation to daily and scheduled cleaning tasks.
c. Implementation of a clear cleaning schedule aligned to SOPs.

3. Staff adherence to cleaning procedures will be monitored through weekly environmental audits, with findings reviewed by the PIC and actions escalated where deficits are identified to ensure hygiene standards are maintained.

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 12(3)(b)	The person in charge shall ensure that each resident is supported to manage his or her laundry in accordance with his or her needs and wishes.	Substantially Compliant	Yellow	30/06/2026
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/07/2026
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any	Substantially Compliant	Yellow	31/07/2026

	repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	31/07/2026
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/07/2026