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:	Rathbeag
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	19 March 2026
Centre ID:	OSV-0003381
Fieldwork ID:	MON-0049956

About the designated centre

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

Rathbeag consists of a large detached bungalow located in a rural area comprising of three individual apartments and one bedroom which supports a resident to have free access to the main aspect of the centre. The centre is within close driving distance to a number of towns and provides a residential service for four adults, over the age of 19, both male and female with disabilities. Residents have their own bedroom, three of which are en suite, while three of the apartments also have their own sitting room. Communal facilities are also available in the centre such as a kitchen and a utility room with staff rooms also in place. Staff support is provided by social care workers and support workers. Nurse support is also available when required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Thursday 19 March 2026	09:00hrs to 16:30hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

This was an unannounced inspection conducted to examine the provision of care and the provider's compliance with the regulations. As part of the inspection process, the inspector met with the four residents who used this service and spent time speaking with three of them. The inspection was facilitated by the centre's person in charge and the inspector met with eight staff members ,and discussed residents' care and support arrangements with two of these staff. The inspector found that residents were generally happy in the service and they received a good level of care and support. However, two areas of care, including, the provision of behavioural support for one resident and elements of fire safety, required review.

The centre was a large detached property located within a short drive of a small town in the midlands. The property had a large central area which comprised an open plan kitchen/dining and living area, and a utility. Each of the residents had their own apartment which consisted of an open plan living dining area and separate bedroom and bathroom facilities. One of the residents also had some small kitchen appliances for preparing light meals and snacks. Three of the apartments had their own small garden area, one of which contained a poly tunnel as the resident enjoyed gardening and grew vegetables, herbs and flowers. They also loved collecting and selling items online and at local markets, and they had additional outdoor storage for their goods. Residents preferred their own company and generally didn't socialise with each other. All residents had their own staff team, with three of the residents supported by two staff members during daytime hours. The remaining resident enjoyed a high level of independence and they were assisted by one staff member.

The centre had a calm and pleasant atmosphere on the day of inspection. As the inspection commenced three of the residents were getting ready for the day ahead, with one up and about and they spoke with the inspector as they prepared their breakfast and had a cup of tea. This resident enjoyed a high level of independence and they told the inspector that they volunteered three days a week in a local charity shop, which they enjoyed as they got to meet lots of different people. They explained that they get dropped to work by a staff member and sometimes they would stop for a coffee after work before heading home. They told the inspector that it was their day off and they were dropping into a nearby day service before going to the cinema to relax for the day. As the conversation progressed they told the inspector about a personal achievement award which they had recently won. They said they weren't expecting it all and they were very proud that they were chosen. They went onto explain that they had enjoyed their time living in the centre but they were about to move into their own detached house which was also located on the grounds of the designated centre. They told the inspector that this was a big step for them but they were really looking forward to the move.

The inspector met with another resident in their apartment and they spoke at length about their life and the support which they received. They were planning to visit their mother in the afternoon and if they had time, they were also going to visit their sister. The resident spoke about their life and how they looked after their own money and finances. They were proud that they received some additional income from online sales of items which they also sold at summer markets. They showed the inspector some of the items which they sold, telling the inspector how much they enjoyed trading. There was a pleasant atmosphere in their apartment and the resident laughed and joked with the two staff members who supported them. The resident indicated that they were generally very happy with the staff who supported them: however, they weren't satisfied with one staff member, and this was brought to the attention of the person in charge following this meeting with the resident.

The inspector met with the remaining two residents in their own apartments for a short period of time. One resident was making good progress in regards to the use of verbal communication, and their ability to communicate verbally had improved considerably since the last inspection of this centre. The staff team were also using pictures and visual schedules to ensure the resident knew about, and could also plan their day. The resident indicated to the inspector that they were happy in their home and they were relaxed and comfortable in the company of staff who were supporting them.

The second resident was relaxing in their apartment and they spoke with the inspector with the assistance of a senior staff member. English was not their first language; however, they spoke with the inspector about their plans for the day ahead. They explained that they would probably go shopping in the afternoon and they would inform staff when they were ready to go. They stated that they would like the senior staff member to go with them as they enjoyed their company and it was clear that both resident and the senior staff member had a good rapport. Although this resident was relaxed and indicated that they liked the staff who supported them, a review of records and further discussions with the staff team and the centre's person in charge, highlighted that they were going through a sustained unsettled period which could potentially involve an escalation in behaviours of concern, including verbal and physical aggression. The provider was well aware of this issue and the multidisciplinary team were reviewing the suitability of this resident's placement in this centre. This inspection found that some improvements were required in regards to behavioural support, which will be discussed later in this report.

This inspection found that care was generally held to a good standard and residents enjoyed a busy social schedule. Residents were also supported by a familiar and consistent staff team who knew their needs well and overall, the centre had a pleasant atmosphere. However, some improvements were required in regards to behavioural support for one resident, and elements of fire safety also required review.

Capacity and capability

The oversight of care was a priority within the centre and the oversight arrangements assisted in ensuring that the residents enjoyed a good quality of life.

The provider had employed a full-time person in charge who held responsibility for the day-to-day delivery and oversight of care. They were supported in their role by shift lead managers who had oversight of the delivery of care in their absence. The provider had arrangements in place for the monitoring of care and the person in charge outlined a schedule of internal audits which they held responsibility for completing. In addition, the provider had ensured that all required audits and reviews were completed as set out in the regulations. The inspector found that these arrangements assisted in ensuring that care was held to a good standard at all times.

The provider ensured that the centre was well-resourced with a consistent staff team who knew the residents' needs well. Two permanent members of staff spoke with the inspector for a period of time and they had an in depth knowledge of the residents' needs and the operations of the centre. They had worked with the residents for a number of years and they outlined how residents liked to spend their time and also how they may present if they were unhappy or needed some additional time and support.

Overall, the inspector found that the governance structure in this centre ensured that care was actively monitored and it was clear that the provider and staff team were committed to the residents' welfare and well being.

Regulation 15: Staffing

The staffing arrangements in this centre were maintained to a good standard. The residents benefited from a consistent staff team and the provider demonstrated that the staff team knew and understood their needs well.

The person in charge also maintained an accurate staff rota and scheduled team meetings and individual supervision sessions, facilitating staff to raise any concerns they may have in regards to the service.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a mandatory and refresher training programme in place which assisted in ensuring that staff could support the assessed needs of residents. The

person in charge maintained records of all completed training which indicated that staff had completed training in areas such as fire safety, safeguarding, the safe administration of medications and supporting residents who may present with behaviours of concern.

The person in charge completed scheduled supervision sessions with each staff member and regular team meetings were held. The inspector found that these arrangements ensured that staff had a platform in which to discuss the delivery of care and concerns or issues which they may have.

Judgment: Compliant

Regulation 23: Governance and management

There was good oversight of care in this centre. The provider had completed all audits and reviews as set out in the regulations and the person in charge had a schedule of internal audits which provided assurances in regards to the oversight of care.

The provider's last six-monthly audit was comprehensive in nature with the review of care carried out over two days. Overall, this audit found that the centre provided a good quality service and areas of care, including, safeguarding, complaints, and infection prevention and control were found to be compliant. Minor areas for improvement were identified in regards to personal planning, risk management and medications, but overall the audit found that care was held to a good standard. In addition, the centre's annual review provided a comprehensive overview of the service and how it had progressed over the previous year and was completed in June 2025. This review examined trends in regards to incidents, social care and community access and the actions generated from internal audits and HIQA inspections that were carried out. The review found that residents were actively consulted in regards to their care and the operation of their home and overall, gave a positive account of service provision.

The centre also had a clear management structure with the person in charge responsible for the day-to-day operation and oversight of care. They were supported by two shift lead managers, and an out-of-hours service ensured that managerial cover was available to staff at all times of the day and night.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of information indicated that all notifications had been submitted as required by the regulations.

Judgment: Compliant

Quality and safety

The quality and safety of care provided to residents in this centre was held to a good standard. The resources which were made available by the provider ensured that residents' personal development was promoted and they enjoyed a good level of social access. However, two elements of fire safety required further attention, and the provision of behavioural support for one resident required a comprehensive review, in terms of it's suitability to meet their needs.

Three of the residents who used this service were assessed as requiring supports in regards to their behaviours. These residents could engage in self injurious behaviours and verbal and physical aggression. One of these residents had a recently gone through a sustained period of unrest with regards to their behaviours, with many of the associated incidents occurring following sustained periods of online gaming and accessing social media. Staff on duty explained to the inspector that online gaming was a key trigger for incidents of verbal and physical aggression and incident records reviewed by the inspector also detailed this connection. Although staff had a good understanding of this resident's behavioural needs, and records reviewed by the inspector indicated that staff had supported the resident in a positive manner, guidance in regards to managing these situations required further review. For example, the guidance did not reflect the level of impact that online gaming had on the resident in terms of their behaviour, and some recommended strategies had proved ineffective in supporting the resident with their behaviours.

From talking to residents and staff, and also from reviewing records within the centre, it was clear that residents enjoyed enjoyed being out and about in their local community each day to engage in hobbies and personal development. A resident told the inspector how they enjoyed gardening and going to markets, while another resident volunteered in a local charity shop and they were preparing to move to their own individual home which would further promote their independence. Residents also told the inspector that they were well-supported by staff to go shopping, visit their families and have meals out in the nearby town and local area.

From chatting with residents and observing interactions, it was apparent that they were actively involved in decisions about their care and the running and operation of their home. The inspector observed staff discussing plans for the day ahead with residents and it was clear that this was the way in which care was delivered in the centre. Residents also attended weekly house forums and monthly key-working sessions in which they could discuss issues about their home or individual care.

Overall, the inspector found that this centre promoted residents' rights, social access and provided residents with an overall good quality service. Residents were generally happy in their home and the person in charge and the provider were proactive when dealing with issues as they arose.

Regulation 12: Personal possessions

The residents had their own individual apartments in which they kept their personal items and possessions. Three of the residents were financially independent and one resident required support in regards to their financial affairs. There was good oversight of financial transactions that were completed on their behalf and overall, residents were well supported in this area of care.

At the time of inspection, there was an open safeguarding concern in regards to the unauthorised use of a resident's bank card and the inspector found that this issue was well managed by the provider. Additional supports were offered to the resident and an external review of finances had occurred which found no additional irregularities.

Judgment: Compliant

Regulation 13: General welfare and development

Residents' hobbies and personal interests were well supported in this centre. The resources which were implemented by the provider ensured that residents could decide upon their own schedules and the inspector observed all residents coming and going from the centre over the course of the inspection.

Residents who spoke with the inspector explained how they enjoyed visiting the local towns to go shopping, have lunch out and sometimes go to the cinema. On the day of inspection, one resident was going to visit their mother while another was popping into a nearby day service before going to a retail outlet centre to do some shopping. This resident explained to the inspector that it was their day off from their voluntary work and they were looking forward to a relaxing day ahead.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge had good oversight of risks in the centre with assessments in place for issues which had the potential to impact upon the provision of care, and

also directly on the residents safety and welfare. The inspector focused on incidents and risk assessments for one resident who had been going through a sustained period of unrest in the centre. This resident could present with behaviours of concern and risk assessments were in place in regards to issues such as self injurious behaviour, physical and verbal aggression and accessing social media. Three risk assessments were rated as high-risk and the provider was well-aware of the impact these issues were having on the provision of care.

The provider also had a system in place for recording and responding to incidents and accidents in the centre. The person in charge held responsibility for monitoring this system, which they did so in a prompt manner. A review of incidents for one resident found that they were undergoing a sustained period of incidents, many of which were documented as occurring after the resident had been accessing social media and online gaming. Both the provider and the person in charge had held several reviews of care for this resident and a further multidisciplinary meeting was planned to occur subsequent to this inspection to examine the suitability of this resident's placement in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken fire safety seriously and fire doors, emergency lighting and fire extinguishers were in place. The provider had recently upgraded the centre's fire alarm system which ensured that staff could quickly identify the location of a potential fire, should it occur. The procedures to be followed in the event of an emergency were readily available and each resident had an individual plan that outlined how to support them in the event of a fire.The person in charge had a schedule of fire drills in place and associated records indicated that the centre could be evacuated promptly across all shift patterns. Staff had also received training in relation to fire safety.

Although fire safety was generally promoted, a room which contained a water cylinder within the centre required further review by a competent person to ensure that fire containment measures were held to a good standard. In addition, an external laundry also required review in terms of giving warning of fire.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had suitable locked storage in place for medicinal products which was neat, tidy and well laid out. Regular medications and some as required medications

were dispensed by the pharmacy via a pre-packed system which were aligned to prescribed times for administration.

The inspector reviewed two medication prescription sheets and found that they contained the required information for the safe administration of medicinal products. A review of associated administration records indicated that residents generally received their medications as prescribed and there were no trends of concern in regards to medication administration errors.

Judgment: Compliant

Regulation 7: Positive behavioural support

Two of the residents required intensive supports in relation to behaviours of concern which they frequently presented with. The inspector discussed the care and support offered to one of these residents with the person in charge and a senior staff member. Both individuals explained that the resident was going through a sustained period of presenting with behaviours of concern, some of which resulted in the use a physical restrictive practice due to safety concerns. A review of associated incident reports highlighted a trend in regards to the escalation of behaviours following extended periods of online gaming. The person in charge and multidisciplinary team had met in November 2025 in regards to the general care of this resident and the provider was reviewing the suitability of the centre to meet their needs.

This resident had a behavioural support plan in place which outlined how best to support the resident in this area of care. Although the plan was recently updated, this document did not capture the extent of the impact that online gaming was having on the resident's presentation and the likelihood that an escalation of behaviours could potentially occur following extended periods of play. The plan also required further review to guide staff in how best to support the resident when they are playing games for long periods of time. The behavioural support plan had identified strategies to support the resident with their emotions; however, two staff members reported that the resident had refused to engage with two of these strategies and a third strategy increased the likelihood of behaviours of concern occurring. In addition, staff members reported that following extended periods of online gaming, the resident's interest in community access had decreased and they regularly refused to look after their personal care and apartment area.

Although the person in charge and the provider were aware of current issues, and further multidisciplinary meetings were scheduled, the inspector found that behavioural support for this resident required attention in terms of the impact of online gaming had on their behaviours and general day to day quality of life. In addition, the strategies to support the resident to manage their emotions and behaviours also required further review.

Judgment: Substantially compliant

Regulation 8: Protection

The centre had an open and transparent culture and self care and protection was discussed with residents at their keyworker sessions that occurred throughout the year. Staff had also undertaken safeguarding training and information in regards to reporting a concern was also clearly displayed in the centre.

There were three active safeguarding plans in place on the day of inspection, with two of these plans related to issues which occurred in the past, but no longer presented as a risk to residents. The remaining safeguarding plan had been recently introduced in response to a financial irregularity for a resident who is financially independent. The inspector discussed this issue with the person in charge and found that the resident involved was well supported and an external agency had just completed a formal investigation.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were actively involved in decisions about their care. From meeting with residents, staff and the person in charge it was clear that they decided on their schedules each day which included getting out and about in the local area, meeting up with family, volunteering and also participating in pastimes such as gardening and trading at local markets.

Residents were also actively consulted in regards to the operation of their home through monthly keyworking sessions and also a weekly centre forum. The centre forum covered topics such as meal choices, activities from within the provider's wider organisation and also local events, with resident's keyworking sessions used as a platform to inform residents about their rights, how to raise a complaint, fire safety and also individual issues or topics which they would like to discuss.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rathbeag OSV-0003381

Inspection ID: MON-0049956

Date of inspection: 19/03/2026

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: 1. The Person in Charge will ensure that a comprehensive fire safety review of the boiler room is completed by a competent fire safety professional. All identified fire safety deficits will be addressed, including the installation of certified fire sealing and the inspection and certification of the fire-rated door. Documentary evidence of all works completed, including certification, will be obtained and retained on file. 2. The Person in Charge will engage an approved fire safety contractor to assess the external laundry facility for compliance with fire safety requirements. A compliant fire detection and alarm sounder will be installed where required, and an appropriate testing and maintenance schedule will be implemented. Records of installation, commissioning, and ongoing testing will be documented and retained on file.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: 1. The Person in Charge, in conjunction with the Behaviour Specialist will review behavioural support plans to reflect the impact of online gaming, including identified triggers, risks, and escalation patterns. It will be updated to include clear, person-centred and de-escalation strategies to support the resident during and after online gaming, inclusive of emotional regulation strategies.	

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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	15/04/2026
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	15/04/2026
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	29/05/2026