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:	Hillview
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	12 June 2026
Centre ID:	OSV-0003392
Fieldwork ID:	MON-0046483

About the designated centre

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

Hillview is a designated centre located in a rural area of County Kildare and provides 24 hour residential support to individuals with intellectual disabilities and autism. The centre is comprised of one large detached bungalow and contains a large entrance hallway, four double bedrooms for residents (three of which have en-suite facilities), a main bathroom, a staff bathroom, a large kitchen and dining area, two living rooms, a utility room, and a staff office. There is a large enclosed garden space to the rear of the premises and a garden and driveway to the front. The staff team is made up of social care workers, assistant social care workers, deputy managers, and a person in charge. Residents had access to two vehicles to support them to access their local community.

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
Friday 12 June 2026	09:20hrs to 18:00hrs	Gearóid Harrahill	Lead

What residents told us and what inspectors observed

This inspection was unannounced and completed to review the arrangements the provider had to ensure compliance with 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 Adult Safeguarding (Health Information and Quality Authority and the Mental Health Commission, 2019), and to follow up on information received by the Chief Inspector of Social Services regarding this designated centre. The inspector had the opportunity to meet and speak with all four people who currently lived in this centre, as well as speak with staff, observe the centre environment and review documentary information, as evidence to indicate the lived experience of the people using this service.

None of the residents in this centre were currently involved in day services, nor were engaging with the provider's own learning and development hub. Residents were primarily supported from their home with a team of social care staff.

The inspector spent time through the day speaking with the residents and observing the quality of interactions and engagement with staff. One resident who had most recently moved into the centre commented that they had settled in well and got along with their housemates. They enjoyed colouring, and staff were printing off sheets for them to work on while they watched a movie in the living room. During the day they went out for a drive and got lunch out as well as some snacks for the house. They told the inspector they played goalkeeper in a football team with residents from other services run by this provider.

Two of the residents showed the inspector their bedroom including their artwork, photos, models, memorabilia and posters. The inspector met with a third resident as they took a lie down in their bedroom which was their usual routine following a trip out of the house. All residents liked their bedrooms and did their part to keep them tidy. One resident had a delivery of a new bedside table to replace one which was damaged. Another resident enjoyed assisting staff in their cleaning and maintenance checks.

Staff advised the inspector that one of the residents helped create their plans for that week's activities and ongoing personal goals, and the inspector offered to sit with the resident to walk through the plans, however, these were not available in a format or a location that the resident could readily access. With the support of a staff member, the resident verbally told the inspector some of what they had been doing recently. They were planning a themed birthday party in their home and told the inspector what they wanted for their costume and cake and who they were inviting. Two of the residents were going to a Pride event this month.

The inspector met one resident who was watching movies in one of the living rooms. They had their movie collection spread out on the floor and talked with the

inspector about their favourite films and the actors in them. The inspector and resident talked about films for a while, to which the resident was more inclined rather than talking about their news and plans. One of the staff noted that showing an interest in what the resident was interested in was important to establish trust and in turn support them to pursue their daily routine. The person in charge was observed ensuring that this resident was reassured about things from their past which bothered them and reminding the resident to stay respectful on how they talked to or about others. This reflected guidance in their positive behaviour support plan.

All four residents spent much of the day separately but appeared comfortable and relaxed in each other's presence. As the evening progressed, staff collected orders from each resident to have a Friday night takeaway together.

The inspector observed that there had been a substantial reduction in environmental and rights-based restrictive practices in this centre. Due to one resident's assessed needs, the food pantry had been electronically locked, however it was identified that the other three residents could not remember the code, so this was replaced with a physical key which they could carry and use. Alarms on bedroom doors had also been retired as the original risk associated with this measure was not deemed high enough to justify its continued use. Seatbelt locks, restricted access to sharp items, and restricted access to locations in their community had also been reduced or retired as no longer necessary based on the levels of assessed risk. Residents were supported to keep their own money on their person or in their bedroom instead of having it secured by staff.

The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

The registered provider maintained an appropriate governance framework to ensure effective oversight of the designated centre. Provider-level auditors and the person in charge were conducting reviews and engaging with staff to be assured of the quality and safety of the service being provided and identify areas for continuous development. Staff were familiar with residents' needs and residents were satisfied that they were supported consistently by people who knew them well.

Regulation 15: Staffing

The staff team was full, with no vacancies at the time of this inspection. The front-line team was sufficient to provide two sleepover shifts and a third day shift to support the assessed needs of residents. The inspector reviewed staffing rosters for the past three months and observed clear records and assurance that the house's staffing resources were sufficient to ensure shifts were filled. The service did not require the use of agency personnel and there had been minimal deployment of relief staff to cover absences. This ensured that the continuity of familiar staff support was protected.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a clear management structure in this centre. The person in charge worked full time and was supported by two deputising managers, which facilitated seven-day managerial oversight in the service. The person in charge routinely met with their line manager at provider level. The inspector also reviewed a sample of supervision meetings for three front-line staff members. These contained commentary on their performance and career goals related to team working, skills in their role, and the quality of their daily duties and support delivery.

The provider had completed an unannounced audit of the service quality in May 2026 and November 2025. In the more recent audit, which was conducted over two days, the auditor observed sustained improvement in the oversight of risk management and completion of administrative tasks by staff. Actions for continuous development included maintaining oversight of communication supports and daily routines. The most recent audit used a revised format from the previous reports, and as a result was much more concise and less generic in its commentary and findings, being more specific to this centre and its residents. The person in charge noted that the revised audit tool was more positively focused and easier to identify the specific and measurable outcomes for the team.

Judgment: Compliant

Quality and safety

The inspector found evidence to indicate that residents were safe and happy in their home, got along with their fellow residents and had sufficient staff and vehicle resources to be flexible in getting into their local community. Guidance was provided to direct staff on how to speak with residents and respond to their style of

communication, to mitigate anxiety or trauma caused by upsetting topics or residents needing reassurance in their day.

The inspector observed examples of the provider identifying areas for continuous development, such as responding to emerging trends related to safeguarding risks, and phasing out restrictive practices, to ensure a healthy relationship between housemates and a homely living environment. Staff had completed their training in human rights of people with disabilities, with mixed examples observed or provided of how these were understood or being implemented to optimise the residents' choice and consultation, life skills development, and engagement with positive risk-taking.

Regulation 10: Communication

The provider was rolling out training in effective communication and active listening for people with a disability, and at the time of this inspection, seven of the ten staff in this centre had completed this training. Communication was recognised as a key part of supporting residents who may become anxious or distressed. The inspector observed examples of how staff were guided to understand and respond to words and phrases used by residents and what they meant to that person, as well as how to respond to ensure they felt safe and reassured.

Judgment: Compliant

Regulation 17: Premises

The premises was overall suitable for the number and assessed needs of the residents. The house was bright, spacious, suitably furnished and in a good state of maintenance. Living rooms and bedrooms were personalised and reflected the interests, hobbies and tastes of the residents. One of the residents took pride in helping staff clean up the house and car and to do health and safety and maintenance checks.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed support plans for three of the residents during the day with the person in charge and two members of the front-line staff team. Day-to-day personal care objectives were tailored for the needs of each resident, for example in attending preferred recreational activities, physical exercise, and engaging in

meaningful personal care. The inspector observed an example of how the staff team monitored the adherence to healthy personal routines and used the monitoring tool to identify factors which contributed to the effectiveness of the outcome. For other daily support needs to be monitored by staff, these were not recorded to provide assurance to the management or keyworker that the daily support task was being completed.

The inspector was provided examples by staff of personal goals which required advance planning or incremental progress, such as development of life skills and arrangement of holidays and new hobbies. For one resident, staff advised that they had one active personal goal, however there was no information on what work was being done to plan this or monitor its progress, or evidence on what was learned after the outcome had been previously unsuccessful. For another resident, an outcome was to go on holiday in July 2026, but as of the date of inspection planning had not started for this. For a third resident, the inspector was provided an outcome for the resident to be more independent to make their lunch, with steps for them to shop for ingredients and prepare their meals with staff support. This was noted to be completed with the conclusion that the resident picked what they wanted for lunch. It was not clear if the objective to be more independent to prepare meals was achieved and staff were not sure when asked.

The inspector sat with one resident and their personal plan and talked about their upcoming plans and recent events with the support of staff. While the resident could comment verbally on their personal objectives with some support from staff, their plans were not available in a format with which they could engage to talk through their contents.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There had been substantial improvement in this service in the ongoing review of restrictive practices which affected residents in their home. A number of physical, environmental and rights-based restraint had been reduced, retired completely, or replaced with a less restrictive alternative which still protected against the associated risk. As a result, the residents lived in a less restrictive environment in which they had unrestricted access to items and rooms in their house. Where some restrictive practices were retained due to the needs of specific residents, they were amended to have less impact on their housemates. This contributed to a more homely living environment in which doors could be kept open and door alarms had been deactivated. Ongoing review of the remaining risk controls was a standing item for discussion at local and provider level.

Judgment: Compliant

Regulation 8: Protection

The inspector observed evidence that the provider was responsive to incidents and adverse events which constituted a safeguarding risk for residents. As necessary, the designated officer and behavioural specialist had attended the centre where concerns had arisen from potential peer incompatibility or heightened anxiety in the house. Residents commented that they felt safe in this house and got along well with their housemates.

Judgment: Compliant

Regulation 9: Residents' rights

The staff training logs identified that staff had attended training in active listening, effective communication and supporting the human rights of people with disabilities. The inspector asked the local management what initiatives were currently being pursued to implement the principles of human rights in practice, and was told this was mainly the reduction in restrictive practices in the house and community. The inspector observed examples of restrictions being phased out where they had been deemed disproportionate to the current level of risk.

The inspector also asked members of the front-line team for examples of how they were implementing their training in practice and what was their understanding of human rights principles and positive risk-taking. One staff member gave an example of respecting a resident's decision to skip a shower that day and not force them, balanced against protecting the resident from going too long without maintaining their personal hygiene. They also gave examples of how they could successfully encourage the resident.

One resident, with the support of staff, told the inspector they liked taking ownership in running their own home and doing tasks for themselves such as putting away their own clothes, cleaning, and doing some basic cooking. One of the residents showed the inspector their new tattoo. Two of the residents were registered to vote in their community. All residents were looking forward to a Friday night takeaway and were calling out their orders in the evening.

One staff member told the inspector that if they felt that what the resident wanted to do in their day carried any degree of risk, they would tell the resident that it was not safe and that they would not be allowed to do it. The inspector observed some examples in which it was not clear that the resident's choice was optimised. For example, a resident came down to the living room saying they wanted to watch their television shows. While they were choosing the channel, a staff member put a basketball net in front of them, and the resident asked if the staff wanted them to use this instead of watching their show. In another example, the planned outing for one resident's day was replaced with something else. When the inspector asked the

staff member when this changed and who made the decision, the staff was not aware of the original plan and had asked the manager if they should go to the alternative outing rather than asking the resident who was in the room what they wanted to do.
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	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Hillview OSV-0003392

Inspection ID: MON-0046483

Date of inspection: 12/06/2026

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 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: 1. The Person in Charge will ensure all residents have up-to-date personal plans reflecting their assessed needs, goals, desired outcomes, and supports, with clear actions, responsibilities, timelines, and monthly progress reviews documented. 2. The Person in Charge will ensure personal plans are accessible, reflect residents' communication needs, and that residents are supported to participate in their development and review. Key information will be shared with staff through reviews, meetings, and handovers.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: 1. The Person in Charge will ensure staff receive guidance on rights-based practice and support residents to exercise choice and control over their routines, activities, and personal preferences. 2. The Person in Charge will ensure staff consult with residents before implementing changes to activities, routines, or supports, with residents' views and preferences documented. 3. The Person in Charge will monitor staff practice through supervision, observations, and review of records to ensure residents' choices and preferences are respected and documented.	

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 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	15/08/2026
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	15/08/2026
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature	Substantially Compliant	Yellow	01/09/2026

	of his or her disability has the freedom to exercise choice and control in his or her daily life.			