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:	Alberg House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	11 March 2026
Centre ID:	OSV-0004665
Fieldwork ID:	MON-0049930

About the designated centre

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

Alberg House provides a residential service for five adults with an intellectual disability. The Alberg House team uses a social care model of care and the centre is staffed by a person in charge, social care workers, assistant support workers, administration staff and relief staff to cover planned and unplanned leave. The premises is a large detached five bedroom house close to the centre of a large town in Co. Kildare. The centre is near a wide variety of services and amenities including shops, cinema, post office, banks, and medical centres. There were good public transport links and residents had access to a vehicle to support them to attend work and activities in their local community. Each resident has their own bedroom, four of which are en suite. There is a kitchen, utility, living room, sitting room, bathroom, staff office, games room/staff sleepover room and a spacious garden with two storage sheds.

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 11 March 2026	10:00hrs to 17:20hrs	Gearóid Harrahill	Lead

What residents told us and what inspectors observed

This inspection was unannounced and completed to review the arrangements the provider had in place 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 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 three of the five people who lived in this house, 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.

On arrival the inspector met one resident at the door as they were leaving to spend some time in their local town. They said hello and shook hands and agreed to have a chat when they got home. They understood what the purpose of an inspection was and was happy to tell the inspector about their news and experiences in the service. Another resident spent time speaking with the inspector when they returned home from work and talked about what they wanted to do during their time in this service and areas in which they wanted to develop their skills and experiences. Another resident was spending the day out with their family during this inspection.

The premises was located in the suburbs of a town and was within walking distance to the local shops and services, as well as public transport links which some residents used. Residents were facilitated to access their local community alone or with staff. One resident was being supported to spend a period of time during which they were unaccompanied by staff, with a view to incrementally increasing this time to enhance their autonomy and independence, with an agreement that the resident stay in contact with staff if they require support.

The house was clean and bright and in a good state of repair, with environmental restrictive practice kept to a minimum and retired where not required. Bedrooms were personalised based on the hobbies, interests and preferences of the residents including their choices of wall paint, posters and duvet covers. In resident house meetings, minutes included resident discussions of what they wanted changed in their home, such as getting brighter lights in the living room, and removing a pool table which nobody used to free up space in a communal area. These house meetings were also used to divide up the household chores, with residents taking turns each week to take out the bins, load and empty the dishwasher, label food in the fridge and do the vacuuming. Each resident was supported to take ownership of keeping their bedrooms and en-suite bathrooms clean, and each resident had a day during which they could do their laundry so that routines did not interrupt each other. Development of residents' household skills was discussed in team meetings also, for example one resident was comfortable microwaving ready meals and the

team were to now support them to move on to preparing fresh ingredients for dinner.

One resident spoke with the inspector while making themselves coffee and talked to them about their volunteer work and their wish to attend educational courses and work with their job coach to get paid employment. They knew what type of work they wanted and had been supported to send in CVs to places they were interested in which were accessible by their bus routes. Two of the other residents were actively seeking paid and voluntary work in their local area. Two of the residents were members of different musical societies with one of them in the middle of a week of shows. They told the inspector that it was a lot of work, but they were having a lot of fun performing in the evenings and spending time with the friends they had made in the society. One resident and the inspector discussed favourite videogames for a while and the resident showed the inspector their games and their large collection of model kits and Lego creations, and described their plans they had agreed with the maintenance team to have more shelves built in their bedroom as they had filled all their available space.

Residents were involved in learning and education programmes, with some focusing on life skills such as cooking, cleaning and managing a household with a view to transitioning to independent living. Residents said they liked when everyone participated in the food shopping and jobs around the house. All three residents who spoke with the inspector commented that they mainly pursued their own routines and interests separately, however that they got along very well with their housemates and liked living together. One of the residents had moved into the house within the past year and the inspector observed evidence that the other residents were kept informed of this, and had meaningful opportunities to meet the person prior to admission, and that the new resident was supported to get their belongings, decorations and entertainment centre set up how they wished.

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

The inspector found that this designated centre was sufficiently resourced with arrangements in place to ensure that residents were supported by a familiar and consistent staff team which had experienced a low turnover. The inspector was provided evidence to indicate that these staff members were provided opportunities to develop in their roles, raise concerns, and set out career development goals to support them to carry out their duties to the best of their abilities.

At a local level, team discussions were meaningful, specific to news and events of the centre and its residents, and reflected matters such as risk assessments and the staff team's role in advancing positive outcomes for residents. The provider had conducted their own audits of the designated centre, however the report from these audits did not constitute a comprehensive analysis of the quality of resident care and support being delivered to residents and the achievements and challenges in achieving meaningful outcomes.

Regulation 15: Staffing

The inspector reviewed worked rosters provided for January to March 2026 which indicated who had worked in the centre and their shift patterns. This record included the days on which the person in charge was present in this location, and clearly noted days on which staff were on protected time for training, or on annual leave or other absences. The number of staff on the worked rotas reflected the frontline complement described in the centre's statement of purpose. The inspector found that the provider was sufficiently resourced to maintain staffing levels with their core complement, with minimal use of relief staff and no requirement to deploy agency personnel to fill shifts.

The provider had also successfully filled and retained a full staff complement following vacancies observed on the previous regulatory inspection. Residents who spoke with the inspector commented positively on their relationship with staff members and noted they felt safe and treated with respect.

Judgment: Compliant

Regulation 23: Governance and management

The inspector observed that the centre was appropriately resourced with front-line personnel to support residents in accordance with their assessed needs during the day and on sleepover night shifts. The person in charge split their time between this designated centre and one other, and was supported by two deputising managers which allowed for seven day managerial presence.

The provider had a 2023 policy in place which detailed the minimum frequency with which the team members and management staff were to meet with their respective supervisors or more frequently as required. The inspector reviewed minutes of supervision and probation meetings for a sample of three front-line staff. These records contained meaningful information on the strengths and weaknesses of each member of staff in their roles and duties and how support would be provided. Staff were facilitated to identify where they required development in competence, areas in which they had excelled, and their current objectives in their day-to-day duties

and longer term career goals. Staff were also provided opportunity to comment on their relationship with the service users and colleagues in their roles. There were no minutes or records available on meetings between the person in charge and their line manager since the management change in January 2026, with the inspector being advised that one-to-one discussions did occur, and persons in charge of multiple services were scheduled to attend collective supervision meetings once a quarter.

Meaningful discussions were recorded in house team meetings. In a sample of these minutes, staff were encouraged to take responsibility to ensure they were familiar with new or existing personal support plans, medical conditions, and risk assessments and were apprised on changes and developments. Staff were given updates on the achievements or obstacles in achieving residents' personal development objectives. These meetings were also used to remind staff on policies related to conduct, mutual respect, phone use on duty, and fair allocation of annual leave.

The provider had nominated a person to carry out an unannounced audit of the centre in April and October 2025 and report on the quality of resident support in the service. In both reports provided, the provider assessed themselves as meeting regulatory requirements in 15 of 20 areas reviewed. However, in the main findings of the audit, the evidence used to make conclusions and actions for continuous improvement were not comprehensive and were not specific and measurable. Much of the commentary was generic in nature and not specific to this centre, including references to matters which were not relevant to this centre. The majority of findings which were related to the centre were related to gaps in documentation, with limited analysis on the quality of the service being provided to the residents. For example, there had been no discussion related to the achievements and challenges in residents progressing their personal development goals, life skills, educational and employment opportunities and the work done by the front-line team in supporting these positive outcomes, nor had there been any reflection on the work done to achieve a successful admission of a new resident in the period reviewed. Despite multiple avenues through which all five residents contributed their commentary and experiences in the centre regularly by formal and informal means, in each of the two six-monthly reports, the only reflection of this to determine the quality of the service was a brief conversation had with one person present. There had also been no evidence reported related on any ongoing engagement with residents' representatives in either report.

The annual report, which had been authored by the person in charge, contained content which was more specific to the centre and the residents, including reflection on positive resident outcomes, progress in their goals related to learning, autonomy and life skills, the quality of the staff in their support, and resident's favourite things about the centre and their lives there.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There had been one admission since the last regulatory inspection. The inspector was provided evidence indicating that the resident had been facilitated to visit the centre and spend time getting to know their peers prior to a decision being made. The pre-admission process included risk assessments and identification of requisite personal support plans and staff training. The inspector was provided a contract which outlined the terms and conditions associated with the service, however this had only been signed by a party representing the registered provider, and not by the resident and/or their representative.

Judgment: Substantially compliant

Quality and safety

The inspector observed that residents were overall safe and happy in this centre, and were encouraged and facilitated to be active participants in their care and support. Residents were supported with personal developments and positive outcomes informed by their assessed needs and personal aspirations, including job-seeking, educational opportunities, life skills and enhanced independence and autonomy.

Residents were supported to engage in an acceptable level of positive risk taking, and the inspector observed evidence that the residents and staff were routinely meeting to discuss the progress, achievements and setbacks in their goals and outcomes. Residents were supported to stay safe and to express themselves in a healthy and socially positive way. Residents were observed to take ownership in their life skills development, were supported to understand their support needs and work with staff in developing risk controls and phased objectives, and to raise matters which were important to them in household discussions.

Regulation 12: Personal possessions

The inspector was provided evidence to indicate that all five residents had bank accounts into which their personal income was received and to which the residents had access either alone or with an appropriate support arrangement. Any restriction on access to residents' personal property had an associated risk assessment and the parameters of the restriction were contributed to by the resident. Residents'

personal spaces were furnished and decorated in accordance with their wishes and reflected their preferences, personalities, hobbies and interests.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector observed evidence through speaking with the residents and observing how the staff team used individual and group resident meetings, that residents were being supported to optimise their capacities and achieve good social integration, individual development and participation in society. Staff were observed to proactively promote the residents' independence, which for some was pursuant to reducing the level of support they may require. Staff meetings included reminders on the team's role in ensuring residents were supported to progress to the next stages of their personal development goals, in the house and their local community. Residents were supported to build relationships through social outlets both facilitated by the provider organisation as well as in other settings. Residents were supported to maintain relationships with friends and family members. Residents were actively pursuing new and changing work and education opportunities which were meaningful to their interests and aspirations. Where personal goals were not progressing as planned, it was identified what the issue was and where a change in risk controls or a discussion with staff or the resident was required.

Judgment: Compliant

Regulation 17: Premises

The premises was clean, bright and suitably decorated. The inspector observed examples of how residents had made requests for changes to the house such as removal of furniture, changes in décor and installation of shelves, and how these had been recorded by the staff alongside general maintenance requests. People lived in a restraint-free environment, with no requirement to internally lock doors or restrict access to sharp or chemical items as there was no identified risk associated with such practices. Residents' kitchen, bedrooms, bathrooms and communal living rooms were pleasant and homely.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector was provided a log of incidents and accidents occurring in the centre over a four month period. The individual reports on these were written with concise yet specific detail including how they were responded to in the short term and what actions or learning could be taken for future reference and risk review. The inspector observed that near-miss events such as trip hazards and poor recording of medicines were recorded with a similar level of detail to reduce the associated risk. Incidents and near-misses were discussed in staff team meetings and, when relevant, discussed with the associated residents. The inspector observed a cohesive link between incident management, risk assessments, restrictive practices, and staff discussions. Incidents involving staff members being placed at risk of abuse were also formally assessed in the centre.

Risk analysis related to residents were specific and written with respect, and the inspector observed evidence that incidents, changes to risk controls, and agreements of actions were discussed with residents individually and together. Risks were reviewed regularly and as required to ensure they were up to date and reflected current risk levels over historical events. Residents were supported to engage in positive risk taking, and residents who spoke with the inspector were familiar with their role in getting risk control measures and restrictions on their access and autonomy incrementally phased out.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed risk assessments and staff guidance related to risks associated with people who may respond to frustration or anxiety in a manner which puts themselves or others at risk. Assessments were personal, respectfully written and provided historical context while maintaining focus on the current level of risk. Some risk controls involved the use of restricted access to personal belongings, increased supervision or controlled access to online services. From speaking with and observing residents and reviewing records of discussions between them and staff, the inspector observed that residents were facilitated to develop and agree on boundaries in collaboration with staff, and had the ability to request their form to be changed. Residents demonstrated their understanding that having risk controls phased out required them to abide by agreements made with staff to engage in healthy and positive social interactions including when upset or annoyed. These reduction plans were phased, and the criteria and timelines for moving to the next stage were realistic and measurable.

Judgment: Compliant

Regulation 8: Protection

The inspector observed evidence which indicated that residents were supported to protect themselves and stay safe from harm or abuse in their home, while with their friends and family, while in their community, and while online. Risk assessments and control measures were in place by which staff protected residents from identified risks following incidents or near-misses, and general safety from potential psychological, sexual or financial exploitation. Residents told the inspector they felt safe and supported in this service while also being supported to be alone or to make decisions as adults which may expose them to a certain level of risk.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed this to be a service in which residents were treated with respect, and in which they were supported to make choices in their lives. Residents were routinely kept apprised of changes to the house, staff, and residents through house meetings and individual discussions which were recorded with detail and with specific action plans where necessary. Residents were encouraged to take ownership of their responsibilities in the house, such as taking turns with household chores, and working with their staff and job coaches to pursue work opportunities and meaningful steps towards long term goals such as independent community access and supported living.

The inspector observed examples of meetings held with residents to discuss incidents, projects and risks related to them. This included making agreements on what each resident was required to do to progress their own personal outcomes and discuss where these had been progressing or where there had been setbacks. Plans were sufficiently flexible to facilitate the resident to change arrangements as they wished within boundaries. For example, the inspector observed one resident who had chosen their own access restrictions, happily abiding by them per their agreement with staff. In another example, a resident was spoken to regarding recent negative events and how this had resulted in stepping back a restriction reduction plan with revised timelines.

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 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Alberg House OSV-0004665

Inspection ID: MON-0049930

Date of inspection: 11/Mar/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 PIC and Quality Assurance Officer will review the April and October 2025 unannounced visit reports to ensure actions are SMART and centre-focused, incorporating inspection findings, individual feedback, and evidence of compliance. 2. The Quality Assurance Department will implement a revised Regulation 23 reporting process with a HIQA DCD1-aligned template, supported by training, to ensure reports are centre-specific, evidence-based, and include stakeholder feedback.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: 1. The Person in Charge shall ensure all individuals contracts are reviewed and signed by the individuals or their representative where required to do so.	

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 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	6/May/2026
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident	Substantially Compliant	Yellow	17/Apr/2026

	is not capable of giving consent, the terms on which that resident shall reside in the designated centre.			