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:	The Haven
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	13 May 2026
Centre ID:	OSV-0005236
Fieldwork ID:	MON-0050533

About the designated centre

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

The Haven is located in a rural area of County Kildare and provides 24-hour residential supports to five adults with an intellectual disability. The centre consists of a large two-storey house with an adjacent self-contained single apartment. In the main house the ground floor consists of a kitchen, utility area, living room, sitting room and bathroom and four bedrooms, one of which is the staff sleepover room/office, with another two bedrooms and a bathroom upstairs. There is also a staff office and games room/staff sleepover room. The apartment contains a kitchen-dining room, a sitting room, a sensory room, bedroom and large bathroom. There is also a garden for recreational use and spacious grounds surrounding the house and apartment. The staff team is made up of social care workers, assistant social care workers, deputy managers, and a person in charge. Nursing input is available as needed from a nurse employed in the wider organisation.

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 13 May 2026	09:30hrs to 17:00hrs	Linda Dowling	Lead

What residents told us and what inspectors observed

This inspection was unannounced and carried out with a specific focus on safeguarding, to ensure residents felt safe in the centre they were living in and they were empowered to make decisions on their care and how they wished to spend their time.

Overall, the inspection found that residents were in receipt of good care and support and found positive examples of how residents were supported to make decisions, however minor improvements were required under regulation 10: Communication.

The inspector had the opportunity to meet with two of the five residents living in the centre. One resident was on a home visit and two were out of the centre engaging in community activities including shopping, reflexology and lunch with a family member. There had been a recent change in the centre as one resident had transitioned from the centre to a more suitable location and another resident transitioned in from another designated centre operated by the same provider into this centre. The current residents were seen to be more compatible with a corresponding significant reduction in peer to peer incidents recorded. The person in charge reported that all residents were supported to positively engage with each other and develop skills related to relationship building and kindness.

On the morning of inspection one resident was happy to meet with the inspector and spent some time chatting in the sitting room, they had only recently moved to the centre and spoke about their new bigger television in the sitting room and their bedroom. They were happy with the additional space in their new en-suite bedroom to store all their collectibles. This resident was observed to be relaxed as they mobilised around their home, they were aware of their planned activities for the day and what staff was scheduled to support them. When the inspector completed the walk around of the centre this resident was seen to be on their laptop in their bedroom researching the cinema listing for the day and they informed the inspector what film they picked and the time it was on.

Another resident who was present in the centre throughout the inspection spent a prolonged period of time in their bedroom, they were struggling with their morning routine and required support from staff in line with their behaviour support plan to successfully engage with personal hygiene, getting dressed and ready to leave for planned activities. The inspector observed them for a short period of time, they were presenting as anxious and displaying heightened behaviour, their support staff supported them to return to baseline and engage in their routine. Staff were observed to be respectful in the language they used and implemented the strategies outlined in the resident's support plans. Later in the evening the resident was seen to be calm and relaxed heading out to the car, they were going shopping for new clothes with their support of staff.

The inspector completed a full walk around of the centre which consisted of a large two story house that accommodates four residents and an external single occupancy apartment. Overall, the premises was seen to be clean and tidy, residents' bedrooms were decorated in line with their preferences and interests. Residents had access to a large sitting room, games room, kitchen-dining area, utility and bathroom facilities. There was also an office and sleepover room in the centre. The inspector observed a few areas requiring review including a smell present in both main bathrooms upstairs and downstairs and cleaning required to one resident's balcony the inspector was given reassurance that these works had been identified and were on the provider's maintenance systems and would be completed in due course.

The inspector observed a visual board for all residents on display in the kitchen this identified the residents' planned activities for the day and their identified support staff. The board was reflective of the staff on duty that day and the residents' chosen activities.

The inspector met and spoke with three staff members about their role and responsibilities, safeguarding, resident well being and activation within the centre. Staff were aware of their responsibilities in reporting safeguarding concerns, they were able to identify the steps in the process and who to bring their concerns to. Staff were also familiar with residents' identified support needs and their preferences. The inspector also had an opportunity to speak with the person in charge, shift lead manager and behaviour support specialist.

Residents' safeguarding and rights were a regular topic of discussion in local staff team meetings. This included ideas for community engagement, reduction in restrictive practices and changes to risk controls and investigations and outcomes related to residents' incidents. From review of documentation and speaking with management and team members, peer to peer incidents had significantly reduced since in recent months, the change in residents living in the centre was a contributing factor.

The next two sections of the report presents the findings of this inspection in relation to governance and management of this centre and, how the governance and management arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Overall, the findings from the inspection were positive. The inspector found that there was a clearly defined management structure in place and regular management presence in the designated centre, with a full time person in charge who had the support of two shift lead managers. The provider had established good systems to support the provision of care and support to the residents. There was evidence of

regular quality assurance audits of the quality and safety of care. These audits were seen to review safeguarding and protection arrangements in place in the centre.

There was a core team in place who had for the most part the necessary training required to support the residents in the centre including safeguarding vulnerable adults.

Regulation 16: Training and staff development

The inspector reviewed the training records for all staff in the designated centre. The centre had a core and consistent staff team in place that were familiar with the assessed needs and preferences of residents living in the centre. All staff had up-to-date mandatory training such as fire safety, medication management, moving and handling along with centre specific training such as epilepsy, safety intervention and Autism and Asperger's syndrome. Although not all staff had been supported to have communication training this is reflected under regulation 10: Communication.

It was found that all staff were provided with the required training to ensure they had the necessary skills to respond to the needs of the residents and to promote their safety and well being. For example, all staff had undertaken human rights, access to advocacy and safeguarding vulnerable adults training. From observing staff engagement with the residents, the benefits of human rights training was evident. For example, staff supported residents to choose their own activities. One resident looked up the cinema listings and choose their preferred film at their preferred time.

The person in charge had a schedule in place to ensure all staff received supervision twice yearly as per provider's policy. The inspector reviewed three staff supervision minutes and they were found to be up to date and included detailed discussions and actions were identified where required. Staff awareness of safeguarding was an ongoing discussion throughout all supervisions. The person in charge discussed the role and responsibility the staff member holds when safeguarding the residents living in this designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in this centre. There was a clearly defined management structure in place which was led by the person in charge who also had responsibility for one other designated centre operated by the same provider. They were supported in their role by two full time shift lead managers in this centre. The person in charge was supernumerary to the roster at all times. The person in charge and one shift lead manager were qualified as

designated officers and the remaining shift lead manager was currently enrolled on the training course.

The person in charge held a qualification in social care and management. They were found to have good organisational skills and very knowledgeable of the residents living in the centre. From speaking with staff members the members of management were approachable and they were aware of the on-call system for out of hours support. Staff expressed that the person in charge was regularly in the centre and were available by phone when based in another centre. The availability of the person in charge and staff awareness of the lines of authority provided assurance that reporting was welcomed.

The designated centre had been audited as per the requirements of the regulations. An annual review of the service has been completed in July 2025 and two six monthly unannounced visits to the centre completed in July 2025 and January 2026. The audits contained improvement plans and actions were set to achieve these improvements. These actions were seen to be completed on the day of inspection. Family feedback was sought for the annual review and the commentary was very positive. One family member specifically identified the significant progression in their family member.

It was observed that the oversight and management of some peer-to-peer related incidents and subsequent safeguarding plan were reviewed and discussed on a regular bases by the person in change and the staff team. For example safeguarding had been record as discussed at team meetings, supervisions and residents meetings. This ensured residents who lived in the centre were kept safe.

Judgment: Compliant

Quality and safety

From what the inspector observed, from speaking with the residents, staff and management and from review of the documentation it was evident that good efforts were being made by the provider, person in charge and the staff team to ensure that residents were in receipt of a good quality and safe service. Residents were afforded good opportunities to engage with their community and complete activities of their choosing.

There was a range of systems in place to keep the residents safe, including risk assessments, safeguarding procedures and individualised support plans. The systems in place were utilised in an effective manner ensuring that adequate guidance was available for staff.

Regulation 10: Communication

Residents living in the centre had additional communication supports in place including easy-to-read documents, social stories, picture exchange system, 'first and then' charts and visual schedules for daily planners and staff supports, although not all staff had received Lámh (a manual signing system) or total communication training.

All residents were supported to have a communication passport in place that clearly identified their likes, dislikes, how they best communicate, eating and drinking supports and areas a resident might be working on such as building confidence around dogs, learning the value of money. Individual communication preferences were clearly identified in the passport. For example, one resident focuses on the last word of a sentence, so instead of saying 'it's not working' say 'it's broken' so the message is clear. Another resident likes time to process a request or question and enjoys wearing headphones.

Each resident had specific requirements to ensure they could communicate effectively. One resident's documentation referenced their understanding of Lámh. Only five of the staff team had Lámh training and six had total communication training. This gap in centre specific training had not been identified in provider audits and the outstanding staff were not scheduled to attend the training.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place to identify, manage and review risks in the centre with a focus on residents' safety. The inspector reviewed a sample of three residents' individual risk assessments. The inspector also reviewed the centre specific risks and the control measures in place.

Overall, risks had been appropriately risk rated and control measures in place were effective in reducing the identified risk. Individual risk assessments were divided into three categories, personal difficulties and concerns, management of the environment and medical. Risk assessments were in place for safeguarding, finances, fire safety, transport, medical conditions, behaviours of concern and the use of restrictive practices.

The inspector reviewed the provider's system for recording incidents and accidents and noted a significant reduction in incidents of behaviour across a number of residents. There were 14 recorded incidents from January to April 2026. All incidents were subject to review by the person in charge and the behaviour specialist where they related to behaviours of concern.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' needs assessments related to safeguarding, positive behaviour support, communication and social and personal development, and the personal care plans developed from these assessments. Overall, residents were assessed and plans were person-centred and evidence based.

The inspector spoke with the person in charge, shift leader managers and staff members about residents' personal development and how they were supported to engage in activities that were of interest to them. Examples given included money management, independence around personal hygiene and engaging in chores within the centre such as preparing dinner, setting the table, cleaning up after dinner and maintaining a clean bedroom.

From review of documentation it was clear residents were supported to partake in activities they enjoy. One resident had just completed a course on wellbeing and had their certificate on display in their bedroom, another resident had a job delivering post to other centres. Residents were supported to set goals for the year ahead, goals reviewed included a boat trip, festival lights, short holidays, availing of public transport, planning celebrations for big events e.g. birthdays, footgolf, swimming, reflexology and a ferry trip, to name a few.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge reported that the staff team had the knowledge and skills required to support residents in managing their behaviour.

Two residents had multi-element behaviour support plans in place that were regularly updated by the behaviour support specialist. The inspector reviewed these plans and found that they detailed proactive and reactive strategies to support the residents accordingly.

As previously mentioned the inspector met with the behaviour support specialist who was visiting the centre on the day of inspection. They informed the inspector about the review process currently in place for restrictive practices and the new system due to be implemented for the next review date. The new system will include a full multi-disciplinary team (MDT) review, the professional who implemented the restriction will take the lead on the review.

There were a number of restrictions in place within the centre and some reduction plans were in place. For example, two residents no longer required their additional safety belt buckle in place for journeys less than 30 minutes. It was also noted from review of the incident and accident records there had been a reduction in the use of physical holds within the centre.

Overall, residents were supported to manage their behaviours in a safe and effective manner, guidance was in place for staff to support residents when presenting with behaviours of concern. Residents' restrictive practices were clearly identified and reviewed in line with the provider's policy and local management and MDT were focusing on reducing restrictions where safe to do so.

Judgment: Compliant

Regulation 8: Protection

The inspection found that, safeguarding concerns were being identified, reported to the relevant authorities and managed with appropriate control measures in place within the centre.

Since the last inspection there had been a number of peer to peer incidents reported. These had been investigated and residents supported to process the incidents when they happened. Safeguarding and supervision plans had been put in place that were effective in reducing although not mitigating the risk. There had been ongoing review of safeguarding plans to sure they were effective.

As previously mentioned residents were engaging in skills teaching in relation to positive relationships and with the change in residents in the centre been significantly reduced. While supervision of residents remains important in the centre, residents can all spend time together and enjoy each others company. The inspector reviewed a number of documents and photographs of all residents engaging in celebrations such as birthdays, Christmas and Easter festivities.

Each resident had detailed intimate care plans in place. This plans guided staff in the areas the resident required support and their preferences around these supports.

Judgment: Compliant

Regulation 9: Residents' rights

From review of documentation, discussion with staff members on duty, the person in charge and from the inspector's observations, residents were supported to exercise their rights. Residents were provided with relevant information in a manner

that was accessible to them and given time to make a decision. They were supported to make choices about how they wished to spend their day. For example, key workers met with residents to discuss activities available and allowed residents to choose what they wanted on their schedule.

There was a culture of openness in the centre, residents and staff had regular conversations on specific topics. For example, restrictive practices within the centre, advocacy or staying safe. Residents in the centre were also informed in a manner that was accessible to them about when one resident moved out of the centre and another moved into the centre. Key workers continued to check in with residents after the transition to ensure they had not been adversely affected by the change.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Haven OSV-0005236

Inspection ID: MON-0050533

Date of inspection: 13/05/2026

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 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: 1. The Person in Charge will ensure all staff complete communication training relevant to residents' assessed communication needs. The training matrix will be reviewed monthly to monitor compliance, identify any gaps, and ensure outstanding training is completed within agreed timeframes.	

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	30/07/2026