



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

Issued by the Chief Inspector

Name of designated centre:	The Pines
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	05 June 2026
Centre ID:	OSV-0005303
Fieldwork ID:	MON-0045816

About the designated centre

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

The Pines is a designated centre operated by Nua Healthcare Services Limited. The centre provides residential care for up to four male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one two-storey house located on the outskirts of a town in Co. Laois, close to all local amenities. Residents have their own bedroom, some en-suite facilities, bathrooms, sitting room, kitchen and dining area, utility and access to a rear garden space. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 5 June 2026	10:15hrs to 15:30hrs	Maureen McMahon	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor the provider's compliance with the regulations. During this inspection, the inspector met with four residents who lived in the centre and observed how they lived. The inspector also met the deputy person in charge, staff on duty and viewed a range of documentation. The person in charge was on planned leave on the day of inspection.

Residents who lived in this centre had a good quality of life, had choices in their daily lives, and partook in activities that they enjoyed. Throughout the inspection, the inspector found that residents' were supported through a human-rights based approach.

The centre comprised of a detached three-storey house located in a residential area. The design and layout suited resident's assessed support needs. The provider had identified that a resident may require an alternative living arrangement in the coming weeks following a planned medical procedure. The inspector spoke with this resident in relation to this possible move. They were well informed and had been offered the opportunity to consider alternative services should they require downstairs accommodation due to changing needs. Most residents required minimal supports based on their assessed needs and one resident required the support of staff throughout the day to ensure their safety and wellbeing.

Upon the inspector's arrival to the centre, it was evident that residents started their day as they wished. For example, one resident was attending a day service and had plans to have breakfast out before returning to the centre later in the day. Another resident was preparing to meet friends locally for coffee. Other residents chose to remain in the house doing their preferred morning routines. All residents were happy to speak with the inspector and throughout the day spent time sitting chatting with the inspector. All residents were able to describe and discuss the care and support they received in the centre. Each resident expressed a high level of satisfaction with the centre and the supports that they received from staff. Residents spoke with the inspector about the things they enjoyed doing in the centre. This included centre based activities such as art, watching television, reading daily newspapers, making jigsaws and community activities such as shopping, meals out, going to the gym, cinema trips, going to the pub and attending day services such as the CLaD Hub.

Throughout the morning, a resident spoke with the inspector as they went about their morning routine prior to leaving to meet a friend. They described the supports they are currently receiving in relation to their healthcare needs, they described having support to attend medical appointments. They were highly complementary of the service and described it as a 'home away from home'.

It was evident that all residents living in this centre were well matched and enjoyed each other's company. Each resident described feeling happy and content living with their peers in the centre. The inspector had the opportunity to meet with a resident later in the afternoon. The resident spoke about their plans for the day and discussed several goals they have achieved. These included recently undertaking a solo long-distance trip to visit family in Australia. During discussions with the inspector, the resident stated that they were very happy with the service provided and confirmed that they knew how to raise any concerns or complaints should the need arise.

Another resident who spoke with the inspector described the centre as a great place to live and spoke fondly of their peers, stating that they enjoyed sharing meals together. This resident also spoke about the holidays they have taken with other residents and discussed plans to travel to Northern Europe later in the year with a peer and staff members from the centre. They told the inspector that they can plan their own daily routine and that staff support was readily available whenever required.

The inspector reviewed the staff roster and found the centre is consistently staffed. During the period reviewed no agency staff were employed and any vacant shift were covered by regular relief staff. Throughout the day, the inspector had the opportunity to meet staff working in the centre. Staff were knowledgeable on residents needs and preferences. They were observed to be kind and friendly as they engaged with residents and supported choices.

Overall, this was a very positive inspection that found that a high standard of care and support was provided to residents living in this centre.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affect the quality and safety of the service provided.

Capacity and capability

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a high quality and safe service to residents.

The provider had appointed a person in charge, they were suitably qualified and experienced to manage the centre. The person in charge was responsible for two designated centres. They were supported in their role by a deputy person in charge. There were arrangements in place for management support for out-of-hours and weekends.

The centre was adequately resourced to meet the assessed needs of residents. These resources included transport, Wi-Fi, and suitably trained staff. Training records reviewed found that all staff had completed mandatory training and other training relevant to their roles, such as hand hygiene and infection prevention and control training.

This centre provided some residents with a full-time home-based service, while two residents attended a day service on a part-time basis. Staff support was provided in accordance with each resident's assessed needs. For residents who required minimal support or supervision in their daily lives, staffing arrangements reflected this lower level of need. Where residents required a higher level of support, appropriate staffing resources were available.

The provider had effective systems and processes in place to maintain oversight of the quality and safety of care provided to residents. These included six-monthly unannounced provider audits, an annual review of the service and a range of local audits. Regular team meetings were held within the centre. Residents had access to a clear accessible complaints procedure. Independent advocacy services were also available to residents.

Regulation 15: Staffing

The provider had ensured that the number and skill mix of staff was appropriate to residents assessed needs, and was in line with the size and layout of the centre.

The inspector viewed the staffing roster for May 2026 and found that planned and actual rosters were well maintained. These rosters evidenced that sufficient staff were consistently being rostered to support residents to access appointments, partake in activities and to meet residents assessed needs. On the day of inspection two staff were rostered to work during day time hours with one staff available to residents during the evening period and overnight.

Judgment: Compliant

Regulation 16: Training and staff development

There were suitable arrangements in place to support training and staff development.

Staff had received training that was appropriate to their roles and responsibilities. The inspector viewed the training matrix for the centre and found staff had received mandatory training in areas such as, fire safety, positive behaviour support, and adult safeguarding. Staff had also received other relevant training, such as cardiac first response, first aid, and food hygiene. The inspector spoke to staff who

confirmed they had attended all mandatory training and had also partook in specific training in medicines management and had also completed training in supporting residents using a trauma informed approach.

There was a schedule of supervision planned for 2026, and meetings were taking place as planned. Staff who spoke with the inspector verified they had supervision meetings and had direct support in the form of on-the-floor supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and managements arrangements in place to appropriately oversee all aspects of this service and to ensure the provision of a good quality and safe service to residents.

The provider had developed a clear organisational structure to manage the centre and this was set out in the statement of purpose. There was a person in charge who held overall responsibility for the management of the centre. They were supported in their role by a deputy person in charge. The person in charge was suitably qualified and experienced for the role. They were frequently in the centre, and worked closely with staff and local management.

The centre was subject to ongoing review and monitoring, this included an annual review of the service such as a recent review for 2025. The inspector read this review and found the provider had identified areas for improvement, such as personal planning documentation and updates to risk management plans. A provider unannounced audit was conducted in May 2026. This audit found all regulations reviewed were compliant with the regulations. The person in charge had a schedule of audits, including audits of healthcare plans, fire safety measures, premises, and staff training. These audits demonstrated a high level of compliance with the regulations.

Regular team meetings took place in the centre with records for May 2026 reviewed. Safeguarding, health and safety and resident updates were standard agenda items at these meetings. The inspector found good levels of staff attendance at team meetings. Resident meetings took place weekly, these meetings discussed upcoming plans, menus, changes in the centre and provided residents with an opportunity to raise any concerns. A resident described to the inspector plans to amend the date of the resident meeting planned to take place on the day following the inspection in order to ensure all residents were available and able to participate.

The centre was adequately resourced to meet residents assessed needs. These resources included additional staffing supports were required to access medical appointments or community based activities. For example, the provider had recently

rostered additional staff to provide support for a resident to attend a hospital appointment.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all notifiable incidents occurring in the centre was maintained and available to view.

The provider was aware of the requirements to make notifications of certain adverse events, including quarterly returns, to the Chief Inspector of Social Services within specified time frames. The inspector reviewed incident records for the past year and found that the provider had submitted notifications appropriately.

Judgment: Compliant

Quality and safety

Based on the findings of this inspection there was a high level of compliance with regulations relating to the quality and safety of care delivered to residents living in this centre.

The centre was located in a residential area close to a large town and walking distance to amenities such as shops, gyms, hotels, and swimming pools. Residents had access to transport to access the community, activities, and attend appointments. The house had a well-equipped kitchen and dining area where residents could have their meals, and prepare food as they wished. Laundry facilities were available in the centre and residents actively managed their personal laundry. There was a garden where residents could spend time outdoors. The centre was spacious, well laid out and decorated in a welcoming homely manner.

Comprehensive assessments of the health, personal and social care needs of each resident had been carried out and were recorded. Residents' healthcare needs were found to be well managed with records evidencing annual medical reviews and access to allied healthcare professionals. The provider was found to be proactive in supporting residents to access national health screening and following up on actions resulting from this.

The inspector observed that staff supported residents to do things that they enjoyed both in the centre, and in the community. Residents were involved in a range of

activities such as visiting and socialising with family and friends, entertainment events, and developing independent living skills.

Residents' rights were actively supported by staff and local management. Restrictive practices within the centre were minimal and were subject to regular review by the provider to ensure they remained appropriate. Local management outlined the ongoing skills-teaching in place to support residents in developing greater independence in areas such as medicines management, with the aim of reducing restrictive practices where possible. Each resident had been assessed regarding their support needs in relation to control over their personal finances. All residents had autonomy in decisions about their money and managed their finances independently.

Regulation 10: Communication

Residents were assisted and supported at all times to communicate in line with their needs and wishes.

Residents who lived in this centre could freely voice their opinions, views and any concerns they may have. The inspector observed that staff interacted with residents in a warm friendly manner and that residents were relaxed in the presence of staff. Residents' had access to all forms of media, such as newspapers, radio and television.

Judgment: Compliant

Regulation 13: General welfare and development

Residents who lived in this centre had a good social life and they were out and about in their local town on a daily basis. The centre was located a short walk away from a large town which supported residents community access. Residents had access to transport which meant that they could easily access activities located further away, such as the cinema, or shopping. Residents were being supported by staff to be involved in both developmental and leisure activities that they enjoyed.

Residents had the autonomy to carry out everyday community activities such as shopping, personal banking, and eating out. All residents who met with the inspector discussed their plans for the day and the upcoming weekend.

Two residents accessed part time day services. One resident as part of their day service programme partook in numeracy and literacy classes. Residents were also involved in household tasks, such as laundry, and food preparation as they wished.

Residents told the inspector about cooking for the house one night per week and the enjoyment they had from doing this.

Judgment: Compliant

Regulation 17: Premises

The centre suited the needs of the residents living here, was in good repair and well maintained, was clean, suitably decorated and equipped throughout.

The centre could accommodate four residents. Throughout the house, there was adequate private and communal space, where residents could receive visitors or take part in activities that they liked. Each resident had their own bedroom and these had adequate storage such as walk in wardrobes, and bedside lockers in which residents could store their clothing and belongings. Residents' bedrooms were personalised, comfortable and nicely furnished. Residents had access to an enclosed garden, with garden furniture and a dedicated shelter for one resident's needs.

Judgment: Compliant

Regulation 18: Food and nutrition

Resident's nutritional needs were well met. Residents were supported to purchase groceries and in preparing meals.

The inspector observed residents preparing snacks and hot drinks throughout the inspection. All residents participated in cooking and one resident assumed responsibility for meal preparation daily. Residents met weekly to discuss menu options and agree on food choices collaboratively. Each night residents took turns in preparing the evening meal for the house. Residents expressed they were very happy with the food choices in the centre. In addition, there were adequate amounts of food, refreshments and drinks available to residents at all times.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had suitable practices in place in relation to the ordering, receipt, prescription, storage, disposal, and administration of medicines.

Residents had been assessed to manage their own medicines and some residents were independent in all aspects of their medicines. Where support was identified, this was in place for residents. The centre had locked storage in place for medicines and residents' medications were supplied by a local pharmacist via a blister pack system.

The inspector observed a resident partake in partial self-administration of their prescribed creams, this was found to be safe and well managed. The inspector spoke to staff who had a good understanding of medicines prescribed to residents, including possible side effects. All staff in the centre had received training in safe medicines management.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans which were reviewed at least annually.

The inspector reviewed a sample of two residents' personal plans and found that they clearly reflected the residents' assessed needs, preferences, and wishes. Personal goals had been developed in line with each resident's lifestyle choices and preferred activities. Short, medium, and long-term goals were clearly identified, and monthly progress updates were well maintained. For example, a goal in relation to increased participation in health and fitness had been agreed and was subsequently recorded as achieved by the resident.

On the day of inspection a resident hosted their personal planning meeting. This meeting was used to review previous goals and identify future goals.

Judgment: Compliant

Regulation 6: Health care

Residents received appropriate healthcare that took account of their assessed needs. This inspection found that residents were active participants in decisions about their healthcare. For example, one resident spoke with the inspector about an upcoming medical procedure and demonstrated a good understanding of the procedure, its implications, and the choices available to them. The resident had been provided with appropriate information and was able to make informed decisions in relation to their care.

The inspector reviewed two personal plans and found detailed plans for all identified healthcare needs. For example, where a resident was diabetic, a detailed care plan was available to view. Residents had access to the multidisciplinary team (MDT).

Records reviewed indicated that residents had access to general practitioners (GP), dietetics, physiotherapy, occupational therapy, and psychology. National health screening was promoted and ongoing where residents' met the criteria.

Judgment: Compliant

Regulation 8: Protection

The provider had clear procedures in place to support staff in identifying, reporting, responding to and managing any concerns related to the safety and welfare of residents.

All staff working in the centre had received training in adult safeguarding and staff spoken with were able to verify this training had taken place. There were no safeguarding plans in place in this centre. All residents in the centre described the steps to take should they wish to raise a safeguarding concern.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were actively promoted and respected. All staff had received training in human rights and it was evident this training was embedded in practices within the centre.

Residents' were supported to exercise personal independence and choice in their daily lives. For example, they were observed planning their daily routines, with staff encouraging and promoting their independence. The inspector observed residents freely coming and going from the centre to do activities such as meeting friends for coffee, dining out, and running personal errands. Where residents had assessed support needs, staff were observed to promote independence as much as possible. For example, staff were observed promoting choice and autonomy in daily activities, in areas such as medicines management, and cooking.

Weekly house meetings took place to discuss matters such as the running of the centre, menu planning, and any other areas residents' wished to discuss. These meetings supported residents to actively participate in decisions about their daily life. From discussions had with residents, they found these meetings enjoyable and a good forum to discuss important matters or raise a concern.

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 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant