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

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| Name of designated centre: | Woodbine Lodge |
| Name of provider: | Nua Healthcare Services Limited |
| Address of centre: | Cork |
| Type of inspection: | Unannounced |
| Date of inspection: | 31 March 2026 |
| Centre ID: | OSV-0005340 |
| Fieldwork ID: | MON-0049847 |

## About the designated centre

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

Woodbine Lodge provides full-time residential support for up to five adults, of both genders and over the age of 30, with diagnoses of intellectual disability, autism spectrum disorder, an acquired brain injury or schizophrenia. It is located in a rural setting but within close distance to a city. Woodbine Lodge is a two-storey house which includes a self-contained one-bedroom apartment on the ground floor with separate access. Rooms in the centre include bedrooms, living rooms. a kitchen, a utility room and staff rooms. Residents are supported by the person in charge, social care workers and assistant support workers.

**The following information outlines some additional data on this centre.**

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| 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 |
|---|---|---|---|
| Tuesday 31 March 2026 | 09:15hrs to 17:30hrs | Conor Dennehy | Lead |

## What residents told us and what inspectors observed

This was a safeguarding focused inspection conducted as part of a programme of inspections commenced by the Chief Inspector of Social Services during 2024. During this inspection, the inspector spoke with four residents, two staff members, a deputy person in charge and the person in charge. Some positive feedback was received from residents although one resident indicated that they did not like living in the centre. Good compliance was found in areas such as personal plans while the use of restrictive practices was being reduced. However, some regulatory actions were identified regarding aspects of safeguarding plans, staff knowledge of safeguarding and staffing arrangements for the centre.

Woodbine Lodge was registered for a capacity of five residents and was made up of a main house for four residents and an adjoined apartment for one resident. All four residents living in the main house were met and spoken with by the inspector. While the inspector did briefly see the resident living in the apartment, the inspector was informed by the deputy person in charge that this resident did not wish to speak with the inspector. This request was respected by the inspector although the inspector did visit the apartment where this resident lived after they had left the centre for an outing.

One resident spoken with told the inspector that they got on with two of the other residents living in the centre. However, when asked if they felt safe living in the centre, the resident responded by saying "not really". When asked by the inspector about this, the resident indicated that they had recently fallen out with another resident and had put in a complaint about this but was not sure of the outcome of this. The resident also indicated that they did not like living in the centre as they wanted to live with their family who were living elsewhere.

A second resident that the inspector spoke with talked about going to day services operated by the provider and spoke of their hope to get a job making coffee. This resident liked to keep busy and spoke of doing cleaning in the centre before showing the inspector a shed outside the centre which they said they had sanded and power-hosed. While showing this shed to the inspector, the resident indicated that they liked living in the centre, felt safe there and got on with the other residents. This resident commented positively on staff also and gave the names of different staff members that they would talk to if they had any issues.

The inspector queried some similar areas with a third resident. In response to questions about liking living in the centre and if there was anything they were unhappy about, the resident responded by saying "it's alright" to both questions. The resident did indicate though that they got on with the other residents living in the centre. The inspector did ask this resident some further questions about what

they were doing on the day of inspection but the inspector could not clearly make out the resident's responses to these.

A fourth resident spoken with did have some verbal communication ability but generally gave one word answers to questions asked. The inspector sat with this resident for a time as they were watching television. During this time the inspector asked the resident if they liked living in the centre, did they feel safe, were the staff good to them, did they get on with their peers and if they were having a good day. The resident responded "yes" to all of these questions. This resident was seen to be content during the inspection and twice gave the inspector a thumbs up.

The atmosphere in the centre throughout the day of inspection was quiet with residents appearing to be comfortable in the presence of staff and centre management present. Staff and management were observed and overheard to interact with residents in a pleasant and respectful manner. For example, the person in charge was seen to put on the television for one resident before spending some time chatting to them while a staff member responded promptly to a request from the resident living in the apartment. Staff also supported all residents to leave the centre during the day for some outings.

This included one resident going to day services, two residents being brought for a coffee out, one resident going to a gym and one resident going out to buy paint. This resident later informed the inspector that they were going to use this paint to paint a fence for the centre. While such outings were noted, it was identified early into the inspection that the centre only had one staff member who was appropriately licensed to drive. However, this staff member could not drive any of the three cars that were provided for the centre as these were all manual cars. This contributed to one resident's request to leave the centre in the morning being slightly delayed but the resident and another resident did leave the centre in the company of staff to avail of public transport soon after.

These residents later returned to the centre in a taxi with the person in charge informing the inspector that the provider paid for this taxi. It was indicated to the inspector that it was rare that the centre would be without enough licensed drivers and it was acknowledged that an automatic car was provided for the centre on the day of the inspection. The one licensed staff driver present was then able to use this automatic car to facilitate outings for residents in the afternoon. At one point while this staff was out with one resident in the automatic car, another resident was overheard asking a different staff member to go out. In response to this, the resident was informed that they would have to wait until after dinner as there was no drivers present.

Space for the centre's cars to be parked was present on the external grounds of the centre which also included a nicely presented garden area. Internally, the centre was seen to be clean, well-furnished and well-maintained with sufficient space provided for residents. For example, there were two living rooms for residents in the main house with one of these having a dart board and a table tennis table. The floor plans and statement of purpose for the centre also indicated that one further room doubled up as a staff sleepover bedroom and a relaxation room but it was identified

during the inspection that this was being using as an archiving room and a staff sleepover bedroom. Three residents' bedrooms were seen during this inspection which were nicely presented and personalised such as one resident's bedroom that had a number of model cars present.

In summary, one resident informed the inspector that they did not like living in the centre but feedback from three other residents was generally positive. A fifth resident living in the centre was not spoken with during this inspection. Staff were pleasant towards residents on the day of inspection and supported residents to leave the centre. However, there was only one licensed driver present in the centre on the day of inspection which impacted transport arrangements. Regulatory actions identified during this inspection will be discussed elsewhere in this report.

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

It was found that the provider had management systems in operation to ensure that the centre was appropriately monitored with good compliance found relating to the governance of the centre. As part of this the provider was conducting six monthly unannounced visits to the centre. Such visits were used to assess safeguarding.

This designated centre was registered until January 2028 and had been previously inspected on behalf of the Chief Inspector in July 2024. That inspection assessed 15 regulations with all of those regulations judged to be compliant. Given the length of time since that inspection, the decision was made to conduct the current inspection to assess compliance in more recent times although this inspection was focused on safeguarding. The current inspection found that safeguarding was an area that was being considered in the provider's monitoring systems, such as six monthly unannounced visits to the centre, while safeguarding was being discussed at staff team meetings happening in the centre. Staff working in the centre had also been provided with safeguarding training. Some variance in staff knowledge in this area was identified though during this inspection which indicated that some refresher training in safeguarding was needed.

Beyond this, appropriate staffing arrangements were generally indicated as being in place for the centre based on staff rotas reviewed. However, some instances were identified during 2026 where one particular day staff shift was not provided while only one staff member was licensed to drive on the day of inspection. The provision of staff supervision had been raised as an area for improvement during the most recent provider unannounced visit to the centre in January 2026. Staff supervision was found on the current inspection to have improved since then. The January 2026

provider unannounced visit had also identified some recurrent areas for improvement from previous unannounced visits. As a result of this, this provider specifically re-audited medicines management and residents' personal possessions with improvement subsequently found in both of these areas.

## Regulation 15: Staffing

This regulation covers the staffing arrangements to be provided to support residents. During this inspection management of the centre, indicated that by day residents were to be supported by four staff members and two waking staff at night. These day staffing levels were seen to be in place on the day of this inspection. Staff and management spoken with also indicated that these staffing arrangements were in place the majority of the time. This was generally consistent with staff rotas reviewed for 2026. However, when reviewing these staff rotas, the inspector noted 10 occasions when only three staff were working in the centre by day and 11 occasions when only one waking night staff member was on duty albeit with support from one sleepover staff. No adverse impacts for residents were highlighted from these occasions. However, as referenced in the opening section of this report, only one licensed driver was available as part of the staff team on the day of inspection. This did result in some delays in facilitating requested resident outings.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

A training matrix provided indicated that all staff working in this centre had completed training in a number of areas. This included training in fire safety, infection prevention and control, providing intimate care and safeguarding. Despite this, it was noted during this inspection that staff knowledge around aspects of safeguarding varied from the staff spoken with which indicated that refresher training was needed in this area. For example, the inspector spoke with two staff members and found that improvement was required in demonstrating knowledge around the types of abuse and the role of the provider's designated officers (people specifically assigned to review safeguarding concerns).

In addition to training, this regulation also requires that staff working in the centre are appropriately supervised. A provider unannounced visit report for the centre from January 2026, which assessed this regulation, had highlighted that not all staff working in the centre had been supervised. Discussions with management and staff during the current inspection as well as a supervision log reviewed indicated that the provision of staff supervision had improved since then. Due to the findings of the

January 2026 provider unannounced visit report, this regulation was re-audited by the provider in March 2026 with improvement noted in terms of staff supervision.

Judgment: Substantially compliant

## Regulation 23: Governance and management

During this inspection, it was indicated that the provider was in the process of making some management changes at a senior level within the provider with a new person in charge having been appointed for this centre in January 2026. The findings of this inspection also indicated that there were management and monitoring systems in operation for the centre. Such systems included:

- Staff team meetings were occurring regularly in the centre based on meeting records reviewed from September 2025 on. The notes of these meetings indicated that various topics were recorded as being discussed with staff such as complaints, incidents, risk management and safeguarding.
- The staff spoken with indicated that there was an on-call system available for staff to seek managerial support if required. Records about who was on call each day throughout 2026 were seen by the inspector during the inspection.
- Annual reviews, a key regulatory requirement, had been completed for the centre in December 2024 and December 2025. These annual reviews were reflected in written reports and noted to assess the centre against relevant national standards.
- Since the previous inspection of this centre in July 2024, four provider unannounced visits to the centre, another regulatory requirement, had also been completed. Such visits are required to be done every six months and based on records seen they had been completed in August 2024, January 2025, July 2025 and January 2026. Such visits were reflected in written reports with the inspector reviewing the three most recent of these. It was noted that they assessed various areas relevant to the quality and safety of care and support provided to residents. This included areas such as healthcare, fire safety, residents' rights and safeguarding. it was seen that the three provider unannounced visit reports reviewed had all highlighted some recurrent areas where improvement was identified during those visits, particularly relating to medicines management and residents' personal possessions. Such areas were subsequently re-audited by the provider in March 2026 based on documentation reviewed and comments of the person in charge with improvement found during this re-audit.

Judgment: Compliant

## Quality and safety

Staff on duty were supporting residents in a respectful manner with residents appearing comfortable in staff's presence. Personal plans were in place for residents which outlined guidance on how to support their needs which contributed to good compliance in most regulations considered in this section. Safeguarding plans were also put in place where required but staff were not aware of an active safeguarding plan in place at the time of this inspection.

Records provided during this inspection indicated that any restrictive practices in use were being kept under review. At the time of this inspection, the provider was in the process of reducing and removing some restrictions for one resident. Residents had personal plans in place which contained guidance on how to support residents in various areas such as their health and with their communication. The residents in this centre did communicate verbally although one resident did not communicate verbally as much as others. Staff spoken with were aware of this. Such staff were also seen to interact with residents in a respectful manner during this inspection with residents' forums taking place on a weekly basis. Based on notes provided, these forums were used to discuss various topics with residents including rights and having a zero-tolerance approach to abuse in the centre.

Seven safeguarding allegations and incidents had been notified from this centre since July 2025. These matters were subject to preliminary screenings with safeguarding plans put in place. However, staff spoken with did not have an awareness of one safeguarding plan that had been put in place following a recent incident. Based on records reviewed, a specific action arising from two safeguarding plans to have key-working sessions with a resident around safeguarding had not been completed. It was noted though that, aside from the seven safeguarding allegations and incidents that had been notified from the centre since July 2025, no other safeguarding allegations and incidents were identified during this inspection.

## Regulation 10: Communication

All of the residents living in this centre could communicate verbally based on staff comments and the inspector's own interactions with four residents on the day. One resident did not communicate verbally as much as the other residents but staff were aware of other means that this resident could communicate. Guidance on residents' communication abilities was found to be present within their personal plans. Various media was seen to be present in the centre including televisions, a radio, a games console and a laptop. In terms of Internet access, the inspector was informed that two residents paid for their own Internet but that residents could access the provider's guest Wi-Fi Internet if they wanted.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

To comply with this regulation, all residents living in a designated centre should have individualised personal plans. Such plans are intended to set out the health, personal and social needs of the residents while also providing guidance for staff in how to meet these needs. During this inspection, the personal plans of two residents were reviewed. These were found to have been reviewed in recent months and contained guidance on supporting the various needs of residents. This covered areas such as residents' health, residents' sleep and residents' religious and culture needs. The personal plans were also found to contain key information on residents such as their history and likes/dislikes.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Some restrictive practices were in use in this centre which were outlined in a log that had been reviewed in March 2026. This log contained restrictions such as sharps locked in the staff office, the use of dash cameras on vehicles and a door alarm for the apartment of the centre. These restrictive practices had been reviewed in March 2026 and December 2025 in meetings between the person in charge for the centre and a behavioural therapist based on meeting notes provided. When reviewing such documentation and from discussions with the person in charge, it was highlighted that the provider was in the process of reducing and removing some restrictions that were in place in the apartment of the centre.

Aside from matters related to restrictive practices, guidance was seen to be in place in two residents' personal plans on how to support these residents to engage in positive behaviour. A training matrix provided indicated that all staff working in the centre had completed relevant training in de-escalation and intervention.

Judgment: Compliant

## Regulation 8: Protection

Since the beginning of July 2025, the Chief Inspector had been notified of seven safeguarding allegations or incidents that had been raised or occurred in the centre. For the allegations that had been raised, investigation processes were ongoing related to these based on comments of the person in charge. The inspector was also informed that relevant protective measures put in place following these allegations remained in place at the time of this inspection. For these safeguarding allegations

as well as the other safeguarding notifications since July 2025, documentation reviewed confirmed that these had all been subject to preliminary screenings with safeguarding plans put in place were required. However, the following was identified regarding the safeguarding plans that were put in place and provided on the day of inspection:

- While the safeguarding plans listed various actions or measures to ensure the safety of residents, it was noted that none of the safeguarding plans for the six most recent safeguarding allegations or incidents contained any due date or review date for these actions or measures.
- Two safeguarding plans from November 2025 for the same resident had a specific action outlined for key-working sessions to take place with the resident around safeguarding. The inspector reviewed notes of the resident's key-working sessions that had taken place since November 2025 and saw no record of such a key-working session. The inspector also highlighted this to the person in charge but no record of any such key-working session around safeguarding was provided. It was acknowledged though that key-working sessions had taken place with the resident since November 2025 around areas such as rights and complaints. In addition, a zero-tolerance approach to abuse was indicated as being discussed at weekly communal residents' forums meetings that had taken place throughout 2026.

One of the safeguarding incidents had had been notified since July 2025, had occurred in the days leading up this inspection. One of the residents involved in this indicated that they did not feel safe in the centre, as referenced in the opening section of this report, which appeared to relate to this incident. No other incidents of a similar nature were indicated in incident reports provided for the previous six months. The inspector was informed by management of the centre that there was a safeguarding plan active for the centre due to the recent incident with a copy of this safeguarding plan seen by the inspector. However, two staff members spoken with during this inspection, indicated to the inspector that there was no active safeguarding plan for the centre. This was despite, the safeguarding plan indicating that safeguarding concerns was discussed at staff handovers that took place. The inspector was informed that two such handovers took place every day at shift changeovers.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

Staff and management on duty during this inspection were observed and overheard to interact with residents in a respectful manner. However, residents' right to leave the centre when they wanted to on the day of inspection were impacted by not having enough sufficient licensed drivers in place. This is addressed under Regulation 15 Staffing. Residents' forums meetings were occurring weekly in the centre based on meeting notes reviewed for 2026. These referenced residents being

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| informed about their rights, about their right to complain and about activities amongst other topics. One resident was present in the centre on a court order but it was highlighted that some assessments related to this were ongoing at the time of inspection. |
| 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 | Substantially compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 23: Governance and management | Compliant |
| **Quality and safety** | |
| Regulation 10: Communication | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Substantially compliant |
| Regulation 9: Residents' rights | Compliant |

# Compliance Plan for Woodbine Lodge OSV-0005340

## Inspection ID: MON-0049847

## Date of inspection: 31/03/2026

**Introduction and instruction**
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider's response:**

| Regulation Heading | Judgment |
|---|---|
| Regulation 15: Staffing | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing:<br><br>1. The Person in Charge (PIC) to ensure adequate skill mix is maintained within the roster to meet residents assessed needs. Any issues that may impact the service delivered will be addressed proactively through contingency arrangements.<br><br>Completed: 6 April 2026<br><br>2. The Person in Charge (PIC) to source an automatic vehicle within the designated center to further support with the facilitation of individuals actives.<br><br>Completed: 5 May 2026 | |
| Regulation 16: Training and staff development | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development:<br><br>1. The Person in charge (PIC) to ensure all staff have completed refresher safeguarding training.<br>Completed: 15 June 2026<br><br>2. The Person in charge (PIC) to ensure test of knowledge is completed with all staff on their knowledge of safeguarding. Any staff identified with gaps of knowledge will receive an additional mentoring session to discuss safeguarding scenarios to reinforce learning.<br><br>Due date: 30 June 2026 | |

3. The Person in charge (PIC) to discuss the learning from recent audit within the June team meeting.

Due date: 30 June 2026

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| Regulation 8: Protection | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 8: Protection:

1. The Person in charge (PIC) in conjunction with designated officer will update the relevant review/status section on all interim/safeguarding plans to ensure they are adequately reviewed, and actions are closed.

Completed: 7 April 2026

2. The Person in charge (PIC) will ensure that any safeguarding concerns arising from the designated center are communicated to the team via email in addition to the handover log that is in situ.
Completed: 7 April 2026

## 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 15(1) | The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. | Substantially Compliant | Yellow | 06/04/2026 |
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. | Substantially Compliant | Yellow | 30/06/2026 |
| Regulation 08(2) | The registered provider shall protect residents from all forms of abuse. | Substantially Compliant | Yellow | 07/04/2026 |