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:	Greenacres
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	03 June 2026
Centre ID:	OSV-0005803
Fieldwork ID:	MON-0050240

About the designated centre

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

Greenacres is a designated centre located in a rural area in Co.Wexford. Greenacres aims to provide 24-hour care to both male and female aged 18 years or older with a wide range of support needs including Intellectual Disabilities and Autism Spectrum Disorder (ASD). The centre is staffed by a full time person in charge and a team of social care workers and assistant support workers. Nua Healthcare also provide the services of the Multidisciplinary Team. These services include; Psychiatrist, psychologist, Occupational Therapist, Speech and language Therapist and nurses. The centre itself is a two-storey detached house. The ground floor consists of kitchen/dining area, living room, utility, WC and foyer. On this level there is also an individual supported living area with consists of bedroom 1 with en-suite and living room/kitchenette. There is also spacious gardens and a trampoline for recreation. There is a recreational & play area which is situated at the back of the property. On the first floor, there is bedroom 2 with en-suite, bedroom 3 with en-suite, main bathroom, a staff office and a landing. Amongst the local amenities are hairdressers, a library, local parks, a community centre, horse riding centre, GAA club, selection of restaurants, shops, and social groups

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 3 June 2026	09:20hrs to 16:45hrs	Robert Hennessy	Lead

What residents told us and what inspectors observed

This was an unannounced inspection of the designated centre. The centre was registered for three residents and there were three residents living there on the day of the inspection. The inspector found that the staff team and management team were working to provide the residents with a good quality of life. The service being provided was person-centred for the residents and was expanding on their skills and interests. The centre was a large two-storey detached residence in a rural setting.

The inspector met with two of the three residents. One resident had just left before the inspector arrived and they were going to an amusement park which was a good distance away from the centre, they were not going to return to the designated centre until late that evening. The inspector met with the other residents, one spoke about their interest in classic cars. This resident told the inspector they were happy with their home and the activities on offer in the centre. The other resident was met after they had completed their morning routine. They indicated that they were happy with where they lived and was excited about going for coffee with a staff member. The third resident was not met but they were completing one of their goals for the year on the day trip to the amusement park. Improvements made for this resident included a locked door to their apartment now remaining open, so they could access all areas of their home outside their self-contained apartment. Staff were heard talking to the residents during the day for example, discussing with a resident their goal of obtaining a driver's licence.

The premises was well maintained. The residents' own areas such as their bedrooms, were personalised and contained items that reflected their interest for interest, pictures of classic cars. Residents had access to laundry and kitchen facilities. The staff reported that the residents assisted in these areas and managed much of their own laundry. There was a large outdoor area and a games room away from the main house which the residents used. Previously a resident had a stand-alone apartment which had a locked door, this restriction was removed and the resident had access to the full home.

The person in charge and the staff team were met with during the inspection. The staff team working on the day of the inspection interacted well with residents and the residents were comfortable in their presence. Staff discussed plans with the residents about what they were undertaking for the day. Staff were seen and heard encouraging residents to go through their daily routine so they could undertake activities they enjoyed. Activity schedules were used for residents and it was apparent that staff created these with the residents and went through them with the residents throughout the day.

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 registered provider had an appropriate management structure in place in the designated centre. The registered provider and the person in charge were completing audits to ensure the quality and safety of the service being provided. There were appropriate staffing resources present for the residents.

The staff team had received training to support them in their roles. Oversight of training was well managed and future training dates for staff were planned.

Documentation associated with the designated centre such as the statement of purpose and the directory of residents met the requirements of the regulations and were subject to review.

Regulation 15: Staffing

The person in charge had a planned and actual staff rota maintained in the designated centre. This was made available to the inspector and clearly set out the staffing levels available to the residents on a given day. This rota showed that residents had two staff each working with them daily. This enabled residents to undertake activities whenever they wished.

Staffing levels present were as set out in the centre's statement of purpose. The staff team was consistent with the same people being listed on the staff rota. This continuity of working with the same staff was reported to be important to the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training to support the residents in the designated centre such as fire safety, safeguarding and manual handling. Staff had completed refresher training in these areas when required.

The person in charge was completing supervision sessions with staff on a twice-yearly basis which was in line with the registered provider's policy. The person in charge also described a system where the management worked directly with the front-line staff at times throughout the year to provide support in best practice when working in the centre.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre. This directory was made available to the inspector during the inspection.

The directory of residents contained the information required by Schedule 3 of regulations such as the residents' next of kin and their general practitioner.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a suitable governance structure in place with staff members reporting to a person in charge. The person in charge had support from senior management within the organisation and worked full-time in the designated centre.

The registered provider had undertaken an annual review of the quality and safety of care and support in the designated centre which was completed in October 2025. This review contained actions for improvement of the service and contained personalised information regarding the residents and what they had done during the year and also their objectives for the service for the following year. This review also had information taken from surveys completed by the residents. The feedback in these surveys was very positive about the residents' home and the activities they undertook.

The registered provider had completed unannounced visits to the designated centre on two occasions in the previous 12 months in September 2025 and March 2026. The latest report from March 2026 was completed in a new format which was an improvement on the previous format as it was more concise and focused specifically on the designated centre. This report did not contain generic information that the previous report was noted to contain. The person in charge was undertaking audits at a local level which examined health and safety and complaints for example.

The person in charge was facilitating staff team meetings on a monthly basis where items such as incidents, safeguarding and training were being discussed.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose for the designated centre. The statement of purpose contained the information set out in Schedule 1 of the regulations such as the facilities and services that are provided by the registered provider to meet the residents' care and support needs.

The registered provider had ensured that the statement of purpose had been reviewed in the last 12 months, with last review being completed in January 2026. A copy of the statement was available to the residents and their representatives in the designated centre.

Judgment: Compliant

Quality and safety

The person in charge ensured there were relevant assessments undertaken and personal plans in place for the residents. These assessments and plans were reviewed in a timely manner. These plans contained information on residents' needs in relation to health care and also on how they communicate and how they liked to be communicated with. Guidance on positive behaviour support was available in the residents' personal plans. Residents had goals for the year created and these goals were realistic and reviewed.

The premises was well maintained and was providing residents with sufficient communal and private space. The fire safety equipment in the designated centre was serviced and was in good working order.

The residents' finances and personal items were well managed and maintained in the designated centre, with residents completing their own laundry for example.

Regulation 10: Communication

The registered provider and the person in charge had ensured the communication needs of the residents were well met.

Residents' personal plans contained information on how the residents communicated. These plans also contained information on how residents liked to be communicated with. The personal plans of the residents also contained a communication passport to further inform staff of the communication needs of the residents.

The residents had access to electronic tablet devices, mobile phones and the Internet and used these devices for entertainment as well as communication.

Information for residents was available to them in an easy-to-read format.

Judgment: Compliant

Regulation 12: Personal possessions

The registered provider had ensured the residents had their own accounts in financial institutions. The residents were assisted in managing their finances and were encouraged to be as independent as possible, for example, when purchasing items they would complete the transactions themselves. The residents were assessed to determine how much support was required.

The residents had purchased their own items for their home. The residents had adequate storage space in their own personal areas to store their own items.

Residents were able to assist in managing their own laundry and there were adequate facilities for the residents to do this.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider and person in charge assisted the residents in undertaking activities they enjoyed and also helped the residents to become more independent. One resident was beginning a new day service and residents were seen to have a busy daily schedule.

The residents were provided with opportunities to maintain family contacts and were taking part in activities in their nearby communities such as volunteering with tidy towns.

The residents provided feedback on the service being provided and indicated they were very happy this. It was evident that residents were receiving information in a format that they could understand. Consent was sought from residents for restrictions that were in place for the residents such as the dash cam being used in the service vehicle.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a walk through of the premises and found that in the home was clean and suitably decorated. The registered provider had ensured the premises was laid out to meet the number and needs of the residents. All residents had their own private spaces and were able to spend time in their own personal areas. The residents' bedrooms were well decorated and personalised, such as one resident having pictures of classic cars as they had an interest in this.

There was a large outdoor area for the residents to use. There was a recreation room situated in the garden which provided an area for residents to relax and play games.

The premises provided the residents with access to kitchen areas, suitable storage, bathrooms and access to a laundry area. The premises met all the requirements of Schedule 6 of the regulations with adequate private and communal space, suitable storage and areas to undertake laundry being provided.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that appropriate fire management systems were in place. Fire safety equipment in the centre such as the emergency lighting and fire extinguishers were checked and serviced in a timely manner.

The person in charge was ensuring that staff were completing fire safety checks in the designated centre in line with registered provider's policy. Fire doors checked during the inspection by the inspector were operating correctly.

All residents had personal emergency evacuation plans in place which were reviewed in the last 12 months or as required. The residents were participating in the fire safety drills in the centre on a regular basis and if action was required following these it was documented.

The emergency plan in the event of a fire was displayed throughout the centre. There was a fire safety overview guidance for staff and fire evacuation procedure, which explained what would happen if the designated centre needed to be evacuated.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider and the person in charge had completed a comprehensive assessment of need for each resident which identified their health, personal and social care needs. The information in the assessments and plans was available to the residents in an easy-to-read format. These plans contained information on the communication needs of the residents with communication passports created for them. The plans also contained information on how residents liked to schedule their days, for example one resident used "first" and "then" prompts when making a schedule. Social stories were used for residents when they were undertaking new activities. The person in charge had reviewed the residents' individual assessments and their associated personal plans within the last 12 months.

The person in charge had ensured the designated centre was suitable for the residents and their stated needs. The residents were planning activities for the year such as going on holidays with their family, being integrated into a day service and also activities to assist them with being more independent such completing household tasks and one resident was working towards getting a driver's licence.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider had ensured that restrictive practices used in the designated centre were kept under review and were removed where possible. A resident had a previously locked door that was now open to the main house and there was a change for the resident when using transport with a harness no longer used.

The person in charge ensured that all staff were provided with training in the area of positive behaviour support including de-escalation and intervention techniques. The person in charge had ensured that behaviour support plans were in place, which gave staff detailed information on how to support residents in this area. These plans explained to staff what proactive and reactive strategies could be used with residents. The positive behaviour support plans had been created with the input of a behaviour support specialist and were reviewed within the last 12 months.

Judgment: Compliant

Regulation 8: Protection

The registered provider had systems available to safeguard residents. There was an up-to-date safeguarding policy available to staff to guide them with possible safeguarding concerns that may arise for residents. All staff had completed safeguarding training and information was also available to residents on this topic.

The person in charge had an overall safeguarding plan in place which was specific for the designated centre. This detailed possible safeguarding concerns that may specifically occur for the residents there.

The person in charge had created intimate care plans for residents. This outlined the supports that residents required in this area. These plans had been revised in the last 12 months.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant