



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

Issued by the Chief Inspector

Name of designated centre:	Chapel View
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	28 January 2025
Centre ID:	OSV-0006448
Fieldwork ID:	MON-0037188

About the designated centre

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

Chapel View consists of a bungalow located in a rural area but within close driving distance to a number of towns. The designated centre provides a full-time residential service for up to three residents of both genders, over the age of 30 with an intellectual disability, acquired brain injury and mental health needs. Each resident has their own en suite bedroom and other facilities in the centre include a kitchen/dining room, a lounge, a sitting room, a sunroom and staff facilities. Staff support is provided by a nurse, social care workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Tuesday 28 January 2025	15:30hrs to 17:30hrs	Jackie Warren	Lead
Wednesday 29 January 2025	08:40hrs to 14:30hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

Residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported to achieve best possible health, and were involved in activities that they enjoyed.

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities and following receipt of an application to renew the registration of the centre. As part of this inspection, the inspector met with all three residents who lived in the centre and observed how they lived. The inspector also met with the person in charge, five staff on duty, and a senior manager and viewed a range of documentation and processes.

The person in charge and staff ensured that a person-centred service was delivered to residents. Throughout the inspection staff were observed spending time and interacting warmly with residents, having fun, chatting and communicating with them, and supporting their wishes. All residents had choices around how they lived their lives. One resident liked to attend day activities on weekdays, one liked to go to some day service events, and one resident preferred a home based service. All these preferences were being supported.

Residents also had good involvement in the local community and took part in leisure activities that they enjoyed. Activities that residents enjoyed included days out, shopping trips, bowling, cinema, going to the church to light candles, eating out, and regular community activities such as going to the barber, going to Mass, and personal banking. As residents had individualised staffing and sufficient transport was available, this ensured that each resident could take part in any activities or outings that they liked, at the times that they preferred.

Staff also ensured that activities taking place in the centre were meaningful to each resident. For example, some residents had chosen to attend events including the national ploughing championships, a steam engine festival, discos, music events and other festivals. A resident showed the inspector a picture from a birthday celebration for which they had bought a new suit. A resident had been to the zoo in recent days and a resident was planning to go to a Saint Valentine's Day disco. One resident was now part of a choir which had been a personal goal.

The centre consisted of a large house close to a rural village and a busy town. This gave residents access to shops, coffee shop, restaurants, churches and community activities. The centre was laid out, furnished and equipped to provide residents with a safe and comfortable living environment. There was a spacious kitchen and dining area, two comfortable sitting rooms and a sun room which ensured that each resident could have their own space when they wanted it. Each resident had their own bedroom and these were comfortably furnished and personalised. The centre was equipped with Wi-Fi throughout and residents used personal computers,

television, phone time and electronic games. A selection of board games were also available for residents' entertainment.

During the course of the inspection, the inspector met with all three residents who lived in the centre, and they knew in advance that an inspection was taking place. One resident did not have the verbal capacity to speak with the inspector, but had wished to meet with the inspector before they went out for the day. They communicated in their own way and were smiling and appeared relaxed and comfortable in the centre and in the company of staff and each other. The resident was leaving shortly to spend a day with family and was excited about this outing. The other two residents met with and spoke to the inspector. One resident was happy to speak at length with the inspector while the other preferred to have a brief conversation. Residents told the inspector that they liked living in the centre and that they were very comfortable there. They said that staff looked after them well and that they trusted them. They also know who was in charge and that they could raise a concern if they had one. They also said that they always enjoyed the meals in the centre, had choices at mealtimes, and often went out for a meal or coffee and that they enjoyed that too.

All residents were very welcoming and two showed the inspector their bedrooms. One resident preferred that nobody entered their room while they were not present and this was being respected by staff. This resident clearly told the inspector not to enter their bedroom, but later agreed that they could visit there.

It was clear from observation in the centre, conversations with residents and staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, in the centre, at activity hubs and in the local community.

The next sections of this report present the inspection findings in relation to the governance and management in the centre and, how governance and management affects the quality and safety of the service and quality of life of residents.

Capacity and capability

There were effective leadership and management arrangements in place to govern the centre 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 suitably qualified and experienced person in charge to manage the centre. They were very familiar with residents who lived in the centre and focused on ensuring that these residents would receive high quality of care and that their human rights were being supported. The person in charge was supported by other managers based in the

centre which ensured that there was always a manager on duty in the absence of the person in charge.

The provider had ensured that the service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided to residents who lived in the centre. The person in charge showed the inspector a range of audits that were being carried out in the service. These included unannounced audits of the service that were carried out twice each year on behalf of the provider, and other audits carried out by personnel external to the centre such as audits of personal plans, infection control, finances and healthcare. The inspector read these audits and saw that high levels of compliance had been achieved and that any areas for improvement had been identified. A review of the quality and safety of care and support of residents was being carried out annually. The inspector read the most recent annual review and found that there was evidence that consultation with residents and or their representatives was taking place and was included in the report.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. During the inspection, the inspector observed that these resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, Wi-Fi, television, and adequate numbers of suitably trained staff to support residents' preferences and assessed needs. The centre was suitably insured and the provider had agreed in writing with each resident, the terms on which that resident would reside in the designated centre.

There were suitable arrangements in place for the management of complaints should this be required. A statement of purpose had been developed which described the service provided to residents and which met the requirements of schedule 1 of the regulations.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation and information required for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services. The inspector reviewed this documentation and found that it had been suitably submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a suitable person in charge to manage the centre. The role of person in charge was full time and the person who filled this role had the

required qualifications and experience.

The inspector reviewed the information supplied to the Chief Inspector in respect of the person in charge. This information demonstrated that the person in charge was suitably qualified for this role and had experience in management of disability services. Due to other management responsibilities, the person in charge was based in the centre for 50% of the time and was present throughout the inspection. The inspector found that they were very knowledgeable of their regulatory responsibilities and regarding the individual needs of each resident.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff who worked in the centre had received appropriate training to equip them to provide suitable care to residents.

The inspector viewed the staff training records which showed that staff who worked in the centre had received mandatory training in fire safety, behaviour support, and safeguarding, in addition to other training relevant to their roles, such as medication management, infection control, human rights and in management of specific aspects of health relevant to residents in the centre. All staff had also attended training in sign language. There was a training plan to ensure that training was delivered as required. A small number of newly appointed staff were awaiting fire training but these staff were scheduled to attend the required training in the near future. The inspector saw that legal documents such as the Health Act, National Standards and the Regulations were available to staff in the centre.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that the centre was suitably insured against risk of loss or damage to property and or injury to residents.

The inspector viewed the centre's certificate of insurance which was submitted to the Chief Inspector as part of the centre's registration renewal process and found that it was up to date and suitable.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. This was being achieved by a clearly defined management structure, management meetings, and internal and external auditing systems. Annual reviews of the service were being carried out as required by the regulations.

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 suitably qualified and experienced person in charge. The person in charge was frequently present in the centre, and worked closely with staff and with the wider management team. There were arrangements in place to support staff when the person in charge was not on duty. Other managers worked in the centre, and were rostered opposite the person in charge, which ensured that there was management presence in the centre every day.

The service was subject to ongoing monitoring and review. This included auditing of the service in line with the centre's audit plan, six-monthly unannounced audits by the provider, and an annual review of the service. The inspector viewed these audits, which showed high levels of compliance. Any areas for improvement were identified and were being addressed. Arising from audit findings and any other feedback or sources of information the person in charge had developed a quality plan which the inspector viewed. The plan identified any areas for improvement on an ongoing basis and at the time of inspection all actions had been addressed and there were no works pending. The centre was suitably resourced to ensure the effective delivery of care and support to residents. During the inspection, the inspector observed that these resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport vehicles, Wi-Fi, television, and adequate staffing levels to support residents' preferences and assessed needs.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements in place for the provision of service to residents.

The inspector read a sample of two service agreements, and found that they included the required information about the service to be provided including the fees to be charged, and had been signed both by the provider and by residents or their representatives.

Judgment: Compliant

Regulation 3: Statement of purpose

A suitable statement of purpose had been prepared for the service, and it was available to view in the centre.

The inspector read the statement of purpose and found that it met the requirements of the regulations, was up to date, and was being reviewed annually by the person in charge.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable processes for the management of complaints in the centre.

Although there had been no complaints in the centre, there were suitable measures in place for the management of complaints should this be required. These included an up-to-date complaints policy to guide practice and a clear system for recording and investigating complaints. Information about how to make a complaint was displayed in the centre and was also made available to residents.

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 who lived in the centre. The management team and staff in this service were very focused on maximising the independence, community involvement and general welfare of residents. The inspector found that residents were supported to enjoy activities and lifestyles of their choice and, that residents' rights and autonomy were being supported.

The centre comprised of one house which suited the needs of residents, and was clean, comfortable and well maintained. The house was spacious and each resident had their own bedroom which were furnished and personalised to their liking. Laundry facilities were available in the centre for residents' use if they wished and there was a refuse collection service provided. There was a large well-kept garden where residents could spend time outdoors. Residents could use the centre's

transport to access their preferred activities, outings or for visits to family.

Residents in this centre had an option to attend day service activities on weekdays or to receive a home-based service. Staff were available to support residents at all times throughout the day if they chose the home-based option. This gave all residents the opportunity to take part in the activities that they preferred either in their home, at day service or in the community. During the inspection, the inspector found that residents' needs were supported by staff in a person-centred way. Residents were involved in a range of activities such as shopping, day trips, taking exercise, attending entertainment events and activities, socialising with friends and going out for something to eat. Residents' contact with family and friends was also being supported and encouraged.

Residents' human rights were being well supported by staff and by the provider's systems. Throughout the inspection, the inspector found that residents' needs were supported by staff in a person-centred way. Information was supplied to residents through ongoing interaction with staff and the person in charge. Suitable communication techniques were being used to achieve this. Residents could choose whether or not they wanted to vote or to partake in religion and were supported to take part in these at the levels that they preferred. Residents' financial independence was also being supported and encouraged.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of health care. Staff supported residents to achieve good health through ongoing monitoring of healthcare issues, and encouragement to lead healthy lifestyles and take exercise, and residents who were eligible could avail of national health screening programmes. Residents' nutritional needs were well met. Well-equipped kitchen facilities were available for food preparation, and residents could choose to take part in grocery shopping and food preparation at a level that suited their assessed needs. Comprehensive assessments of the health, personal and social care needs of each resident had been carried out and were recorded. Individualised personal plans had been developed for all residents based on these assessments and residents' personal goals had been agreed at annual planning meetings.

The provider had systems in the centre to manage and reduce the risk of fire. These included staff training, emergency evacuation drills, personal evacuation plans, servicing of fire safety equipment by external experts and ongoing fire safety checks by staff. Fire doors were fitted throughout the building to limit the spread of fire.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.

As some residents who lived in this centre did not communicate verbally, the person in charge and staff were very focused on ensuring that they communicated

appropriately with residents. Throughout the inspection, the inspector saw staff communicating with residents in line with their capacity using speech, sign language, pictorial aids and verbal prompts. Staff told the inspector that they had attended training in sign language and they had found it beneficial. The inspector read the communication support plans for a resident who did not communicate verbally. The plan provided a range of information to guide staff, such as information about the resident's likes, dislikes and preferences, use of picture cues, and clearly explained hand signs. Social stories had also been developed to involve the resident in activity planning. There was an up-to-date communication policy to guide staff.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were being supported to take part in a range of social and developmental activities both at the centre and in the local community.

Suitable support was provided for residents to carry out these activities in accordance with their individual choices and interests, as well as their assessed needs. Residents were being supported by staff to be involved in both developmental and leisure activities that they enjoyed. Developmental activities included learning new skills such as money management, making own purchases in shops, taking exercise, grocery shopping with staff, and making new friends and one resident had joined a choir. Residents also took part in a range of leisure activities such as discos, going to the cinema, bowling, attending activities hubs, trips and outings, going for walks, and meeting up with friends and families. Residents were also involved in household tasks, such as laundry, recycling and food preparation as they wished, and had autonomy to carry out everyday community activities such as shopping, banking, going to the barber, and eating out.

Judgment: Compliant

Regulation 17: Premises

The centre suited the needs of the residents, was of sound construction and well maintained, was clean, and was suitably decorated and equipped throughout.

The centre was made up of one house, which could accommodate up to three residents. The house was spacious and there were three separate sitting room areas where residents could relax either together or separately as they wished. During a walk around the centre, the inspector found that the house was warm, clean, comfortable and nicely furnished. There was adequate furniture such as wardrobes, bedside lockers and chests of drawers in which residents could store their clothing

and belongings in their bedrooms. There was a well-maintained enclosed garden behind the centre. The centre was served by an external refuse collection service and there were laundry facilities for residents to use. The centre was also equipped with Wi-Fi and televisions for residents' use.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being supported. The centre had a well equipped kitchen where food could be stored and prepared in hygienic conditions. The inspector saw that weekly food choices and preferences were discussed with residents and recorded, suitable communication techniques were being used to support residents to make choices, and residents had the option of helping to prepare their own food if they wished to. Any assessed dietary and nutritional needs had been identified with multidisciplinary input, and plans were in place to manage these.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that information was provided to residents in a way that suited their needs.

A residents' guide had been developed to provide information to residents. The inspector read this document and found that it had been developed in an easy-to-read formats and met the requirements of the regulations. Other information that was relevant to residents was provided in user friendly format. This included sharing information about topics such as restrictions, safe travel, and upcoming social events through key worker sessions and social stories.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector reviewed records of fire drills, equipment servicing, personal evacuation plans and staff training. Fire evacuation drills involving residents and staff were being carried out frequently and evacuations were being achieved in a timely manner both during the day and at night. There were arrangements in place

for servicing and checking fire safety equipment and fixtures both by external contractors and by staff. Personal emergency evacuation plans had been developed for each resident. There were fire doors throughout the house. Training records viewed by the inspector confirmed that all established staff had attended up-to-date fire safety training. A small number of newly appointed staff were awaiting fire in-person training but these staff were scheduled to attend the required training in the near future. However, strong measures had been provided to support these staff with fire safety knowledge, which included online training, fire safety induction, participation in fire drills, rostering for duty only with fully trained staff and the inclusion of fire safety discussion at staff meetings.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a suitable personal planning process to ensure that residents' needs were being identified and met. Assessment of residents' health, personal and social care needs had been carried out, and individualised personal plans had been developed for residents based on their assessed needs.

Assessments of the health, personal and social care needs of residents had been carried out and individualised personal care plans had been developed for each resident based on their assessed needs. The inspector viewed two residents' personal plans and found that multidisciplinary involvement had been provided as required. Meaningful personal goals had been developed for each resident and the inspector saw that progress in achieving these goals was being recorded. Staff who spoke with the inspector were very familiar with residents' personal plans and goals and with their care needs.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare was provided for each resident.

The inspector viewed the healthcare plans for two residents and found that their health needs had been assessed and they had good access to a range of healthcare services, such as general practitioners and medical consultants. Plans of care for good health had been developed for residents based on each person's assessed needs. A nurse was employed in the centre to ensure that residents' specific healthcare needs were being monitored and addressed. The person in charge confirmed that all residents had access to general practitioners in the local

community.

Judgment: Compliant

Regulation 9: Residents' rights

There were systems in place to support residents' human rights. Throughout the inspection, it was clear that residents had choices around how they spent their days, and how their lifestyles were being managed.

The inspector observed that staff had established and recorded residents' likes, dislikes and preferences, based on assessments, input from residents and their families, observation, and knowledge of each individual. Information gathered for each resident, and outcomes of professional assessments, were used to inform food choices and meal preparation. There were effective measures in place to support residents and staff to communicate with each other. Staff were seen communicating effectively with residents in various ways including speech, pictorial information and sign language during the inspection.

The inspector saw that each resident had choice and control in their daily life. The staffing levels and availability of transport ensured that each resident was being supported in an individualised way to take part in whatever activities or tasks they wanted to do. Each resident was allocated their own dedicated staff each day. On the day of inspection, each resident was involved in different activities and outings supported by staff. The provider had both a complaints process and an advocacy process available to residents, although there had been no recent complaints in relation in the centre.

Clean, comfortable accommodation was provided for residents. Each resident had their own bedroom, and there was adequate communal space, which ensured that residents could enjoy privacy. The centre was nicely furnished and bedrooms were personalised to each person's taste. There was a well equipped kitchen for residents' use. Those who liked to, were involved in food preparation and grocery shopping.

The management team and staff were very focused on ensuring the residents' civil rights were supported. They ensured that residents were registered to vote and to practice religion as they liked. One resident liked to attend weekly Mass but preferred to go on a weekday rather than on Sunday. This was happening on the day of inspection and on return they told the inspector that they had enjoyed being at Mass. Although most residents had passports, staff were supporting a resident with a passport application with a view to taking a holiday outside Ireland to attend an event that they were interested in during the summer. Staff also supported residents to take control their own money, including use of banks and having access to money for personal shopping.

All staff had attended training in human rights. Three staff who spoke with the inspector explained that they had found this training very interesting and that

although they were already working to a rights based approach, the training had reinforced this system for them. One staff member said of their approach to residents, 'if they're happy, I'm happy', and that this was their focus every day.

The inspector noticed that all residents were nicely and appropriately dressed in an age-appropriate way. Younger residents were dressed in fashionable and comfortable clothing, while a senior resident was dressed in more formal attire that they liked, with shirt and tie, jacket and trousers.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	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 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant