

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

Issued by the Chief Inspector

Name of designated centre:	Dreamwood
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	01 May 2025
Centre ID:	OSV-0007290
Fieldwork ID:	MON-0047004

About the designated centre

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

Dreamwood is a designated centre operated by Nua Healthcare Services Limited. The designated centre provides community residential services to five adults with a disability. The designated centre is located in a rural setting, a short distance away from a village in Co. Waterford. The centre comprises of a two-storey house and an adjacent self-contained apartment located on the same grounds. The two-storey house consists of two bedrooms with en-suite and two self-contained apartments, a large kitchen/dining room, living room and sunroom. Each apartment has a bedroom with an en-suite bathroom, sitting room and kitchenette. The adjacent self-contained apartment contains a bedroom with an en-suite bathroom, a sitting room and a dining room/kitchenette. Four vehicles are allocated to the centre to support access to the community. The centre is staffed by the person in charge, social care workers and assistant support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Thursday 1 May 2025	09:40hrs to 18:00hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was carried out with a specific focus on safeguarding, to ensure that residents felt safe in the centre they were living in and they were empowered to make decisions about their care and support. The inspection was carried out in one day by one inspector.

The inspector had the opportunity to met with the five residents in their home throughout the inspection as they went about their day. The residents used verbal and alternative methods of communication, such as vocalisations, facial expressions, behaviours and gestures to communicate their needs. The inspector also spoke with three members of the staff team and reviewed records pertaining to the care and support provided in the centre and the governance arrangements in the centre.

Overall, the inspector found that the staff team were implementing the provider's systems effectively to ensure they had good oversight in respect to safeguarding in this centre. However, some improvement was required in supervision, aspects of the premises and safeguarding residents' finances.

Dreamwood provides residential care for up to five adults with a disability. The centre comprises of a two-storey house and an adjacent self-contained apartment located on the same grounds. There was a large garden to the front and back of the house which residents could use if they wished. The inspector observed goal posts and recreational equipment in the garden. The adjacent apartment and one apartments in the house had enclosed self-contained back gardens. The enclosed garden for the adjacent apartment was decorated with a mural and recreational equipment including a basketball hoop and boxing bag. However, some further work was required to enhance the enclosed garden for the apartment in the house. It had recently been installed and contained a swing and outdoor seating but was not decorated in a homely manner.

The inspector carried out a walk through of the premises. The detached two-storey house which was home to four adults consists of two bedrooms with en-suite and two self-contained apartments, a large kitchen/dining room, living room, sun room and sensory room. Each apartment has a bedroom with an en-suite bathroom, sitting room and kitchenette. The adjacent apartment which was home to one adult consisted of a bedroom with an en-suite bathroom, a sitting room and a dining room/kitchenette. Overall, the inspector found that the centre was decorated in a homely manner with residents' personal belongings and pictures. In general, the house and apartment were clean and well maintained.

However, the previous inspection identified a number of areas of the designated centre had not been designed to reflect the assessed needs of the current residents. For example, CCTV cameras (which was not active) was in place and some fixtures in place were clinical in nature such as anti-ligature door handles and push taps.

While, the provider had removed the CCTV cameras, the inspector was informed that the clinical fixtures were in the process of being addressed

Over the course of the inspection, the inspector had an opportunity to meet and briefly engage with each of the five residents living in the centre and to observe them as they went about their day. Two of the residents did not attend a day service and were supported with activation from their home. While three of the residents accessed day services for parts of the week and were supported with activation from their home on the other days. There are four vehicles to support residents to attend appointments and to access their local community.

On arrival, the inspector met with one resident as they were packing for a regular overnight visit home. They appeared comfortable in the centre and in the presence of the staff team. They were observed preparing breakfast before spending time on their laptop in the sun room. The inspector then met with a second resident in their apartment as they prepared for the day. They were listening to music and spending time on their tablet. The resident used sign to communicate with the staff team. The inspector observed the staff team communicating with the resident regarding plans for the day. The resident left the service to access to community.

Later in the morning, the inspector met with a third resident who lived in the adjacent apartment. The resident was listening to music in their sitting room while they finished their breakfast. They appeared content in their home and the inspector was informed of plans to access the community and go bowling in the afternoon.

In the afternoon, the inspector met with a fourth resident in the kitchen as they returned home from the community. They noted that they liked the house and spoke of the last time they had met the inspector. The resident then left and spent time in their bedroom for the afternoon. Then the inspector met with the fifth resident in their apartment as they had returned from their appointment. They spoke positively of their apartment and the support they received.

The residents appeared comfortable and content throughout the inspection, particularly in the presence of the staff team and management. One resident made a recent complaint regarding the noise at night from a peer's apartment. The inspector was informed that the provider had reviewed this and was monitoring the issue. Staff were observed to be very familiar with residents' communication preferences and to respect their privacy in their home. Staff who spoke with the inspector used person-first language and demonstrated a good knowledge of the residents and their assessed needs.

In summary, it was evident that residents living in this centre were receiving a good quality service and ensured that they were safeguarded. However, some improvement was required in the safeguarding residents' finances, premises and supervision.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to the residents' needs. On the day of inspection, there were sufficient numbers of staff to support the residents assessed needs. However, some improvement was required in the supervision and support of the staff team.

There was a defined management structure in place. The person in charge was in a full-time role and they held responsibility for this designated centre alone. The person in charge was supported by a service level managers in the day-to-day management of this designated centre. There was evidence of regular quality assurance audits taking place to ensure the service provided was safe, appropriate to the residents needs and actions taken to address areas identified for improvement.

The inspector reviewed the staff roster and found that the staffing arrangements in the designated centre were in line with residents' needs. Staff training records demonstrated that the staff team had up-to-date training. The inspector reviewed supervision records for a sample of the staff team and found that some staff members were overdue supervision meetings in line with the provider's policy.

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents. The person in charge maintained a planned and actual roster. From a review of the previous two months of rosters, the inspector found that there was an established staff team in place. At the time of the inspection, the designated centre was operating with two vacancies. The vacancies were covered by the existing staff team and regular relief staff. This ensured continuity of care and support to the residents. The inspector was informed that one vacancy had been recently filled and the remaining vacancy was in the process of recruitment.

The registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. In the two-storey house, the four residents were supported during the day by five staff members. At night, the four residents were supported by three waking night staff. In the adjacent apartment, the resident was supported by two staff members during the day and a waking night staff at night. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of the training records for the staff team, it was evident that the staff team in the centre had up-to-date training in areas including fire safety, de-escalation and intervention techniques, safe administration of medication, manual handling and safeguarding. A number of the staff team had also completed training in human rights. Overall, this meant the staff team were provided with the required training to ensure they had the necessary skills and knowledge to support and respond to the needs of the residents and to promote their safety and wellbeing.

There was a supervision system in place and all staff engaged in formal supervision. From a review of a sample of three supervision records, some improvement was required as some of the of the staff team were overdue supervision meetings in line with the provider's policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. The person in charge was responsible for this designated centre alone. The person in charge was supported in their role and the day-to-day management of the centre by a service level manager. At the time of the inspection, the service level manager position was vacant but the role had been recently recruited for.

The designated centre was being audited as required by the regulations and an annual review of the service had been complete for 2024. The annual review demonstrated consultation with residents as required by the regulations. The provider had completed six-monthly unannounced provider visits to the centre carried out in August 2024 and February 2025. Staff meetings, area-specific audits and the provider's annual and six-monthly reviews, all included a review of safeguarding and trending of incidents. This ensured that the service was safe, meeting the needs of the residents and meeting the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the service provided care and support to the residents in a safe and homely environment. However, there were areas for improvement identified in safeguarding residents finances and the areas of the premises in need of attention.

The inspector reviewed the residents' personal files which contained a comprehensive assessment of the residents personal, social and health needs. The personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the residents with their assessed needs.

The inspector found that the service provider had appropriate and effective systems in place to keep residents safe. However, the arrangements in place for the oversight of residents finances where residents are supported by others required improvement.

Regulation 10: Communication

The residents used verbal and alternative methods of communication, such as vocalisations, facial expressions, behaviours and gestures to communicate their needs. Each residents' communication needs were outlined in their personal plans which guided the staff team in communicating with the residents. The staff team spoken with demonstrated an clear understanding and knowledge of the residents communication methods and were observed communicating with residents throughout the inspection in their preferred method.

Judgment: Compliant

Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of the residents. Overall, the designated centre was well maintained and decorated in a homely manner. The residents bedrooms were decorated in line with their preferences and there was sufficient space for residents to enjoy their preferred activities with other residents or on their own. There was a large garden to the front and rear of the centre which residents could spend time in if they wished.

However, there were areas of premises in need of improvement. For example, the previous inspection identified that some fixtures in place were clinical in nature such as anti-ligature door handles, enclosed showers and enclosed taps required review. The inspector was informed of plans in place to address same. In addition, one of the enclosed gardens contained furniture including outdoor seating and a swing.

However, it did not present in a homely manner and further work was required to enhance the area. This had been self-identified by the provider.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the five residents' personal files. Each resident had an up to date comprehensive assessment which identified the residents health, social and personal needs. This assessment informed the residents' personal plans to guide the staff team in supporting residents' with identified needs and supports. The inspector found that the person plans were up-to-date and reflected the care and support arrangements in place.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents' were supported to manage their behaviours and positive behaviour support guidelines were in place, as required. There was evidence that residents were supported to access psychology and psychiatry, as required.

There were systems in place to identify, manage and review the use of restrictive practices. At the time of the inspection, there was a high number of restrictive practices in use in the designated centre which included restricted access to certain items, door alarm, the use of plastic delph and enclosed gardens. These restrictions were in place to ensure the safety of residents and staff members. Restrictive practices were reviewed by the person in charge and the behavioural specialist on a quarterly basis. From a review of records, it was evident that restrictive practices had been reviewed in line with the provider's policy to ensure they were appropriate and proportionate. There was evidence of plans in place to reduce or remove restrictive practices where appropriate.

Judgment: Compliant

Regulation 8: Protection

The registered provider had systems to safeguard residents. There was an up-to-date safeguarding policy in place, which clearly directed staff on what to do in the event of a safeguarding concern. A centre specific safeguarding guidance was in

place to ensure day-to-day practices protected the residents. All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff members spoken with demonstrated knowledge of what to do in the event of a concern. The residents were observed to appear content and comfortable in their home.

However, the oversight arrangements where residents are supported in the management of their finances by others required improvement. For example, one resident in the centre was supported in the management of their finances by others. The provider had limited oversight of regular savings made to a separate account for one resident required improvement as incomplete information was on file which did not demonstrate the resident's money was fully accounted for. The provider demonstrated a number of actions taken to date to improve oversight of the resident's finances including ongoing engagement with the third parties and relevant external bodies. Overall, the inspector found that the provider had taken a number of actions regarding the oversight and safeguarding of the resident's finances however, at the time of the inspection, continued work was required to resolve the issue.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents rights were promoted in the centre and the inspector observed posters outlining residents rights located in the hallway of the centre. Residents made decisions about their care and support through weekly meetings and personal care planning. One resident made a recent complaint regarding noise levels at times of a peer at night which lead to a review being completed by the provider.

All staff spoke about residents in a professional and caring manner. All interactions observed between staff and residents were kind, respectful and in line with resident needs. The staff team had been supported to complete training in human rights.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially 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 Dreamwood OSV-0007290

Inspection ID: MON-0047004

Date of inspection: 01/05/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. The Person In Charge will ensure that all team members receive supervision in line with the policy. This schedule will be monitored monthly to ensure compliance and will be retained on file. Due Date: 31st July 2025 2. The Person in Charge, in collaboration with Shift Lead Managers, will implement structured on-the-floor mentoring to support staff in their continuous learning and professional development. Due Date: 31st July 2025	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 1. The Person in Charge has ensured that the planned maintenance works to replace anti-ligature door handles throughout the Centre have been completed in a timely manner, contributing to a more homely environment. Completed: 4th June 2025 2. The Person in Charge, in collaboration with the Behavioural Specialist, will complete a full review of enclosed showers and taps etc. across the Centre to ensure they are appropriate to the assessed needs of each Individual. Due Date: 16th June 2025 3. The Person in Charge, together with the Individual, will review the enclosed garden area to enhance its homeliness in line with the Individual's assessed needs and their will	

and preferences.

Due Date: 13th July 2025

Regulation 8: Protection

Substantially Compliant

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

1. The Person in Charge, in collaboration with the Director of Operations, will continue to liaise with all relevant third parties and external bodies to clarify and document the financial oversight arrangements in place for the Individual's savings account.

Due Date: 14th August 2025

2. The Person in Charge will continue to monitor and review all resident finances that are directly supported by the service, in line with the organisation's Safeguarding Policy and Procedures. Any concerns relating to finances managed externally will be documented and escalated to external safeguarding teams in accordance with the National Safeguarding Policy. Concerns will also be referred to An Garda Síochána and the relevant statutory agency.

Due Date: 14th August 2025

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/07/2025
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	13/07/2025
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	14/08/2025