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:	Dreamwood
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	08 April 2026
Centre ID:	OSV-0007290
Fieldwork ID:	MON-0041238

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

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 8 April 2026	09:25hrs to 16:15hrs	Robert Hennessy	Lead

What residents told us and what inspectors observed

This was an announced inspection in relation to the renewal of the registration of the designated centre and was completed by one inspector on one day. The inspector found that the staff team and management team were working to provide the residents with a good quality of life. Concerns were found on this inspection in regards to consistent staffing levels in the centre, training that staff received, management of one resident's finances, fire precautions and some issues with the premises. These concerns are addressed further in the report.

There were five residents residing in the designated centre on the day of the inspection. The inspector met with four of the residents. They all appeared comfortable and relaxed in their home and staff were observed interacted well with them. Staff were seen to use augmentative and alternative communication devices with residents to communicate with them effectively. The residents that the inspector met indicated they were happy living in the designated centre. Residents were seen leaving the designated centre throughout the day to undertake activities they stated they enjoyed. One resident that returned from a morning activity, spent the afternoon outdoors in the garden with the support of a staff member. The resident appeared to really enjoy using their outdoor area. They came to the office window to greet the inspector and the staff there on a number of occasions. Other residents were met in their living areas. One resident spoke about their plans for the day, their family and the staff that were supporting them. Another resident also came to the office window and met with the inspector before meeting them again in their stand-alone apartment. They were playing video games and spoke to the inspector before going out with staff support later in the day.

The person in charge and the staff team were met with during the inspection. It was evident from their interactions that they knew the residents well. The staff were observed and heard to be kind, respectful and unhurried in their interactions with the residents. A staff member that spoke with the inspector did identify concerns regarding the staffing levels in the designated centre but also spoke about how this had improved in recent weeks. This is discussed further under the relevant regulation later in the report.

The premises was spacious and provided residents with adequate private and communal space. Each resident had areas in the home where they could relax and undertake their hobbies or have time on their own. The residents were seen using various areas throughout the designated centre both inside and outside. Each had access to a kitchen and laundry area if they wished to use them. The residents had access to outdoor enclosed gardens and one of the residents was seen to use the garden during the inspection. One area of a resident's apartment was found to be very warm and staff reported that this area may become warmer in summer. A carpet on stairs in the main area of the home also appeared stained and unclean.

As this inspection was announced, residents were given the opportunity to complete resident surveys which had been sent out in advance. Five resident surveys were completed with one family also completing another survey on behalf of their family member. The response in these surveys were positive and the residents were reporting that they were content with their living arrangements.

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 in place an appropriate management structure in the designated centre which was familiar to the staff team. The registered provider and the person in charge were completing audits to ensure the quality and safety of the service being provided.

There was a staff team in place to support the residents. Concerns regarding maintaining the safe staffing levels as outlined in the designated centre's statement of purpose are discussed further in the report. Some training outlined as required by the designated centre's statement of purpose had not been fully completed. This is discussed under the relevant regulation.

Documentation associated with the designated centre such as the registration documentation, the statement of purpose and insurance documentation met the requirements of the regulations and were subject to review.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations, including the statement of purpose and proof of insurance. This was reviewed prior to the inspection by the inspector.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full time person in charge in the designated centre. The person in charge was full time in their post. The person in charge had the appropriate qualifications and experience as required by the regulations. It was evident during the inspection that the person in charge knew the residents and their needs well.

Judgment: Compliant

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.

The registered provider did not always ensure that the residents had the appropriate number of staff available to them at times. From a review of the staffing rota from January 2026 to March 2026 it was evident that staff levels had dropped below the safe staffing levels and had dropped below what was outlined in the designated centre's statement of purpose. This occurred four times in January 2026, on two occasions in February 2026 and three times in March 2026. This had the effect of curtailing activities for some of the residents. In addition this also resulted in staff meetings not occurring as regularly as the person in charge wished which reduced effective communication systems within the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had ensured that there was a supervision schedule in place for staff for the year. These supervision sessions with staff were being completed as scheduled throughout the year.

The person in charge had ensured that staff had access to appropriate training to support the residents in the designated centre. However, staff training completed, and recorded on the training overview provided, did not correspond with the staff training needs as outlined in the centre's statement of purpose. For example, the designated centre was required to have six staff members trained in first responder training (to train staff in cardiopulmonary resuscitation) and six staff trained in first aid. It was evident from the training records that only three staff members had been trained in first responder training and five staff had been trained in first aid.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had ensured there was an appropriate contract of insurance in place. Evidence of this was provided by the registered provider in documents submitted for the renewal of the registration of the designated centre. This was reviewed by the inspector prior to the inspection.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a suitable governance structure in place with staff members clear on who they reported to or who was available to report a concern to. The staff team reported to a person in charge, who worked in a full time capacity in the designated centre. The person in charge in turn had support from senior management within the organisation. Staffing resources available in the designated centre are discussed under regulation 15.

The registered provider had completed an annual review of the quality and safety of care and support in the designated centre which was completed in June 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.

The registered provider had put in place a system where staff would have a comprehensive handover system in place between all shifts. This was platform for staff to discuss such items as accidents and incidents in the designated. The person in charge facilitated staff meetings and the inspector reviewed the minutes from the meeting held in February 2026. These meetings discussed such items as training and documentation. The person in charge reported however, that these meetings did not occur as frequently as they wanted due to shortages of staff. This concern is discussed under regulation 15.

The registered provider had completed the unannounced visits to the designated centre on two occasions in the previous 12 months in August 2025 and February 2026. The reports were lengthy but the findings and actions, of these reports, did not appear centre specific and did not clearly identify the specific actions that needed to be undertaken following the visit. Concerns around resident's finances which was identified in the previous regulatory inspection under regulation 8 had not been identified as a concern in the two unannounced visits. This was an ongoing concern in the designated centre.

Judgment: Substantially 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 of purpose was available to the residents and their representatives in the designated centre.

Judgment: Compliant

Quality and safety

The person in charge had 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. Residents had plans for the year to try new activities and also increase their independence. Residents had appropriate plans in place to support them with more positive behaviour.

The fire safety equipment in the designated centre was serviced and was in good working order. Personal emergency evacuation plans for the residents in the designated centre required review and this is discussed further in the report.

Financial arrangements in relation to one resident's money management required review. This had been a repeat finding since the previous inspection. This is discussed under regulation 8.

Regulation 10: Communication

The registered provider had ensured there was suitable information available for staff in relation to the communication needs of the residents. A communication passport had been devised for all residents. This included information such as how a

resident liked to be communicated with, for example, information on what staff should and should not do when engaging with the residents. The communication passport also contained information on what topics residents liked to talk about. Residents in the centre used picture schedules to help them understand what they might expect from their day and these were used in different formats throughout the designated centre.

The registered provider had ensured that the residents in the designated centre had access to a television and the Internet. One resident used a specific electronic tablet device to communicate with others, this was seen to work effectively during the inspection. One resident used their own manual signing system and staff had guidance on this system of gestures to enable them to effectively engage with this particular resident.

Judgment: Compliant

Regulation 17: Premises

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. One resident had their own stand alone apartment and two residents had their own enclosed apartments in the main home.

The inspector completed a walk through of the premises and found that in the main home was in the main, clean and suitably decorated. However, a carpet on a stairway in the main house was discoloured and stained.

The premises provided the residents with access to kitchen areas, suitable storage, bathrooms and access to a laundry area. However, the resident's bedroom in the stand alone apartment was very warm. The inspection was undertaken on a cool spring day and staff reported that this room would become hotter during the summer months.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had an information document on the designated centre which was available to the residents. This guide contained the information require by the regulations such as a summary of the services and facilities provided and the terms and conditions relating to the residency.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a risk management policy in place which identified hazards and assessment of risk throughout the designated centre. Measures and actions were identified to control these risk assessments. The measures and actions were in place to control specified risks in the regulation such as the unexpected absence of a resident and self harm.

The registered provider had reviewed the individuals and designated centre's risk assessment in the previous 12 months. The registered provider also had systems in place for responding to emergencies in the designated centre.

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 were checked during the inspection by the inspector and were found to be operating correctly.

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.

All residents had personal emergency evacuation plans in place. The residents were participating in fire drills. However, the inspector found that during two of these fire drills, two residents refused to leave the designated centre. The residents' personal emergency evacuation plans did not reflect this information nor how the residents could be supported to ensure that they would evacuate the designated centre if required.

Judgment: Substantially 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 person in charge had reviewed the residents' individual assessments and their associated personal plans within the last 12 months. It was evident that the wider multidisciplinary team were involved with residents and supported them in accessing behavioural supports, the health and social care professionals involved were for example a psychologist, a dietitian and a psychiatrist.

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 redecorating their bedroom, participating in the special Olympics and having more family contact. The residents were also working towards increasing their independence in areas such as using public transport.

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.

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.

As identified in the last inspection of this centre, the registered provider was found to not be supporting one resident in relation to management of their finances. The resident was making payments to a third party account which the registered provider was unable to review nor to have oversight of and could not demonstrate that all the resident's finances could be fully accounted for. The registered provider had since that time ensured that the resident was provided with access to an advocate. In addition the registered provider had begun to engage with the third party involved and they had agreed to meet to discuss the concern. Evidence of this agreement to meet was provided on the day of the inspection to the inspector.

Judgment: Substantially 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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Dreamwood OSV-0007290

Inspection ID: MON-0041238

Date of inspection: 08/04/2026

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: 1. The Person in Charge (PIC) will maintain staffing levels and skill mix in line with the Statement of Purpose and residents' assessed needs. All vacancies will be actively filled to ensure continuity and safe care delivery. 2. The PIC will maintain and where required, improve staff retention through regular supervision, access to training, mentoring and team engagement initiatives.	
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 PIC will ensure, where required, frontline staff are trained in Cardiac First Responder and First Aid Responder Training, ensuring alignment with the Centre's Statement of Purpose. 2. The PIC shall ensure all training records are reviewed and maintained regularly to monitor staff members training to ensure they are up to date in line with the Centre's Statement of Purpose.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. The Quality Assurance Department will implement a revised Regulation 23 reporting process with a HIQA DCD1-aligned template, supported by training, to ensure reports are	

Centre-specific, evidence-based, and include stakeholder feedback.

2. PIC, in conjunction with the Quality Assurance Department, shall review the identified concerns and issues within the updated 6-monthly audit report and ensure all corrective actions are implemented and closed.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

1. The PIC shall provide appropriate cleaning equipment to address dirt and staining in the identified area.

2. The PIC shall implement daily checks and oversight of delegated hygiene tasks to prevent recurrence.

3. The PIC shall install a temperature monitor and recording system in the first-floor bedroom to assess airflow concerns and will review temperature data with the Maintenance Department to determine the need for air conditioning or additional ventilation.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. The PIC shall review and update the Personal Emergency Evacuation Plans (PEEPs) to reflect outcomes from the most recent fire drill and ensure PEEPs are updated following each evacuation.

Regulation 8: Protection	Substantially Compliant

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

1. The PIC will support the Individual to engage with their advocate on a quarterly or biannual basis to address the safeguarding concern.

2. The PIC, with the Director of Regulation, Quality and Safety, will arrange a meeting with the individual's parents to seek a resolution and with the individual's parents, review the introduction of a Revolut account to replace the current direct debit and improve transparency.

3. The PIC and key workers will continue to support the individual with money management through key working sessions.

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	30/05/2026
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	31/07/2026
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	30/05/2026

	are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/05/2026
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	10/04/2026
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre	Substantially Compliant	Yellow	31/07/2026

	and bringing them to safe locations.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/09/2026