



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

Issued by the Chief Inspector

Name of designated centre:	The Ivies
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	27 May 2025
Centre ID:	OSV-0007868
Fieldwork ID:	MON-0047242

About the designated centre

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

The Ivies is a designated centre operated by Nua Healthcare Services Limited. The centre provides a community residential service to a maximum of five adults with support needs including intellectual disability and acquired brain injury. The centre is located in on the outskirts of a rural town in Co. Waterford. The Ivies comprises of a two storey detached house and a cottage. The two storey house accommodates a total of four residents: two residents in the main house and two residents in individual apartments. The cottage accommodates one resident. The staff team consists of two team leader, social care workers, assistant support workers. The staff team are supported by a person in charge.

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
Tuesday 27 May 2025	09:00hrs to 17:00hrs	Linda Dowling	Lead

What residents told us and what inspectors observed

From what residents told the inspector, and what the inspector observed, this was a well-run centre where residents were leading busy lives and engaging in activities of their choosing. This unannounced inspection was completed to review the arrangements the provider had to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Adult Safeguarding (Health Information and Quality Authority and the Mental Health Commission, 2019).

On the day of inspection, the person in charge of the centre was on leave and was due to be replaced with an identified person in charge who had responsibility for another centre operated by the same provider. Both the incoming person in charge and the director of operations attended the centre to facilitate the inspection. The inspector also had the opportunity to meet with all five residents living in the centre, two team leaders and members of the staffing team. The inspection had positive findings, with all regulations reviewed found to be compliant. Residents were found to be safe and were protected from abuse.

The designated centre provides a community residential service to five adults. The centre was fully occupied on the day of inspection. The centre is located close to a small town outside Co. Waterford. The centre comprises of a main two story house and a cottage surrounded by well maintained, mature, enclosed gardens with electric gates. The main house has a spacious and bright kitchen dining area, a sitting room with TV and an office space upstairs. The centre was found to be well maintained, clean and warm. Each resident had their own space, two residents had their own apartments within the main house and two had their own bedrooms. One resident occupied the cottage which included an en-suit bedroom, kitchen, living and dining area and access to a spacious garden. Residents had access to televisions, mobile phones, gaming devices, and music systems.

On arrival to the centre the inspector met a team leader who showed the inspector around the house. The inspector spent some time talking to two residents at the kitchen table. One resident had eaten their breakfast and was dressed with their bag ready to visit a family member. The resident told the inspector what it was like to live in the centre, they said they enjoyed living in the centre and they were good friends with one other resident. They said they like to go on trips together, get a coffee or just spend time together. This resident was seen to greet the other resident when they entered the kitchen for their breakfast. The resident also told the inspector about other places they like to visit such as the discovery park in Kilkenny, Clonmel, Dublin and tramore beach as it reminds them of childhood holidays. The resident identified a particular coffee shop as their favourite and stated they get to go regularly.

Another resident joined the conversation and informed the inspector that they had gotten post and it was their new medical card, the resident explained to the inspector what the card was for and how they use it. This resident had a particular interest in medication and was able to tell the inspector what pharmacy they used and what medication they take regularly to support them to feel well. They also spoke about course they have completed online such as media, ECDL and autism awareness. They told the inspector about their love for art and how they have set up art exhibitions and made a profit from these. They identified that sometimes creativity can be slow especially if it is a commissioned piece but other pieces can be quite inspiring and exciting. The resident enjoyed explaining the various types of art work they created including taking landscape photos and painting them at a later time and the use of projectors to create more detailed pieces.

Later in the day the inspector visited the cottage and met the resident living their and their supporting staff. The resident got up and shook the inspectors hand and asked who they were. The inspector explained who they were and what they role was. The inspector asked the resident if they liked where they lived and they said yes. The resident gave consent for the inspector to look around their home and bedroom. The resident spoke with their staff and inspector about their interest in sport, watching it on TV and attending games. The inspector observed the cottage to be clean and well maintained. The resident had a bath in their en-suit, which was their preference. They were recently reviewed by their occupational therapist and they made recommendations for a bath lift to make access easier for the resident. This had been ordered and would be fitted once it arrived. The cottage had an external shed where the laundry facilities were located and staff followed a protocol when doing laundry to protect the resident from risk of absconding. The staff on duty was aware of this protocol and discussed it with the inspector.

The resident who occupies one of the apartments in the main house had been away from the centre throughout the inspection, they returned just before the inspector left and consented to the inspector visiting them. They were playing video games in their living room, they engaged with staff and the director of operations asking where various members of the management team were located. The resident was familiar with many members of the management team as they had previously supported them or had visited the centre. The inspector asked them about their apartment and what they like to do, the resident responded positively and appeared very comfortable in their apartment and through their interactions with staff and management.

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

Overall, the inspector found the provider's systems for oversight were providing effective in respect to safeguarding in this centre. Staff had access to training and refresher training in line with the organisation's policy, including human rights and safeguarding vulnerable adults. Staff were supported to be aware and understand safeguarding plans and the control measures in place to protect residents through discussion at team meetings, handovers, and through reflective practice at supervision meetings.

The staff team was consistent and the number and skill mix of staff was appropriate to meet the needs of the residents. There were systems in place that were proving effective in keeping residents safe.

Safeguarding was seen to be reviewed at staff team meetings, in the providers annual review and unannounced six-monthly audits.

Regulation 15: Staffing

The inspector found there was a core staffing team in place including relief staff. The team was lead by a person in charge who reported to the director of operations and had the support of deputy person in charge and shift leader located in the centre. The number and skill mix of staff was in line with the providers statement of purpose. The provider had identified one full-time vacancy and recruitment was ongoing to cover this gap. The staff team was well established and the centre had no requirement to use agency, and the use of relief was minimal.

The inspector reviewed the planned and actual rosters from March to May 2025 and found them to be well maintained with advance planning for annual leave and training, each roster included staff members full name and grade. The staffing levels in place allowed for residents to engaged in activities that interested them and facilitated the implementation of formal safeguarding plans in place.

Staff members were seen to be aware of protocols in place to protect residents from adverse risk and abuse. One staff member spoke with the inspector and was able to identify their role and responsibility in reporting concerns. They also spoke about their awareness of formal safeguarding plans in place and the actions required to keep all residents safe from all forms of abuse. Staff were observed to treat residents with respect and promptly respond to their requests.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the training records for all staff in the designated centre. It was found that all staff were provided with the required training to ensure they had

the necessary skills to respond to the needs of the residents and to promote their safety and well being. For example, all staff had completed protection and welfare training as part of their induction, this was then followed by safeguarding vulnerable adults and children's first training. All staff had taken up on the opportunity to complete the online human rights training. One staff member reported that they felt they had a better understanding of residents rights and how they play a role in ensuring residents rights are supported through daily interactions they have with residents.

The person in charge and senior managers have completed the world health origination (WHO) quality of rights training to further enhance their knowledge of residents rights. The provider is currently developing assistant decision making capacity (ADMC) training, the aim of this training is to increase the awareness and knowledge of the current changes to how residents can be supported to make decisions.

The staff team were also provided with training specific to the assessed needs of the residents living in the centre such as autism awareness, intimate care, risk management, safety intervention and understanding intellectual disability.

All staff were in receipt of supervision with two meetings annually and one appraisal meeting. On review of three staff members supervision records from the previous 12 months the inspector found they were of good quality and were completed on a regular basis. Topics discussed included training, examples of learning, continued professional development, reflective practice, key working roles and responsibilities with the identification of specific tasks to be completed. There is an agreed agenda at the start and a review of actions from the previous meetings. In most cases these actions were seen to be completed.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found good systems in place and a defined management structure, there was a stable team lead by a suitable person in charge. A new person in charge was appointed to the centre, this person has held the same role in another centre operated by the same provider for a number of years, therefore they are aware of the providers policies, systems and processes.

The provider's last two unannounced six-monthly reviews were completed in October 2024 and April 2025 in line with the time frame identified in the regulations, the provider had also completed the annual service review in October 2024, these were found to highlight areas of good practice and areas where improvements were required. Each audit included a review of safeguarding and trending of incidents. The six-monthly reviews included feedback from resident, staff and residents family members or representatives.

The provider had a system in place to ensure oversight of the centre for the person in charge and the director of operations. This included a weekly matrix completed by the person in charge, this was utilised to identify any trends in reporting, learning from audits and inspections, and review of service wide goals and objectives. This matrix is reviewed by the director of operations and discussed at a weekly meeting. Any trends identified will then be discussed, actions set and escalated to senior management.

The provider had local audits in place, including weekly medication audits, health and safety audits including risk review, daily safety walk around, transport checks, review of daily documentation through a weekly admin audit. The inspector noted all audits, both local level and provider were leading to identification of areas for improvements. Audits were supported with detailed action plans and on the day of inspection these actions were seen to be completed in a satisfactory time frame or in progress.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the staff team and management were striving to provide person centered care to the residents in the centre. Residents were encouraged to make decisions about their care and express their views. They were provided with information in line with their assessed needs and aware of complaints process and how to access to advocacy supports should they require it.

There was a risk management policy available in the centre and each resident had a number of individual risk management plans on file to support their overall safety and well beings.

The provider was identifying where incidents of concern occurred, these concerns were reported to the relevant authorities and appropriate action taken to prevent it happening again.

Regulation 10: Communication

Residents were assisted to communicate in accordance with their assessed needs and wishes. Easy read information on the annual review, safeguarding, advocacy and the complaints process were available to the residents which supported them to communicate their feedback on the quality and safety of care provided in the service.

The inspector reviewed records of key working sessions for two residents and could see where key workers explained upcoming appointments to residents and any topics that may impact the resident, such as, changes to decision making process as part of new legislation. Social stories were also utilised where required to support residents understanding.

One resident who on admission to the centre required additional support around communication had visual supports in place in their apartment. This resident was seen to request their needs and wants during the inspection with staff responding appropriately. This resident also had a communication passport that outlined their likes and dislikes, how they like to communicate, how you can help me communicate, places I like to go and things I like to do along with goals they are working on and supports with eating and drinking.

Residents also had access to telephones and other such media like internet, televisions, radios and personal gaming devices.

Judgment: Compliant

Regulation 17: Premises

Overall, the premise was laid out to meet the assessed needs of the residents, as mentioned earlier the property comprises of the main house that has two apartments and two other bedrooms and a cottage on the same site. All premises were found to be warm and clean and there was adequate communal areas for residents to use. The premises had been maintained to a good standard.

Residents rooms and apartments were decorated in line with their likes and preferences, they had sufficient storage for their belongings and some residents had items of value on display such as photos and artwork. One residents art work was seen displayed throughout the centre.

The centre also had three vehicles available which allowed resident to come and go as they wished.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found the centre had an established risk management system in place that was utilised for the identification, assessment and management of risk. This system was proving effective at the time of inspection.

The person in charge was seen to have full oversight of risk and was ensuring risk assessments were kept up to date. They were all reviewed regularly and updated with additional information post incident or significant events. The inspector found that the local management team were recognising the risk relating to the allegations or suspicions of abuse which had been notified to the Chief Inspector of Social Services.

All residents had individualised risk assessments with appropriate controls in place to keep them safe including money management, vulnerability and safeguarding, restrictions and transport. Some residents who required additional supports with their mental health had risk assessments and associated mental health relapse plans in place.

The provider had also identified risks specific to the centre such as, safeguarding residents from all forms of abuse, these were also subject to regular review and were detailed in nature offering good guidance to the staff team.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which was up-to-date and reflective of their individuality. The assessment of need outlined, whether safeguarding concerns were relevant to residents in the centre. Some residents had risk assessments in place identifying measures in place to manage safeguarding concerns which related to behaviours of concern. Safeguarding plans were also in place to show, how residents were being supported to keep safe and the control measures identified in these plans were also seen to be noted in the residents personal and support plans.

The inspector reviewed two of the five residents personal plans and found them to be up-to-date, detailed and well laid out. Residents' needs were assessed annually and sooner if required. Residents were supported to develop personal plans and set out goals they would like to achieve. On review of the personal plans, the inspector could see all aspects of the residents life were explored and any areas for support identified. The plans detailed how best to support me, my family and friends, foods - likes and dislikes, multi-disciplinary team involvement, advocacy, my environment and personal and communal spaces, each section was detailed and information was specific to the individual.

From talking to residents, it was clear they were involved in the decisions about their care and support. One resident spoke about how staff would spend time with them planning events and places to go, they also stated there was transport to go wherever they wanted.

When residents were all supported to set out goals they would like to achieve, these were then displayed in the office where staff would see them regularly to keep a focus on supporting residents to achieve their goals. Some goals were basic and focused

on health and well being such as walking, healthy eating, use of exercise equipment and encouraging teeth brushing. Other goals were more focused on activities and achievements these included, personal art exhibition, attending hurling matches, local community group involvement and art classes.

Judgment: Compliant

Regulation 7: Positive behavioural support

Overall the provider had robust systems in place for the management of behaviours of concern and oversight of restrictive practices. The director of operations identified that all staff were appropriately trained to manage behaviours of concern. From review of the training records, as mentioned above, all staff were trained in safety intervention, this training includes management of behaviour and de-escalation techniques.

Each resident had behaviour support plans that were for the most part, effective in the management of behaviours of concern, each residents plan was specific to their individual requirements. The plans were detailed and identified the specific behaviours of concern and the response strategies for each behaviour.

There was a number of restrictive practices in place in the centre, these restrictions are reviewed quarterly by the person in charge and the behaviour support specialist. There was clear rational given for the use of these restrictions and the provider had identified some restrictions that could be reduced or eliminated. Such restrictions were recorded and monitored through a reduction plan. Where reduction plans were in place the residents were supported to understand this through key working sessions.

Judgment: Compliant

Regulation 8: Protection

The provider had policies and procedures in place to safeguard residents. The inspection found that, safeguarding concerns were being identified, reported to the relevant authorities and managed with appropriate control measures in place within the centre. There was ongoing review of the safeguarding plans and risk assessments to ensure they were effective. Safeguarding was reviewed regularly through the providers audits and local audits along with trending of incidents to support the identification of concerns.

All staff, had received training in safeguarding vulnerable adults and were aware of the various types of abuse, the signs of abuse and their role in reporting and

responding to concerns. All residents were kept informed about their right to raise a concern and the complains process, through key working sessions and residents meetings.

While there had been a small number of peer to peer related incidents reported to the relevant authorities since the previous inspection, the provider had taken appropriate action to safeguard residents from further abuse. The control measures outline in the formal safeguarding plans were proving effective at the time of the inspection.

Each resident had detailed intimate care plans in place. These plans were individualised and specific to the residents needs and preferences.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the provider was ensuring residents were informed about matters that effected them, their rights, access to advocacy and the complaints system. Residents who engaged with the inspector said they liked living in the centre and were supported to exercise their rights. For example, one resident had been provided with information in relation upcoming changes in legalisation that would effect them. The resident was supported to understand the new process and informed of the decisions they would be supported to make in the future.

Residents were supported individually, to have weekly residents meetings, where they had the opportunity to make decisions about things they would like to do for the week ahead. This included activities, planning what meals they wanted to have and residents were informed about updates in relation to the centre. For example, from review of residents meetings, residents had been informed about the upcoming change of person in charge for the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant