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:	Rathverna
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	21 April 2026
Centre ID:	OSV-0007874
Fieldwork ID:	MON-0041661

About the designated centre

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

Rathverna is a designated centre operated by Nua Healthcare Services Limited. It provides a residential service to a maximum of five adults with a disability. The designated centre near a small village in Co. Waterford. The designated centre comprises of a detached two-storey house located on its own grounds. The house is divided into three areas - the communal area is home to three residents and two residents live in individualised apartments. The designated centre is staffed by social care workers and 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

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 21 April 2026	09:30hrs to 16:45hrs	Robert Hennessy	Lead

What residents told us and what inspectors observed

This was an announced inspection of the designated centre which related to a decision on renewal of the centre's registration. The designated centre was registered for five residents and it was at capacity on the day of the inspection. The residents all appeared to be and reported living a good life and the staff team in the centre were striving to ensure the quality of life for the residents was improved and continuously promoted.

There were five residents residing in the designated centre on the day of the inspection. The inspector met with four of the residents. One resident chose not to meet the inspector and did not invite the inspector into their apartment. The residents that the inspector met indicated they were happy living in the designated centre. Residents were seen leaving their home throughout the day to undertake activities which they told the inspector that they enjoyed. The residents spoke about activities they were undertaking that day and were seen to have busy schedules which staff supported them with. That day for example, residents were seen to leave for art classes and sports practice.

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. Residents were seen to be very comfortable with the staff and it was evident that the residents had a good relationship with the staff from their interactions.

The residents' bedrooms were well decorated and maintained. The residents had been involved in decorating their bedrooms with one bedroom being decorated in a theme of a sports team that the resident supported. The bedrooms contained personal items belonging to the residents and were decorated with photographs that were important to them. In the hallway of the centre there were other pictures of important events and occasions that the residents attended such as the provider's gala and other social occasions.

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 centre both inside and outside. The residents were seen using a conservatory and two different sitting rooms to have time on their own. Each resident had access to a kitchen and laundry area if they wished to use them. The person in charge spoke about an upgrade to the kitchen that was due to commence shortly after the inspection which would make the space more usable for the residents. The residents had access to outdoor garden areas. An enclosed outdoor area had recently been extended for one of the residents to use.

As this inspection was announced, residents were given the opportunity to complete resident questionnaires which had been sent out in advance of the inspection. Five residents completed the surveys, with four of the residents requiring support in answering the questions in the survey. The response in these questionnaires were all positive and the residents were reporting that they were content with their living arrangements. One resident commented that they liked going to the beach, while another commented that the centre was "home away from home" and they felt happy and safe there.

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. The registered provider and the person in charge were completing audits to ensure the quality and safety of the service being provided was monitored and reviewed. The staff team provided to the residents was consistent and it was evident they knew them well.

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

Documentation such as the the statement of purpose, and registration documentation was also reviewed, it contained the information required by the regulation and was available to the residents in the designated centre.

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 person in charge was appointed in the designated centre on a full time basis. The person in charge was suitably qualified and had the relevant skills and experience required by the regulations, such as three years management experience.

It was evident that the person in charge knew the residents and their individual needs well and was working to ensure there was a person centred service in the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that there were adequate numbers of staff with the appropriate skill mix supporting the residents in the centre. The staffing levels matched what was outlined in the residents' assessment of need and in the statement of purpose and size and layout of the the designated centre.

From a review of the staff rota it was evident that the residents were receiving continuity of care and support from a consistent staff team. The person in charge had maintained both planned and actual rotas which showed the staff working in the centre each day and night.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training to support the residents in the designated centre such as fire safety, safeguarding and manual handling. Staff had completed refresher training in these areas when required. There was a training plan for training to be completed in 2026 available in the centre.

The person in charge had a adequate system for staff supervision. Supervision had been completed for the staff team for the year previous and supervision meetings were scheduled for the year and were being tracked to ensure they were completed in a timely manner.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had submitted documentary evidence of insurance as part of the application to renew the registration of the centre. This was reviewed prior to the inspection. The document showed that the registered provider had in place insurance in respect of the designated centre which was appropriate and in line with the regulation.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a clearly defined management structure in the designated centre. There was sufficient resources in place on the day to support the residents. The staff team reported to a person in charge, who worked in a full time capacity in the centre.

The registered provider had undertaken an annual review of the quality and safety of care and support in the designated centre which was completed in October 2025. This review contained actions for improvement of the service and contained personalised information regarding the residents and what they had done during the year and also their objectives for the service for the following year.

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

The registered provider had completed the unannounced visits to the designated centre on two occasions in the previous 12 months in October 2025 and April 2026. The latest report from April 2026 was completed in a new format which was an improvement on the previous format as it was more concise and focused specifically on the designated centre. This report did not contain generic information that the previous report contained.

Judgment: Compliant

Regulation 3: Statement of purpose

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

The registered provider had ensured that the statement of purpose had been reviewed in the last 12 months, with last review being completed in March 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. The personal plans for residents contained information on how to support the resident with positive behaviour. Residents had goals for the year created and these goals were realistic and reviewed.

Risk was well managed in the centre and measures were in place for safeguarding of residents. The information guide about the designated centre was available to the residents and had been reviewed in the last 12 months.

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

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. Two residents had individual apartments. One of these residents had their own enclosed garden which had recently been extended. This area had been assessed as needing further changes which were scheduled to take place soon after the inspection.

The inspector completed a walk through of the premises and found that in the home was clean and suitably decorated. The premises provided the residents with access to kitchen areas, suitable storage, bathrooms and access to a laundry area. There was a plan to upgrade the main kitchen in the designated to make it more user friendly for the residents.

Judgment: 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 person in charge had reviewed the individuals and designated centre's risk assessment in the previous 12 months. Residents' risk assessments included measures in relation to epilepsy and medication management.

Judgment: Compliant

Regulation 28: Fire precautions

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

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

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

The emergency plan in the event of a fire was displayed throughout the centre. There was a fire safety overview guidance for staff and fire evacuation procedure,

which explained what would happen if the designated centre needed to be evacuated.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider and the person in charge had completed a comprehensive assessment of need which identified the health, personal and social care needs of the residents.

The person in charge had reviewed the individual assessments and each personal plan within the last 12 months and had ensured that residents' changing needs were reflected in these personal plans. One resident for instance, was working on increasing their independence in relation to their finances, household chores and gardening.

The person in charge had ensured the designated centre was suitable for the residents. The residents were planning activities for the year such as going to an Irish dancing festival and going to a national park. The residents had busy activity schedules undertaking sports such as a swimming and horse riding.

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. 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 9: Residents' rights

The registered provider had ensured that residents had the opportunity to participate in meetings to discuss the running of the centre on a regular basis. These meetings had taken place weekly in the month preceding the inspections. The inspector reviewed the minutes of these meetings and found that topics discussed included food menus, residents' finances and safeguarding.

Residents had their activities recorded in a collage called ''residents' beautiful moments'' which included pictures of residents attending for example, gala events organised by the provider. There was a newsletter produced in the centre which enabled residents to stayed informed of what was happening there.

There was information available to the residents regarding advocacy services available to them in the designated centre. There was evidence that these services were used by residents.

The registered provider stored residents' information in a secure and private manner. Residents had living spaces in the centre where they could undertake activities in private if they so wished.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant