



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:	Unannounced
Date of inspection:	26 August 2025
Centre ID:	OSV-0007874
Fieldwork ID:	MON-0048101

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
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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 26 August 2025	10:00hrs to 17:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an unannounced inspection conducted to monitor on-going compliance with the regulations with a specific focus on safeguarding. This inspection was carried out by one inspector over one day.

The inspector had the opportunity to meet with the five residents over the course of the inspection. Some residents used verbal communication while others used alternative methods of communication, such as vocalisations, facial expressions, behaviours and gestures to communicate their needs.

On arrival to the house, there was a number of cars in the driveway as training was being provided to the whole staff team in the morning. The four residents were preparing for the day while one resident had left to go to their day service. The inspector met with two residents in the sitting room in the main house. They appeared comfortable in their home and in the presence of the staff team. The spoke positively about living in the house and the support provided in the house. The inspector was informed that they had plans to go horse riding and bowling for the day. One resident indicated that they preferred not to speak to the inspector and this was respected.

Later in the morning, the inspector met a third resident in their individualised apartment. The apartment consisted of a living room/kitchenette, an en suite bedroom and a private garden. The inspector met with the resident in their sitting room as they watched a TV programme which was projected onto one of the walls. The apartment was minimally furnished and decorated in line with the resident's preferences. For example, their sitting room contained a small kitchenette, projector to watch TV, a couch and a table and chairs. The inspector was informed that the resident had plans to engage in table top activities and go for a drive in the afternoon. The inspector observed water damage and water stains on the ceiling of the apartment.

In the afternoon, the inspector visited the upstairs individualised apartment which was home to one resident. The apartment consisted of a living room/kitchenette and an en suite bedroom. They welcomed the inspector and met with the inspector in their kitchen as they were engaged in sudoku. The resident spoke of their interests in colouring, word puzzles and sudoku. Similarly, the apartment was minimally decorated. There was blackboard paint on the walls to allow the resident to write on their walls in line with their wishes.

In the afternoon, the inspector met with one resident as they returned from their day service. They showed the inspector their room which was personalised and decorated in line with the resident's preferences. The resident spoke positively about the staff team and noted their long-term plans to live independently. They spoke of sports they were interested in and activities they enjoyed.

The inspector carried out a walk through of the house. As noted the centre was divided into three areas, a communal area which supported three residents and two supported living units that both accommodated a single resident. The communal area of the house comprised of three resident bedrooms, two bathrooms, kitchen, living room, sun room and office. Both individualised apartments comprised of a living room/kitchenette and an en suite bedroom. The centre had a number of vehicles available to residents to ensure accessibility to amenities locally. The centre was well maintained and there was evidence of ongoing maintenance work. For example, on the day of the inspection, painters were on-site touching up areas of the premises and maintenance staff arrived in the afternoon to cut the grass. However, as previously mentioned there was areas of water damage to the ceiling of one of the apartments which required attention. This had been self-identified by the provider.

In summary, based on what the residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care and support. The residents appeared content and comfortable in their home and the staff team were observed supporting the residents in an appropriate and caring manner. However, some improvements were required in aspects of the premises condition.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

There was a clearly defined management system in place which ensured the service provided quality safe care and was effectively monitored. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs.

There was a clear management structure in place. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the annual review 2024, provider unannounced six-monthly visits and local audits.

There were appropriate staffing arrangements in place to support the residents' with their assessed needs. Staff training records were reviewed which indicated that the staff team were up-to-date with their training needs and were appropriately supervised.

Regulation 15: Staffing

On the day of the unannounced inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. The five residents were supported during the day by eight staff members. At night, the five residents were supported by three waking night staff. The staff team were observed treating and speaking with the residents in a dignified and caring manner throughout the inspection.

There was a planned and actual roster maintained in the centre. 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 and leave were covered by the existing staff team and regular relief staff. The inspector was informed that two new members of staff had been recruited to fill the vacancies. This ensured continuity of care and support to the residents.

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, it was evident that the staff team in the centre had up-to-date training in areas including deescalation and intervention techniques, fire safety, safe administration of medication, manual handling and safeguarding. In addition, training had also been provided in autism awareness and 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.

There was a supervision system in place and all staff engaged in formal supervision. From a review of a sample of supervision records for four staff members, supervision meetings were occurring in line with the provider's policy. A supervision schedule was in place for the upcoming year.

Judgment: 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 on annual leave on the day of the unannounced inspection and the inspection was facilitated by the deputy team leader and Director of Operations.

The designated centre was being audited as required by the regulations and an annual review of the service had been completed for 2024. There was some evidence of consultation with residents and/or their representatives. This consultation was limited as only one of the five residents views on the quality and care of the service was captured. The provider had completed six-monthly unannounced provider visits to the centre in October 2024 and April 2025. The quality assurance audits identified areas of good practice and action plans were developed to address the areas for improvement identified.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the centre provided person-centred care to the residents. However, the inspector found that improvements were required in aspects of premises condition.

The inspector reviewed the five 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. The were effective systems in place to ensure resident's were safeguarded.

Restrictive practices were identified, reviewed and plans were in place to reduce or remove restrictive practices as appropriate.

Regulation 10: Communication

Residents in this centre used verbal communication while others used 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 resident. The staff team spoken with demonstrated an clear understanding of the residents communication methods and were observed communicating with residents throughout the inspection.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose. The centre was a detached two storey house which was divided into three areas. A main area which supported three residents and two individualised living units that both accommodated a single resident.

One resident's living area had minimal items on display, however this was in line with their personal plan and assessed needs. In other parts of the centre, staff had supported residents to display their personal items and in ensuring that their personal possessions and pictures were available to them. All residents had their own bedrooms which were decorated to reflect their individual tastes.

The inspector observed water damage and stains on the ceiling in one resident's apartment . This had been self-identified by the provider. However, the necessary works to this area of the centre were not completed on the day of inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the five residents' personal files. Each resident had a 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 reviewed a sample of personal care plans in areas including intimate care, communication and behaviour and found that they 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. Staff had up-to-date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

There were systems in place to identify, manage and review the use of restrictive practices. There were a number of restrictive practices in use in the designated centre including weighted furniture, keypads, restricted access to certain items and use of plastic cutlery and crockery. For the most part, these had been appropriately identified and reviewed as restrictive practices. There was evidence of restrictive practices being reduced and removed where possible. For example, door alarm and fixed furniture had been recently reduced.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents. The provider had developed a safeguarding policy which guided the staff team on the practices to identify, review and respond to identified concerns.

There was evidence that incidents were appropriately reviewed, managed and responded to. Support plans were in place to manage identified safeguarding concerns. The residents were observed to appear comfortable in their home and in the presence of the staff team and management. The staff team had up to date training in safeguarding vulnerable persons.

Intimate care plans had also been prepared to support staff in delivering care to residents in a manner that respected their dignity and bodily integrity.

Judgment: Compliant

Regulation 9: Residents' rights

It was evident that residents were facilitated to exercise choice and control across a range of daily activities and to have their choices and decisions respected. Weekly meetings took place with residents which consulted with residents around choosing meals and activities. There was also evidence of accessible information for residents on the restrictive practices in use and plans for their reduction where appropriate. In addition, residents were seen to be consulted regarding how the centre was run with regular discussion using communication appropriate to their assessed needs.

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	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rathverna OSV-0007874

Inspection ID: MON-0048101

Date of inspection: 26/08/2025

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>1. The Person in Charge will ensure that all water damage and leaks are identified, addressed, and resolved in accordance with the assessed needs of each individual residing in the Centre, to minimise disruption and ensure the well-being of all residents.</p> <p>Completed Date: 17 October 2025</p> <p>2. The Person in Charge will ensure that all water stains on the individual's ceiling are properly addressed, removed, and repainted to restore a clean and safe living environment.</p> <p>Due Date: 30 October 2025</p>	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/10/2025