



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

## Issued by the Chief Inspector

Name of designated centre:	Gainevale House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	29 January 2026
Centre ID:	OSV-0008063
Fieldwork ID:	MON-0044503

## About the designated centre

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

This is a service providing residential care and support to five adults with disabilities. The service is located in Co. Westmeath in close proximity to the nearest small town. The centre is staffed full time including four waking night staff. The centre is a large detached house on its own grounds together with a self contained apartment. Each resident has their own bedroom which are personalised to their individual taste and preference. There is a spacious and functional outside area with parking for multiple vehicles. There are various communal areas, and adequate bathroom, kitchen and laundry facilities are available.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 29 January 2026	11:00hrs to 19:50hrs	Julie Pryce	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection conducted in order to monitor on-going compliance with the regulations.

There were six residents on the day of the inspection, and on arrival at the designated centre the inspector found that they were all out on various activities, with the support of staff. Residents began to return home later in the day.

The first resident to return home was smiling and waving as they entered the house, and greeted the inspector with a handshake. Their communication consisted of repeating phrases and words, but they appeared to be happy and comfortable with their staff. Another resident had been to the cinema, and they were aware that the inspector was visiting before they got home. They told the inspector all about their day, including the activities and the snacks and meals that they had. They were aware of the purpose of the inspector's visit, and offered to make tea.

One resident had gone to their room for a rest when they arrived home, and while they invited the inspector into their room, it was clear that they wished to keep the conversation very brief. However, the inspector saw that their room was personalised and laid out as they preferred, and that they had their own items around the room.

Another resident was happy to have a conversation with the inspector, and showed the inspector around their room. They showed the inspector their personal items including toys and family photographs, and named all their family members in the photos.

One resident spoke to the inspector about how independent they were and how they managed many aspects of their life themselves. They spoke about their family and their regular visits to their family home, and spoke about their plans for an upcoming birthday. They spoke fondly about the other residents in the house, and said that they got on well with all the staff. They knew who to go to if they had any concerns or complaints, and it was apparent that they were settled and happy in their home.

Another resident also invited the inspector to see their room, and also spoke about their friends among the other residents. They said that they felt safe and comfortable in their home, and told the inspector who their favourite staff member was. They showed the inspector their shower room, and said that they would like rails on the walls to support them in and out of the shower. The inspector spoke to the person in charge (PIC) after this conversation, who explained that the occupational therapist had already done an assessment for the resident and that the installation of handrails was scheduled.

The premises overall were appropriate to meet the needs of residents, and there were various communal areas, including spacious garden areas. There was equipment such as gym equipment that some residents liked to use, some for leisure and for one resident as a form of self-regulation that they had been introduced to as an aspect of positive behaviour support.

Residents were supported to be involved in a wide range of activities, both for leisure and for personal development. Some residents were learning independent living skills, and others were learning technology and language skills.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences and there was a good standard of care and support in this designated centre, although some improvements were required in the management of staffing numbers as further discussed under Regulation 15: Staffing of this report.

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 the quality and safety of the service being delivered.

## Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective.

There was an appropriately qualified and experienced person in charge who was involved in the oversight of the centre and the supervision of staff.

There was a competent staff team who demonstrated good knowledge of the support needs of residents, and who facilitated the choices and preferences of residents.

However, there were continual staff shortages in the designated centre which had not been managed at the time of the inspection.

## Regulation 14: Persons in charge

The person in charge was appropriately qualified and experienced, and had good oversight of the designated centre. He was knowledgeable about the support needs of residents, and about his role in relation to the regulations.

Judgment: Compliant

### Regulation 15: Staffing

There was a knowledgeable staff team who were known to residents, and who were supported on continuous professional development by the PIC.

However, there were consistent shortages in the numbers of staff on duty each day. The Statement of Purpose and Function agreed as part of the registration of the designated centre outlined the requirement for 25 full time staff, and at the time of the inspection there were only 21 staff on the team.

Where there were shortages, extra shifts were offered to the staff team, and then to staff members of nearby designated centres operated by the provider. However, these gaps were consistently unmet. On a daily basis seven staff members were required to support residents, and on the day of the inspection there were only five staff members.

The planned and actual rosters were not readily available, however, the PIC presented a record of the staff hours worked by staff over the previous months, and there were significant shortfalls.

In addition, there where there was a shortfall of staff on night duty, a day time staff would undertake to do a 'sleepover' and so be on call overnight. There was no sleepover room for staff, so that they would sleep on a sofa in the residents' communal area. While there was no evidence that this had a negative impact on the residents' use of this room, and therefore did not affect their rights in that way, this shortfall had occurred twice each month in the three months prior to the inspection.

The inspector spoke to four staff members on duty during the course of the inspection, and found them to be knowledgeable about the support needs of residents. Staff were observed throughout the course of the inspection to be delivering care in accordance with the care plans of each resident, and in a caring and respectful way.

While the current staff team were knowledgeable and well supported by the PIC, the consistent staff shortages were not in accordance with the assessed needs of residents.

Judgment: Not compliant

### Regulation 16: Training and staff development

All staff training was up to date and included training in fire safety, safeguarding and positive behaviour support. Training in relation to the specific needs of residents had been undertaken, including autism awareness. Staff could describe their learning from their training, and relate it to their role in supporting residents.

There was a schedule of supervision conversations maintained by the person in charge, however where two such conversations were required by the policy of the provider, only one had taken place last year for each member of staff. The PIC presented the schedule for this year, and undertook to ensure that this would be adhered to.

The inspector reviewed the records of three supervision conversations and found a clear agenda for discussion including an in-depth discussion on the care and support needs of each resident, and the training and development needs of the staff member.

It was evident that staff were appropriately supervised on a daily basis by the PIC. The PIC reviewed staff knowledge on a regular basis. There were detailed person centred personal plans in place for each resident, together with positive behaviour support plans for some residents, and the PIC ensured that the staff team were up-to-date with the relevant guidance in these documents.

For example, the PIC regularly held a discussion with each staff member and asked them to describe the way in which they would respond to various presentations of each resident. The inspector reviewed three of the records of such conversations with staff and found that staff responded appropriately. There was a system whereby if responses were not in accordance with the guidance the PIC would ensure that the staff team were updated. The inspector did not find any gaps in staff knowledge through the review of this process, or through interviews with the staff team on the day of the inspection.

It was evident that staff development and training was supported, and that staff were appropriately supervised.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships.. All the required actions identified at the last inspection had been implemented.

Various monitoring and oversight systems were in place. An annual review of the care and support of residents had been prepared in accordance with the regulations and was available in the designated centre. Detailed reports from the required six-

monthly unannounced visits on behalf of the provider were in place, and there was an associated quality improvement plan.

There was a system whereby any required actions identified through these processes were monitored. Actions were assigned to a responsible staff member, and were monitored until complete. Follow up audits were undertaken a month after the initial audit to ensure that there was evidence that actions had been completed.

Staff team meetings were held monthly, and the inspector reviewed the minutes of the last two of these meetings. Staff gave an update on each resident at these meetings, and the discussions included residents' goal, accidents and incident, any identified risks and safeguarding. The PIC discussed required staff knowledge at these meetings, and all staff were required to acknowledge via an online system that they had read the minutes of these meetings.

Any accidents and incidents were recorded and reported appropriately. The inspector reviewed the overview report since August 2025 and read a sample of three incident reports. Where appropriate incidents were reviewed by members of the multi-disciplinary team, and guidance for staff updated.

Daily communication with the staff team was well managed via a written handover at the change of each shift. These handover documents included an update on each resident, any newly identified risks and any incidents. There was also an email system whereby each staff member received an update twice each day.

Overall, staff were appropriately supervised, the person in charge and senior management had good oversight of the centre, and monitoring systems were effective.

Judgment: Compliant

## Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place, and residents were supported to engage in multiple different activities.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them.

There were risk management strategies in place, and each identified risk had a detailed risk assessment and management plan.

Where residents required positive behaviour support there were detailed behaviour support plans in place. There were some restrictive practices in place, each of which was based on a detailed assessment of needs and with a documented rationale which indicated that the intervention was the least restrictive to mitigate the identified risk.

The rights of the residents were well supported, and residents indicated that they were happy in their home. Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner.

### Regulation 17: Premises

The premises were well maintained, and were appropriate to meet the assessed needs of residents. Each resident had their own room or apartment which they arranged and decorated as they chose. There were various communal areas including the spacious gardens. There were enclosed gardens for some residents so as to ensure their safe access to outdoor areas.

All the requirements of Schedule 6 of the regulations were provided for, including adequate private and communal accommodation, ample storage, sufficient bathrooms to meet the needs of residents and kitchen and laundry facilities. The designated centre was well maintained and visibly clean.

It was evident that the designated centre was laid out in a person centred way, and that the rights of resident to have an appropriate and well maintained home were upheld.

Judgment: Compliant

### Regulation 26: Risk management procedures

There was a current risk management policy in place which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents. There was a risk assessment and risk management plan for each of the identified risks.

Individual risk assessments included the risks relating to self-injurious behaviour, aggressive behaviour and the risk of a resident absconding. The risk management plan relating to absconding had been recently updated following staff observation that a resident had observed the input of the code to one of the exit doors and this risk had been mitigated by a schedule of regular changing of the code, in accordance with the agreed restriction.

General risks were identified, and each of these also had detailed management plans, including vehicle safety, fire safety and emergency planning. There was a risk assessment in relation to staff shortages, and this risk was also included in the individual risk management plans for some residents, and while the inspector did not find any adverse incidents relating to this risk, staff shortages were not fully managed, as previously outlined under Regulation 15: Staffing.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

There were personal plans in place for each resident which were based on a detailed assessment of need. Care plans in place included plans relation to healthcare, communication, personal care and personal development. The plans gave detailed guidance to staff as to the support required by each resident.

A person-centred plan had been developed with each resident, and goals were set with each resident in relation to maximising their potential. Goals were set in accordance with the preferences and abilities of residents, and steps towards achieving goals were clearly identified and recorded regularly.

One of the goals for a resident was to increase their independence in managing their medication and included steps towards achieving this goal, for example, setting an alarm for the times when medications were due.

The person-centred plans were available in accessible version for residents, including short phrasing and pictures, and it was clear that the residents each made their own decisions as to their chosen goals.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where residents required positive behaviour support, there were detailed plans in place, based on a detailed assessment of needs. The inspector reviewed these plans and found them to be detailed and based on a thorough assessment of needs. They included detailed guidance for staff. For example, one of the plans required one staff member to take the lead and to remind the resident of the boundaries that had been agreed as acceptable, and for the other to limit the attention given to the behaviour.

Where interventions were to be considered, such as 'as required' (PRN) medication, there was clear guidance in the form of a traffic light' system which outlined the possible presentation of the resident, and the actions that should be taken to de-

escalate the situation at each stage. The guidance for staff was detailed and included information in detail, for example the tone of voice that the staff should employ, or that music of the resident's preference might diffuse the situation.

Staff had all received training in the management of behaviours of concern, and all staff engaged by the inspector were knowledgeable about their role in supporting residents, and could identify the strategies in place for each resident. As discussed under Regulation 23: Governance and management, the PIC ensured that staff knowledge was up-to-date.

There was evidence of a reduction in the occurrence of behaviours of concern, indicating that the positive behaviour support strategies were effective, for example where a resident had a history of verbal aggression, there had been no recent incidents of this behaviour.

Where restrictive practices were in place to ensure the safety of residents, they were monitored to ensure that they were the least restrictive measures available to mitigate the identified risks.

There was a restrictive practices log in place which included each intervention and the rationale for its use. The inspector reviewed this log for all residents, and saw that there was a clear rationale for each restriction with an emphasis on ensuring that residents were safeguarded.

There was a quarterly multi-disciplinary review of restrictions, and it was evident that restrictions were only applied where they were required to mitigate a clearly defined risk. The PIC discussed with the inspector the priority of reducing restrictions where possible, and outlined plans for the gradual reduction of some restrictions whereby the rights of residents were considered together with risk management.

The inspector was assured that restrictions were only in place if they were necessary to safeguard residents, and that residents were supported in a person-centred and non-judgemental way in the management of behaviours of concern.

Judgment: Compliant

## Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training, including the types and signs of abuse, and their role in reporting and recording any allegations of abuse.

There were various daily checks in place, for example in relation to safeguarding residents from the risk of financial abuse, there were daily checks of each resident's

finances, and the PIC had clear oversight of the processes. There were also daily checks of medications which included stock checks in relation to identifying any medication errors.

All required notifications relating to allegations of abuse had been submitted to the Office of the Chief Inspector as required. Any allegations of abuse in relating to the designated centre operated by the provider were investigated in a transparent manner, in the first instance by a senior manager of another designated centre.

The inspector reviewed the documentation relating to any allegations and was assured that residents were safeguarded from all forms of abuse.

Judgment: Compliant

## Regulation 9: Residents' rights

All staff had received training in supporting the rights of residents, and each staff member engaged by the inspector spoke respectfully and fondly about the residents they supported.

One staff member spoke in detail about the ways in which they safely supported residents to make their own decisions and choices. They gave examples of conversations they had held with residents where they ensured that residents had access to all the relevant information, and were then supported in their decisions.

One resident did not have English as their first language, and while they could understand English, they did not speak English well. All efforts had been made by the provider to ensure effective communication with them, for example, their key worker spoke their native language, and another staff member had been recruited who also speaks their language.

It was evident from discussions with staff and residents, and a review of daily records that residents were supported to have meaningful days, and to engage in multiple different activities, in their home, in their day services and in the community. One resident told the inspector that they were learning about computers and other skills at their day service. Another resident told the inspector about their plans to take a language course, to pick up on learning a language that they had studied some years previously.

Residents were supported by staff in ways which ensured their safety, and respected their preferences. For example, one resident who was always supported by two staff members, chose their preferred gender of staff.

During the 'walk-around' of the designated centre the inspector observed multiple examples of the support of the rights of residents to make their own choices. In one

of the bedrooms the inspector saw that a resident had their soft toys tucked up in bed, as they had chosen, so that their room was welcoming to them.

One resident had a particular dislike of tidy presses in their room, and would mess them up if staff tidied them, and the inspector observed that they were in disarray as preferred by the resident.

While there were some restrictive practices in place, the inspector was assured that they were the least restrictive required to manage identified risks. Residents were all aware of these restrictions, and there was easy-to-read information on these restrictions.

Overall it was clear that the rights of residents were upheld, and that support was offered in a caring and respectful way.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
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

# Compliance Plan for Gainevale House OSV-0008063

Inspection ID: MON-0044503

Date of inspection: 29/01/2026

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ol style="list-style-type: none"><li>1. The Person in Charge (PIC) shall ensure a targeted recruitment process be undertaken to address the concerns identified regarding staffing levels.</li></ol> <p>Note: this action was completed on 25 March 2026, and staff have been successfully recruited, and the centre now maintains a full complement of 25 Whole-Time Equivalent (WTE) staff, in line with the Statement of Purpose. All staff have completed relevant training, aligned with residents' assessed needs, to support the safe and effective delivery of care.</p> <ol style="list-style-type: none"><li>2. The PIC will continue to monitor staffing levels on an ongoing basis to ensure alignment with Individuals' assessed needs and the Statement of Purpose. Any vacancies or unplanned absences will be reviewed promptly by the management team to ensure continuity and consistency of support for residents.</li><li>3. The PIC will maintain and regularly review the planned and actual roster to ensure it remains accurate, up to date, and reflective of current staff deployment. The roster will continue to be available in the centre at all times to support management oversight and compliance monitoring.</li><li>4. The PIC shall review and update the Centre's staffing contingency arrangements to ensure they are effective and minimise impact on individuals' needs in so far as practicable. The Staffing Contingency Plan, Risk Register, and, where required, the Statement of Purpose shall be revised to confirm staffing levels, qualifications, and skill mix at reduced staffing levels so they continue to be appropriate to Individuals' needs and the Centre's size and layout. ]</li></ol>	

## 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.	Not Compliant	Orange	27/04/2026
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Not Compliant	Orange	27/04/2026