



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

Issued by the Chief Inspector

Name of designated centre:	Hawthorn House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	19 November 2025
Centre ID:	OSV-0008558
Fieldwork ID:	MON-0048744

About the designated centre

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

Hawthorn House is a two storey building located in a rural area close to a number of large towns. Hawthorn House aims to provide 24-hour care to a maximum of six adults with disabilities both male and female aged 18 years of age onwards with a wide range of support needs including Intellectual Disabilities, Autism Spectrum Disorder (ASD), Mental Health & challenging behaviour. Hawthorn House Team uses a social model of care which endeavours to mirror a family/home environment whilst also providing support in all aspects of care to Individuals. At Hawthorn House, each Individual has their own generously sized bedroom and en-suite. The ground floor consists of Kitchen/dining, entrance hallway, utility, living room, office, accessible WC, store & a conservatory. On the first floor there are three bedrooms with en-suites, hot press, & landing. Each floor also has a separate supported living environment each with a bedroom with en-suite & living/dining area. The property is surrounded by gardens. Amongst the local amenities are hairdressers, a library, local parks, a community centre, GAA club, selection of restaurants, and social groups.

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
Wednesday 19 November 2025	09:25hrs to 17:40hrs	Robert Hennessy	Lead

What residents told us and what inspectors observed

This was an unannounced inspection of the designated centre to follow up on information submitted to the Chief Inspector's office by the registered provider. There were six residents residing in the centre on the day of the inspection and the inspector met with four of those residents. The residents appeared to be enjoying a good quality of life in the designated centre.

The designated centre is a large standalone two storey house with an apartment attached to the main house. There were three residents living in self contained apartments and three residents that shared the main house. The residents had a large garden to use and two of the apartments had their own private garden areas. There was a garden room and multi-sensory room in the outdoor area of the designated centre. It was reported that two of residents particularly used the multi-sensory room which was well maintained and had equipment of interest for the residents to use. The outdoor area had a trampoline also which residents liked to use. One of the private gardens had bikes and car tyres which reflected the interest of the resident. This resident had trophies on display from motor competitions they entered. This resident was also supported to maintain access to their day services that they used before they moved to the centre. The premises was well maintained and the bedrooms of the residents were personalised and decorated in line with their interests.

Four of the residents were met with the inspector during the day. One resident was relaxing in their own apartment with support of one staff member. This resident gave the inspector a high five. The resident's apartment did not have many items in it. This was by choice of the resident and they liked to have their personal items stored outside the apartment. They were supported by staff members to get the personal items they wanted throughout the day.

Another resident was met in their own apartment again with a staff member supporting them. They were watching sport on the television and spoke with the inspector about this. They were discussing with staff an activity they were going to undertake in the afternoon.

Two residents were met later during the inspection. One resident had gone to a visit a family member, they discussed what they liked doing in the centre and how staff supported them. Another resident was resting in the morning but spoke to the inspector in the afternoon. They spoke about their interest in clothes and showed the inspector the personal items they had in their bedroom. The two other residents were outside the designated centre with one attending an appointment and another was attending a music therapy session.

Staff spoken with knew the residents well. They were able to discuss their needs and how they were supported in this respect.

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

There was an appropriate management structure in place in the designated centre. The person in charge was knowledgeable of the residents and their needs. There was a staff team in place with the skill mix to support the residents and were also knowledgeable of the residents' needs. 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 statement of purpose had been reviewed in the last 12 months and it contained the information required by the regulations. The registered provider and the person in charge were completing audits to ensure the quality and safety of the service being provided was appropriate.

Incidents and complaints in the designated centre were well managed and documented. Incidents were reported to the office of the Chief Inspector as required by the regulations. Complaints in the centre were recorded and dealt with in line with the registered providers complaints procedure.

Regulation 15: Staffing

Overall, the registered provider was ensuring that the number and skill set of the staff was appropriate to the needs of the residents, the statement of purpose and the layout of the centre. There were vacancies identified by the management team in the designated and there was ongoing recruitment to fill these vacancies. There were relief staff available that covered the times that the regular staff could not work.

There was a planned and actual staff rotas available to the inspector during the inspection. A sample of three months of staffing rotas were viewed for September 2025, October 2025 and November 2025 where it was evident that the staffing levels were being maintained in line with the statement of purpose, needs of the residents and size and layout of the centre. For example residents were provided with one staff member to one resident supports as well as two staff to one resident supports when required.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider had ensured there were effective systems in place for the training and development of the staff team. The inspector viewed the training matrix for all the staff working in the centre. It was evident that the person in charge was maintaining a good oversight of the training needs of the staff. Staff had received training in the areas such as safeguarding, managing behaviour that is challenging and the safe administration of medication. One resident spoke about how staff had received training to assist them with their health care needs and how they were very happy about this.

The person in charge had ensured effective measures were in place for the appropriate supervision of staff. There was a schedule shown to the inspector on the day for the completion of supervision for staff members in the centre for the current year.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a suitable governance structure in place with staff members reporting to a person in charge who was full time in the designated centre. The person in charge had support from their senior management within the organisation.

The annual review of the quality and safety of care and support in the designated centre was completed in May 2025. This annual review contained surveys on the the happiness of the residents of the service being provided in the designated centre. The annual review contained information on the residents' community involvement and how they maintained contact with their family members.

The registered provider's six monthly unannounced visits were taking place every six months with the last two visits completed in April 2025 and October 2025. These unannounced visits identified actions for the person in charge to undertake such as updating resident's documentation and addressing the training needs of staff.

Other audits were bring undertaken in the designated centre to ensure the service provided was safe such as a daily safety walk, a health and safety audit, a medication audit and an infection prevention and control audit.

Resident's meetings were undertaken on a weekly basis. Staff meetings were taking place on a monthly basis in the designated centre. The agenda for these meetings included, for example, discussions on residents' goals, incidents in the designated

centre and safeguarding concerns in the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a statement of purpose in place in the designated centre and was made available to residents. The statement of purpose had been reviewed in the last 12 months. The statement of purpose contained the information set out in Schedule 1 of the regulations including the services and facilities provided in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

Documentation in relation to the complaints process in the designated centre was available to residents in an easy to read format. Complaints were documented in the designated centre. A complaint viewed was regarding one of the residents being collected from the day service. This complaint was addressed within the 30 days as required by the registered provider's policy and the satisfaction of the complainant was recorded.

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 were reviewed in a timely manner. These plans contained information on residents' needs in relation to health care and also on how they communicate and how they liked to be communicated with.

Residents' rights were respected and upheld in the centre and the centre was resident led in the way it was run. Residents chose what activities they undertook and staff were available to support them to do this.

Risk was well managed in the centre and measures were in place for safeguarding of residents. Residents had positive behaviour support plans in place when they required support in this area. One area identified as an action from these behaviour

support plans is discussed under regulation 7.

The premises was well maintained and was providing residents with sufficient communal and private space. It also provided residents with ample areas to undertake activities and had a well resourced multi-sensory room.

Regulation 17: Premises

The registered provider ensured the premises was well maintained. The designated centre was designed and laid out to meet the number and needs of residents living in the centre. There was ample communal and private spaces for the residents. The designated centre was decorated in an appropriate manner. The premises had appropriate equipment for the residents that appeared to be in good working order. The centre was clean throughout on the day of the inspection. The residents' bedrooms were decorated in an individualised manner.

Judgment: Compliant

Regulation 26: Risk management procedures

The risk register and individual residents' risk assessments had been reviewed in the previous 12 months. The risk register and individual risk assessments identified hazards, assessed risks and put measures and actions in place to control these risks.

There was suitable risk management policy put in place by the registered provider which contained identified and contained the control measures for specified risks required under the regulation. For example the unexpected absence of any resident.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Assessments and personal plans were viewed for three of the residents. Review of the personal plans had taken place in the last 12 months. There was evidence in the personal plans of multidisciplinary team involvement in supporting the residents throughout the year. This was particularly evident where residents had unexplained injuries with extensive review on how these residents were supported.

Residents were being supported to attend new activities for example one resident attended a family wedding which they spoke to the inspector about. It was evident that these achievements for the residents were being monitored and the

achievements being documented.

Staff from other designated centres worked in the centre to observe and review how staff worked with the residents in the designated centre and gave their views on how the residents' support and support plans were working.

Judgment: Compliant

Regulation 6: Health care

The registered provider was providing appropriate health care supports for residents. Residents had access to a general practitioner and had access to other health care professional such as speech and language therapists, psychologists and an occupational therapist. Three of the residents personal files were viewed which contained health care management plans to support residents with such health care needs as skin integrity and healthy eating. Residents' mental health was also supported with residents accessing a psychiatrist as required. Incidents that required hospitalisation of residents were reviewed by the general practitioner and other members of the multidisciplinary team.

Judgment: Compliant

Regulation 7: Positive behavioural support

The rights restrictions used in the centre were logged and were kept under review. It was evident from the personal plans that rights restrictions had been reviewed in October 2025 the month preceding the inspection. Residents that required behavioural support had plans in place. These behavioural support plans contained strategies such as proactive ways to work with a resident, reactive ways to work with residents and using approaches such as first and then scheduling. Residents' communication needs were contained in their personal plans.

One resident had concerns regarding making inappropriate comments in the designated centre and outside the designated centre with other people they interacted with. While notifications were submitted regarding these incidents and staff were aware of these concerns, there was no guiding documentation in the resident's behaviour support plan to advise staff on how to manage these incidents should they occur.

Judgment: Substantially compliant

Regulation 8: Protection

From reviewing the staff training matrix all staff working in the centre had received training in the area of safeguarding. The members of the staff team that spoke with the inspector were knowledgeable of the safeguarding concerns in the designated centre and how these were managed. Staff were seen to interact with residents in a kind and respectful manner.

The inspector reviewed the safeguarding documentation in place for the centre, including the documentation in place in respect of any safeguarding incidents reported to the Chief Inspector. The documentation showed that any reported incident, allegation or suspicion of abuse since the previous inspection were being responded to by the person in charge, including investigations and actions taken.

Staff team meetings and residents' meetings discussed safeguarding in the designated centre and the designated officer for the organisation attended the designated centre to discuss safeguarding concerns with staff.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector saw that staff treated residents with dignity and respect in the centre while the inspector was present. Staff spoke respectfully about residents and residents' information was seen to be stored in closed presses and office spaces.

The residents had access to private and communal spaces throughout the designated centre. Residents had goals created and were supported to achieve them. One resident spoke about attending their family members wedding and how staff were happy to support the resident in achieving this goal. One resident that had moved to the designated centre in the last 12 months was supported to maintain their day services which involved staff supporting the resident to travel a long distance each day to maintain their relationships in the day service.

One the day of the inspection residents were undertaking activities such as, one resident was visiting family members and another residents was being supported to attend a music therapy session.

Residents had access to individual weekly forums with the staff team. At these forums examples of items being discussed were activities, social events, food menus and any concerns the resident may. Easy to read documentation was available to residents in the designated 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
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hawthorn House OSV-0008558

Inspection ID: MON-0048744

Date of inspection: 19/11/2025

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 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>1. The Person in Charge (PIC) in conjunction with the Behaviour specialist will undertake a review of ID476 documentation under section four of the Personal Plan with strategies for staff on how to manage ID476 and support ID476 when they make inappropriate comments.</p> <p>Completed: 18 December 2025</p> <p>2. The Behaviour Specialist will update strategies under section four of the Personal Plan.</p> <p>Completed: 29 December 2025</p> <p>3. The PIC will ensure the updated strategies are discussed at next team meeting with the staff and a sign off form is completed. In the interim, this is to be reflected on the daily handover.</p> <p>Due date: 31 January 2026</p> <p>4. Key Working sessions in a format appropriate to the assessed needs of the Individual will be completed explaining the new strategies implemented.</p> <p>Due date: 31 January 2026</p> <p>5. The PIC in conjunction with the Behaviour Specialist to review the updated strategies and the effectiveness of same after one month and make amendments if required.</p> <p>Due date: 31 January 2026</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 07(1)	The person in charge shall ensure that staff have 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.	Substantially Compliant	Yellow	31/01/2026