



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

Issued by the Chief Inspector

Name of designated centre:	Dunaree
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	08 January 2026
Centre ID:	OSV-0008709
Fieldwork ID:	MON-0049329

About the designated centre

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

Dunaree is a full-time residential service located in Co Monaghan, close to a large town with plenty of amenities. The service has been adapted to suit the needs of three residents. There are three self-contained apartments and the larger main part of the house as well as two separate self contained apartments to the rear of the property. Each resident has their own living area. Residents receive twenty-four-hour care and support by a staff team comprising social care workers and assistant support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 8 January 2026	10:00hrs to 15:30hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed to monitor levels of compliance with regulations and to inform the decision in relation to the application to vary conditions of the centre's registration.

The inspector had the opportunity to meet with four residents that lived in the centre. In addition to speaking with residents, the inspector observed daily routines with residents, spent time discussing residents' specific needs and preferences with staff and completed documentation review in relation to the care and support provided to residents. Overall, it was found that the care and support was person-centred and in line with the residents' specific needs.

On arrival to the centre, the inspector was met by a resident on their way to the shop with staff. The resident was cordial and spoke with the inspector before they left. The resident spoke about a recent bereavement and how they have been supported to manage this as per their wishes. The resident also spoke about staff and praised them for their support and the care they provided them. The resident was overall very complimentary of the service.

The inspector completed a walk around of the property on arrival. The property was a bungalow which included a kitchen/dinning room, family room, living room, utility area, bathroom and en-suite bedroom and office. There was an existing car port attached to the property which had been converted into a standalone apartment. This apartment is intended to accommodate one resident and was unoccupied at the time of inspection. In advance of this inspection The provider has submitted an application to vary to increase the occupancy of the centre bringing total occupancy to six. In addition, there were two other standalone apartments on this level, which consist of bedrooms with en suite facilities and a kitchen/living area. The garage to the rear of the property had been converted into two standalone apartments and a plant room. Both apartments are also single occupancy with bedroom and en-suite facilities along with a kitchen/living room area. Each apartment had access to an enclosed garden area.

High levels of staff support were noted in the centre and the staff team appeared knowledgeable regarding the residents' individual preferences and needs when speaking with the inspector. The inspector had the opportunity to meet four of the five residents present on the day of inspection and observed the fifth resident leaving the centre with staff to attend a community activity. The inspector had the opportunity to meet with a resident who had recently moved into the centre, while the resident did not wish to speak in detail with the inspector it was evident they had built a rapport with staff and sought to speak with them in private instead.

Residents were seen coming and going from the centre throughout the day to attend various community activities and appointments. Members of the clinic team were also seen visiting residents on the day of inspection.

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. It was found that the care and support provided was person-centred and in line with the residents' specific needs in this centre.

The next two sections of the report present the findings of this inspection in relation to 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

Overall findings from this inspection were positive. The inspector found that the provider was demonstrating the capacity and capability to provide a safe and effective service to the residents.

There was a clear management structure in place and a regular management presence in the designated centre with a person in charge and deputy person in charge.

The provider had established good systems to support the provision of care and support to the residents. There was evidence of regular quality assurance audits of the quality and safety of care taking place. Quality assurance audits identified areas for improvement and action plans were developed in response.

Regulation 23: Governance and management

High levels of compliance with the regulations reviewed were observed on the day of inspection. There was a clearly defined management structure in place. The governance systems in place ensured that service delivery was safe and effective through the ongoing audit and monitoring of its performance resulting in a thorough and effective quality assurance system.

For example, there was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents' needs. The quality assurance audits included the annual review and six-monthly provider visits. These audits identified areas for improvement and developed action plans in response.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Two residents had transitioned to the centre since the previous inspection. It was evident that there was a clear, planned approach to the admissions to the centre. The transition and visits were completed as indicated by the individual needs of the residents.

A contract of care, including the support, care and welfare, details of the services to be provided for residents had been agreed by the resident or their representative on admission to the service. In addition, correspondence from allocated representatives was available for review.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose clearly described the model of care and support delivered to residents in the service. It reflected the day-to-day operation of the designated centre. In addition a walk around of the property confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Quality and safety

Overall, inspection findings showed high levels of compliance indicating that the registered provider was ensuring a safe service was provided. The inspector reviewed a number of key areas to determine if the care and support provided was safe and effective to the residents at all times. This included meeting residents and staff, observing support practices and conducting a review of residents care records and a review of managements audits. Overall, the inspector found that the centre provided a comfortable home and person centred care to the residents.

Regulation 17: Premises

The centre was designed and laid out to meet the assessed needs of the residents and was in a good state of repair internally and externally. On the day of inspection a member of the maintenance team was on site and completing reported tasks. The centre comprised of a communal kitchen/dining room, a lounge, a utility, an accessible WC and an office. There were also five standalone apartments where the residents live. These comprise of en-suite bedrooms and living/dining/kitchenette areas. Dunaree had a spacious garden surrounding the property which included designated parking. The residents had personalised their apartments to suit their preferences. The provider had ensured the provision of all items set out in Schedule 6, including adequate kitchen areas and storage facilities.

Judgment: Compliant

Regulation 26: Risk management procedures

The safety of residents was promoted through risk assessment, learning from adverse events and the implementation of policies and procedures. It was evident that incidents were reviewed and learning from such incidents informed practice. The inspector reviewed incidents over the previous six months. It was evident for one resident in particular that there had been a positive reduction in incidents. There were systems in place for the assessment, management and ongoing review of risks in the designated centre. The individual risk assessments were up to date and reflective of the controls in place to mitigate the risks. An example of identified risks included:

- Self harm
- Absconding
- Community access
- Arson

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured there were effective fire safety management systems in place in the centre. Following a walk around the centre, the inspector observed a number of fire safety precautions including appropriate containment measures, emergency lighting, fire detection systems and fire fighting equipment. A fire specialist regularly attended the centre and reviewed the fire safety systems in centre. All staff had received fire safety training and centre specific fire walks around the designated centre had been completed with staff.

Evacuation drills were regularly completed in the centre by staff and residents and these simulated both day and night time conditions. Emergency evacuation procedures were prominently displayed in the centre and residents had personal emergency evacuation plans in place which were subject to regular review.

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 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant