Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

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|---|---|
| Name of designated centre: | The Dew |
| Name of provider: | Nua Healthcare Services Limited |
| Address of centre: | Wexford |
| Type of inspection: | Unannounced |
| Date of inspection: | 02 July 2026 |
| Centre ID: | OSV-0009147 |
| Fieldwork ID: | MON-0050755 |

## About the designated centre

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

The Dew provides 24-hour care for a maximum of three adults with Intellectual Disabilities and Autism (ASD), both male and female from 18 years of age upwards. The Dew Team use a social model of care which endeavours to mirror a family/home environment whilst also providing support in all aspects of care to Individuals. The person in charge (PIC) is responsible for the management and operations of the centre, and to ensure that Individuals receive the highest quality of care and support. The PIC is supported by the Deputy Person in Charge and/or Shift Lead Manager, the Social Care Workers and the Assistant Social Care Workers. The Dew is a detached one storey property, where the living area consists of three standalone apartments. There is a laundry room and office located in the garage adjacent to the Centre. The property is surrounded by landscaped gardens.

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

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| Number of residents on the date of inspection: | 2 |

## 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 |
|---|---|---|---|
| Thursday 2 July 2026 | 09:10hrs to 18:05hrs | Lisa Walsh | Lead |

## What residents told us and what inspectors observed

This centre was newly registered in November 2025, and this was its first inspection. This unannounced inspection was undertaken following receipt of both solicited and unsolicited information. It particularly focused on how the provider safeguarded residents from abuse, promoted their human rights, and empowered them to exercise choice and have control in their lives.

The inspector used observations, conversations with staff, engagements with residents, and a review of documentation to form judgments on compliance with the regulations inspected. The inspector found that the centre was operating at a good level of compliance and that residents were safe and for the most part, in receipt of quality and person-centred care and support that was meeting their needs. However, a resident's right to have the freedom to exercise choice and control in their daily lives had been impacted by the level of restrictions implemented. A review of these restrictions was required to ensure the least restrictive practices were implemented for the shortest amount of time.

On arrival to the centre, the inspector noted difficulties in accessing the house. The call bell and centre phone were not answered when the inspector rang these to notify staff of their arrival. The person in charge later explained that these both rang into the office which were located outside of the main house and this had been flagged as an issue. Staff had no way of being notified when someone arrived to the centre. The centre is registered to accommodate three residents in self-contained apartments with access to a main house with communal facilities. There were two residents living in the centre with one recently moving into the centre in April 2026. Both residents received a wrap-around service and did not attend day services. Throughout the day the inspector met with both residents.

The centre comprised a large, detached property which was divided into three separate apartments. There was an additional building located on the same grounds which had an office and the laundry facilities. Each of the apartments had a bedroom with an en-suite and an open plan kitchen-dining room, and sitting room and a small private, secured garden/patio area. Within the main part of the house residents also had restricted access to a communal open plan kitchen-dining room, and sitting room. There was also a toilet located in the main part of the house for staff to use.

Both residents were in their apartments when the inspector arrived. The inspector met with one resident in the morning briefly, however they did not want the inspector to enter their apartment which was respected. They were with staff watching television. Later on they headed out with staff. In the afternoon when the resident returned, they allowed the inspector to visit with them in their apartment for a brief period of time. Their bedroom was pleasantly decorated and filled with

memorabilia of significance to them. Their sitting room and kitchen were homely, and staff was supporting the resident to make their evening meal.

The inspector met with another resident and spoke with them in detail about their experience of living in the centre. The resident invited the inspector into their apartment to meet with them and showed the inspector around their living space. Throughout the apartment there were environmental restrictions in place. The resident pointed out specific restrictions in place and told the inspector about how much these had impacted their freedom of choice and made them feel very unhappy. They spoke about not wanting to live in the centre and detailed where they wanted to live. The resident went out to the shops briefly in the afternoon and was planning on having a pizza competition with staff later in the evening.

Throughout the day the inspector spoke with several staff members. It was evident that all staff had an awareness of their role and responsibility to safeguard residents in the centre. Staff spoke about the individuals they support, their likes and dislikes and how to meet their assessed needs. The inspector observed staff and resident interactions, they were found to be respectful. However, one resident spoke about being upset with a staff members action during an incident. The person in charge had reported this as required and ensured that it was investigated with learning and recommendations implemented.

Since the centre was registered there had been some safeguarding concerns notified to the Office of the Chief Inspector. The person in charge had taken steps to protect the residents from further incidents. There was a detailed centre specific safeguarding plan in place which set out each concern that had been notified and detailed each of the actions taken to mitigate the risk of further concerns. The person in charge also maintained a safeguarding register and ensured that this was updated.

The next two sections of the report presents the findings of this inspection in relation to governance and management of this centre and, how the governance and management arrangements impacted on the quality and safety of the service being provided.

## Capacity and capability

Overall, the inspector found that there was a clearly defined management structure in place. The centre was well governed and there were systems in place to ensure that safeguarding concerns were reported and investigated, risks pertaining to the centre were identified and mitigating actions put in place to respond to the risk in a timely manner. However, improvements were required in some regulations including, residents' rights, individualised assessment and person plans and positive behavioural support.

There was a consistent staff team employed, and the numbers and skills mix of staff were appropriate to meet the needs of residents.

Staff had been provided with appropriate training, in respect of safeguarding and a human rights-based approach to care. The staff were knowledgeable about the care and support needs of each resident, and of the reporting procedures in place should a safeguarding concern arise in the centre.

## Regulation 15: Staffing

The number, qualifications and skill mix of staff were appropriate to the number and assessed needs of the residents which ensured that they were safeguarded. While there was one vacancy on the day of inspection, this was being covered by regular staff. An additional vacancy had also recently been filled with a staff commencing induction on the day of inspection.

Residents had access to a clinical team within the service which included nursing care, occupational therapy, speech and language therapy, psychology, psychiatry and behaviour specialists.

The inspector reviewed a sample of the staff planned and actual rosters and found that these were well maintained and reflective of staff on duty during the day and night. When there was planned and unplanned leave the person in charge aimed to cover shifts with staff who worked part-time where possible or with staff who work within the same provider group who were familiar to the residents.

The inspector had the opportunity to speak with four staff members and two members of management during the inspection day. While it was a new service with residents who had only recently moved into the centre, all were found to be knowledgeable regarding the residents' needs and were person-centred in their approach to care.

Monthly team meetings were taking place and had agenda items such as, safeguarding, complaints and a review of residents' goals, incidents and accidents.

The inspector reviewed three staff files which contained all the documents required under Schedule 2 of the regulations.

Judgment: Compliant

## Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training as part of their professional development and to support them in delivering effective

care and support to residents. Staff completed a suite of training as part of the systems to safeguard residents and promote their rights in the centre. The training included, safeguarding of residents from abuse, good communication in upholding human-rights, people at the centre of decision making and positive behaviour support.

There were good oversight systems in place for staff training with a training matrix that highlighted refresher training requirements in advance of their due date.

The person in charge provided effective support and formal supervision to staff. Informal support was provided on an ongoing basis with the person in charge present in the centre full-time. In the absence of the person in charge, staff could contact the on-call manager for support and guidance.

Staff spoken with said that they would have no concern raising any issue they might have about the safety and welfare of the residents with the person in charge.

Judgment: Compliant

## Regulation 23: Governance and management

The centre had sufficient resources to ensure the delivery of care in accordance with the statement of purpose. There was an established governance and management structure in place and all staff spoken with were aware of their respective roles and responsibilities. There was a full-time person in charge in the centre who was observed to be present and aware of the residents' assessed needs.

There were management systems in place to monitor the effectiveness and suitability of the care being delivered to residents. The systems in place ensured residents were safeguarded from abuse. There were also effective arrangements in place for staff to raise concerns and ensure that these were escalated to senior management. As well as regular staff meetings, regular management meetings were taking place to ensure the provider had oversight. Incidents/accidents, restrictive practices and safeguarding concerns were discussed at meetings to ensure information was reviewed and appropriate actions put in place. The senior management meetings were also used an opportunity to learn and share this across the provider group.

The inspector reviewed the six-monthly provider unannounced visit to the centre completed. This had identified areas for improvement with actions plans to address these, which had led to an improvement in service delivery.

Staff reported a culture of openness which facilitated them to raise any concerns they had about the quality and safety of the care and support provided to residents. At team meetings there was opportunities to share learning from incidents or accidents that had occurred.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the staff team were striving to provide person-centred care to the residents. The person in charge and provider had ensured that the residents were safeguarded. Safeguarding concerns were being identified, reported to the relevant authorities and managed well within the centre. The person in charge was observed to promote a culture of open disclosure and reporting of concerns. The quality and safety systems in place were working towards ensuring that the residents were receiving a service which promoted and upheld their rights while managing risk. However, there were a significant number of restrictions in place for one resident which impacted on their ability to exercise freedom of choice and the resident reported feeling very unhappy living in the centre with these restrictions in place.

While there were detailed comprehensive assessments and personal plans in place for residents, one resident did not have a plan in place for their goal to move to a new service.

Residents were provided with a variety of information about their rights, complaints, restrictive practices, safeguarding and their personal plans in a communication format that was in line with their assessed needs.

## Regulation 10: Communication

Residents' communication needs were outlined in their personal plans. Both residents also had communication passports in place. Staff were familiar with their communication requirements, and this was observed by the inspector on the day of inspection. For example, a resident used specific sounds, gestures and body language to communicate their needs and wishes. This was clearly detailed in written guidance available to staff to ensure that they knew what each represented. From observations and speaking with staff they were familiar with these and when the resident was communicating their needs and wishes to staff; staff understood them with ease.

For another resident who was new to the service, staff had identified that they had additional communication needs and were in the process of getting necessary assessments completed.

The inspector observed examples of easy-to-read information in residents' personal plans and on residents' notice boards. This was to support residents' understanding

of the information in line with their needs, likes and preferences and to promote choice and decision-making.

Judgment: Compliant

## Regulation 17: Premises

This was a newly registered centre which had been designed and laid out to a high standard which met the needs of the residents. The provider had ensured that the internal and external premises were in a good state of repair. All areas of the centre were clean and well-maintained. There was also adequate communal space available to the residents in the centre, which was important for their overall well-being.

Each resident had their own self-contained apartment and additional communal areas available to them. One resident's apartment had been decorated to their taste and had items of significance to them throughout the apartment. Another resident had recently moved into the centre and had several restrictions in place. They had been offered the opportunity to do some decorating in their apartment but had declined to as they said they were unhappy living in the centre and felt very restricted. This will be further discussed under Regulation 9: Residents rights.

Both residents had a small private patio area which was secure. They also had access to a large front and rear garden area which was well-manicured and maintained.

Judgment: Compliant

## Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre, including safeguarding risks. There was a policy on risk management available, and this was regularly reviewed and guided risk management practices in the centre. There was also a risk assurance committee which had been newly established.

The inspector reviewed the centre-specific risk register. This outlined control measures which mitigated against risks in the centre. The person in charge was knowledgeable about risks in the centre and outlined actions which were taken to address these.

Each resident had several individual risk assessment and management plans on file to support their overall safety and well-being. Residents were supported with positive risk-taking with one resident being supported to have restrictions in place

reduced. Another resident had also been supported to engage in an activity that they enjoyed which could pose a risk.

Incidents and accidents were documented and reported and monitored by the management team. It was evident that follow up actions were taken and learning was shared.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment had been completed prior to residents' admission to the centre and had been subsequently reviewed as required to reflect the changing needs of the residents. This assessment included the residents' safeguarding needs. Residents' had detailed personal plans in place which guided the provision of care and support. However, for one resident who had clearly communicated their wish to move out of the centre they had no documented plan in place to support them to work towards this goal. The person in charge acknowledged this and was working to get additional clinical support to put a plan in place.

Residents were supported to set monthly goals to work towards things they wanted to achieve. They met with their keyworkers regularly to discuss different topics like advocacy, their rights, how to make a compliant and restrictive practices used in the centre.

Residents had access to a multi-disciplinary team for review of their personal plans and support to implement their plans. The effectiveness of the plans were assessed and changed to reflect any changing needs or circumstances of the residents and continually improved upon.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

When implementing and reducing restrictions in place, these are discussed at the restrictive practice committee, following a referral process. These meetings are attended by a multi-disciplinary team including a behaviour specialist, occupational therapist, psychiatrist, psychologist and a dietitian.

While restrictions were being reduced for one resident who also had a restriction reduction plan in place, for one resident restrictions had increased following some recent incidents. There were a substantial number of restrictions used in their apartment and on their movement. The inspector found that some of these

restrictions in place did not ensure that the least restrictive measures were in place and required review. The person in charge acknowledged this and had sent a referral to the restrictive practice committee to have these reviewed. However, these restrictions remained in place on the day of inspection and the person in charge informed the inspector it would take seven to 10 working days for these to be reviewed.

To support residents with responsive behaviours there were details plans in place to guide staff practice which were regularly reviewed.

Judgment: Substantially compliant

## Regulation 8: Protection

Overall, the inspector found that the provider and person in charge had ensured that there were appropriate systems in place to ensure residents were safeguarded from abuse.

The provider had policies and procedures in place to safeguard residents. The inspection found that, safeguarding concerns were being identified, reported to the relevant authorities and managed with appropriate control measures in place within the centre. There were details of the designated officer and complaint officer as well as contact information in communal spaces in the centre.

The training records demonstrated that all staff had been provided training in safeguarding of vulnerable adults and all was up-to-date.

There was easy-to-read information available to residents on safeguarding to explain how staff will protect them as well as how residents can protect themselves. Safeguarding was included as a topic on residents' keyworker meetings.

Where there had been a safeguarding incident, the inspector reviewed records which demonstrated that the person in charge had followed up appropriately and ensured that the incident was reviewed, screened, and reported in accordance with national policy and regulatory requirements.

Judgment: Compliant

## Regulation 9: Residents' rights

Staff met with residents regularly to discuss and inform residents of their rights and how to access advocacy support. Staff were working to uphold residents' rights within the centre and as mentioned, for one resident their rights were being respected, and they were being supported to participate in and consent to decisions

about their care and support. However, for one resident they spoke about being very unhappy living in the centre and described the impact the restrictions in place had on them saying it felt like they were a 'prisoner' living in 'jail'. One of the restrictions in place stopped the resident from being able to see outside of their apartment. Staff explained that this had been implemented to protect the resident's privacy, however, it remained in place when it was no longer required and impacted their rights to have some daily control over their life. The resident had been supported by staff to make a complaint about not being happy living in the centre.

Judgment: Substantially 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 | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 7: Positive behavioural support | Substantially compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

# Compliance Plan for The Dew OSV-0009147

## Inspection ID: MON-0050755

## Date of inspection: 02/07/2026

**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 5: Individual assessment and personal plan | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:<br>1. The Person in Charge will ensure there is a documented plan in place to support the Individual to work towards their goal with the support of their Multi-Disciplinary Team and other relevant stakeholders.<br><br>Due Date: 30 September 2026 | |
| Regulation 7: Positive behavioural support | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:<br>1. The Person in Charge will conduct an immediate review of all restrictions in place to determine ongoing necessity and proportionality as per National Standards and evidence-based best practices in consultation with the resident and relevant stakeholders.<br><br>Completed: 28 July 2026<br><br>2. The Person in Charge and Multi-Disciplinary Team will ensure a restrictive practice reduction plan is in place with measurable targets, identifying opportunities to reduce, phase out, or eliminate restrictions where safe to do so.<br><br>Due Date: 02 October 2026 | |

3. A monthly review all restrictive practices will be conducted to ensure they remain necessary, proportionate, and represent the least restrictive option available.
Due Date: 30 September 2026

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| Regulation 9: Residents' rights | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
1. The privacy tint on the window in the resident's bedroom to be removed.

Completed: 03 July 2026

2. The Person in Charge and staff team will continue to support the resident to understand the legal order in place specific to their current placement.

Due Date: 30 September 2026

## 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 05(4)(a) | The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1). | Substantially Compliant | Yellow | 30/09/2026 |
| Regulation 07(5)(c) | The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used. | Substantially Compliant | Yellow | 02/10/2026 |
| Regulation 09(2)(b) | The registered provider shall ensure that each resident, in accordance with his or her wishes, | Substantially Compliant | Yellow | 30/09/2026 |

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| | age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life. | | | |