



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

Issued by the Chief Inspector

Name of designated centre:	Radharc Nua
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	17 November 2025
Centre ID:	OSV-0002633
Fieldwork ID:	MON-0048312

About the designated centre

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

Radharc Nua is a designated centre operated by the Health Service Executive (HSE). The centre provides long-term residential care to five adult residents, with intellectual disability, dual diagnosis and significant high support physical and behavioural support needs. The centre comprises of a large two-story house located in rural location in County Wexford. The designated centre consists of a large entrance hall, kitchen, dining room, sitting room, snug, conservatory, multisensory room, five resident bedrooms, adapted bathrooms and staff office. There is a large garden to the rear and side of the premises. The staff team consists of nursing staff and support workers. The staff team are supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Monday 17 November 2025	15:30hrs to 18:30hrs	Conan O'Hara	Lead
Tuesday 18 November 2025	09:30hrs to 13:30hrs	Conan O'Hara	Lead
Monday 17 November 2025	15:30hrs to 18:30hrs	Sarah Mockler	Support
Tuesday 18 November 2025	09:30hrs to 13:30hrs	Sarah Mockler	Support

What residents told us and what inspectors observed

This was an unannounced risk inspection which was completed by two inspectors over two days. The purpose of this inspection was to review actions taken by the provider, as outlined in their compliance plan, to address the findings identified in the previous inspection undertaken in August 2025.

In 2024 the designated centre was subject to regulatory enforcement and a number of inspections to ensure that the centre was operating in line with the requirements of the Health Act 2007 (as amended). In August 2025, an announced inspection found areas of care and support that required significant attention including positive behaviour support, assessment and implementation of residents' personal goals, residents' rights and medication management.

Overall, this inspection found that the registered provider had implemented or were in the process of implementing the majority of the actions as set out in their compliance plan response. The inspectors found that improved levels of compliance in areas including restrictive practices, premises and medication management. However, continued attention was required in areas including residents rights and general welfare and development.

The inspectors had the opportunity to meet with the five residents during the inspection. In addition, the inspectors spent time over the course of the inspection engaging with residents, speaking with 10 staff members including the management team, carrying out a walk through of the premises, observing care practices, observing daily routines and the activities in the centre as well as reviewing documentation.

The residents in this home used alternative and non-verbal means to communicate their needs and preferences including physical prompts, vocalisation and body language. The five residents did not attend a formal day service and were supported with activation from the centre by the residential staff team. The residents did have the opportunity to attend sessions of interest in the day service. As highlighted in previous inspection reports, residents living in this centre were assessed as not being compatible to live together. The management of the compatibility of residents included the use of restrictive practices and constant and continuous staff supervision.

On arrival to the designated centre on the first day, the inspectors observed the five residents at home being supported by five staff members. The inspectors were informed that three of the residents had been out to drive in the morning and one resident had lunch out in the community. One resident chose to stay at home in line with their preference and due to their changing needs.

Some of the residents liked to spend time in the main hall area of the home. The inspectors observed one resident napping on a chair in the hall while two others

moved between the hall and other rooms of the house. The inspectors met with one resident who liked to spend time in the conservatory listening to the radio. Later in the afternoon, the inspectors observed two residents being supported to go for a walk in the community.

In the evening, the residents were supported to have dinner. Due to identified support needs and risk, the residents were supported to have dinner at staggered times. On the day of the inspection, three of the residents were supported to have dinner in the dining room. The staff team were observed supporting the residents with their meal in line with their assessed needs. Afterwards, two residents were supported to have dinner in the dining room. During this time, the other residents were supported in the sitting room and the hallway door was locked.

Later in the evening, the inspectors observed four of the residents watching a movie in the sitting room and moving around their home. One resident chose to stay in the sun room.

On the second day of inspection, the inspectors reviewed supporting documentation in the office. The inspectors observed two of the residents supported to go bowling in the morning. One other resident went shopping for a gift for a relative and two residents spent the morning being supported at home.

The designated centre was a two-storey house located in its own grounds. The designated centre consists of a large entrance hall, kitchen, dining room, sitting room, snug, conservatory, multi sensory room, five resident bedrooms, adapted bathrooms and staff office. Overall, the inspectors found that it was well maintained and clean.

There was a large outdoor spaces to the side and rear of the premises that residents could access if they wished. The majority of the garden was surrounded by a high fence and there was a self-contained sensory room and music shed in the garden. To the immediate rear of the house there was an secure garden with swings, balance beams and other playground type equipment with multi-coloured soft tiling on the ground. The previous inspection found that the appropriateness of an area required review. The provider had approved and funded plans to renovate this area in line with the compliance plan.

Overall, the residents appeared comfortable in their home on the day of the inspection. The inspectors found that the provider had taken a number of action to come back into compliance and the majority of the actions in the compliance plan had been implemented. However, improvement was required in governance and management systems, medication management, premises and general welfare and development and residents' rights.

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, it was found that the management systems in place were sustaining levels of care and overall ensuring that care was delivered in line with residents' specific needs. On the days of inspection, there were appropriate staffing levels in place to meet the assessed needs of the residents. However, continued improvement was required to ensure oversight systems were effective.

There was a defined management structure in place. There was evidence that the provider was implementing the majority of the actions as outlined in their compliance plan and had made progress in addressing the areas for improvement. However, some of the oversight systems in place were failing to identify areas of improvement.

Regulation 23: Governance and management

Overall the inspection found that the provider was making progress in achieving compliance in a number of key areas of care and support. For example, the inspectors found that Regulations 7: Positive Behaviour Support was now meeting the criteria of compliance and having a positive impact on the quality of care afforded to the residents. As per previous inspections, the compatibility of the resident group living in the home needed to be addressed. This was a long standing issue within the designated centre. Although the inspectors saw some documented evidence and were told some actions were in progress to address this, further time was required to ensure effective actions were taken by the provider in relation to addressing this to a meaningful degree.

There was a defined management structure in place. Since the last inspection, there had been a change to the person in charge. There had been four different staff members appointed to the person in charge role over the last 18 months. The inspectors reviewed the documentation submitted in relation to the person in charge prior to the inspection and found they had the suitable qualifications and experience. The person in charge was responsible for this designated centre alone. The staff team reported to the person in charge who was supported by the Clinical Nurse Manager (CNM) 3 and Assistant Director of Nursing.

As noted, it was evident that the provider had implemented the majority of actions as outlined of the compliance plan. However, audits were not always identifying areas for improvement. For example, the weekly check on as required PRN medication did not identify two medications that were out of date. In addition, continued work was required in relation to Regulation 09: Residents Rights and Regulation 13: General Welfare and Development.

Judgment: Substantially compliant

Quality and safety

Overall, the inspectors found that the registered provider was striving to provide care in line with residents' specific needs. The inspectors focused on specific areas which were identified for improvement on the last inspection and the implementation of the actions as outlined in the provider's compliance plan.

There had been progress made in positive behaviour support and restriction practices. The inspectors found positive behaviour support plans to be up to date and appropriately guiding the staff team and restrictive practices had been reviewed to ensure they are the least restrictive practice at all times. In addition, there were clear established plans in place to address other the areas for improvement including the premises and medication management. For example, there was approved and funded plans in place to address the enclosed soft tiled area in the garden. However, further attention was required in implementing the actions and addressing the issues in relation to Regulation 09: Residents Rights and Regulation 13: General Welfare and Development.

Regulation 13: General welfare and development

The inspectors reviewed five residents' activation and daily records for October 2025 and November 2025. The records demonstrated that residents were accessing the community, going on drives and meeting with family members.

The previous inspection found that the development of skills and goals required review to ensure they were in line with residents' interests and assessed needs and were appropriately monitored. The findings of this inspection indicated that this had not been addressed to any meaningful degree. For example, goals set in personal plans were not aligned to the residents' assessments in this area.

In the compliance plan response, the provider committed to developing an educational session of skills and goals for the staff team and to review activation documentation by 31 October 2025. While the inspectors were provided with a draft of the education session on skills and goals, this had not been provided to the staff team and the activation documentation review remained outstanding.

The provider had taken limited actions in relation to ensuring residents had access to meaningful goals and activities.

Judgment: Not compliant

Regulation 17: Premises

The residents lived in a large two-storey detached dormer bungalow. The house consisted of a very large main hall with two corridors leading of this space. On one side of the hall was communal spaces and on the other side lead to residents' bedrooms.

On the ground floor, there were four resident bedrooms, snug and bathrooms. The other side contained a kitchen, dining room, conservatory, multi sensory room. One of the resident's bedrooms was located on the first floor. Off the hall area there was a sitting room. Overall, the designated centre was decorated in a homely manner, clean and well-maintained. Four residents' bedrooms was nicely decorated. One resident's bedroom, although nicely kept and furnished had very limited personal items present.

To the rear of the premises was a large garden which was available for residents to use if they wished. The majority of the garden was surrounded by a high fence due to identified safety risks. There were also outside structures available to some residents including a music shed and a separate sensory room.

The previous inspection identified one section of the garden required review to ensure it was in line with the assessed needs and preferences of the residents. It was a large soft-tiled area with play equipment that was not used by the residents on a frequent basis. The inspectors reviewed evidence of an approved and funded plan to remove the soft-play area and refurbish the area. This was in line with the provider's compliance plan time line.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the receipt, storage and administration of medications. The inspectors reviewed medication practices and found that there were appropriate systems in place for the storage and administration of medication. This included

- the residents prescription and administration records included maximum dosages on as required (PRN) medication
- individualised PRN medications as prescribed for each resident,
- PRN protocols in relation to specific medicines had been reviewed within the last year.

However, two medicines were in the storage cabinet which were not prescribed on the relevant resident's prescription and administration records. This required review.

Also, while the provider had introduced a weekly check on PRN medication expiry date following the findings of the last inspection, it required further attention to ensure it was effective. For example, two PRN medications were found to be out of date. The inspectors acknowledge this medicine had not been administered.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

A number of the residents in the home were assessed as requiring significant input in relation to positive behaviour support. It was demonstrable that the positive behavioural support plans were in place where required and up to date. The inspectors found that the positive behaviour support guidelines were appropriately guiding the staff team in supporting the residents.

There were a number of restrictive practices in place in the designated centre including locked internal doors and water restrictions. The previous inspection found that improvements were required in the review process of the restrictions to ensure a least restrictive approach to care and support was adopted. From a review of records and speaking with the staff team and management, it was demonstrable that the provider had undertaken a comprehensive review of restrictive practices. In addition, there was evidence of efforts made to reduce restrictive practices. For example, there was a trial period for the removal of water restrictions. Also, there were plans to move a keypad lock from the hallway door to the dining room door to reduce the impact of the residents ability to access their environment.

Judgment: Compliant

Regulation 9: Residents' rights

The residents living in this centre were assessed as not being compatible to live together. The management of the compatibility of residents included the use of restrictive practices and constant and continuous staff supervision. In the provider's previous compliance plan response they had committed to reducing the number of residents within the centre. At the time of the inspection, the provider was in the process of renovating a property to support the reduction in the number of residents in this centre. However, on the day of inspection the compatibility of residents was continuing to have a direct impact on residents' choice and control.

The provider had also committed to reviewing the residents' compatibility assessments. The inspectors reviewed five assessments and found that two assessments had not been fully completed. It was essential that the information in these documentation was accurate and up-to- date as the provider was utilising this information to inform future placements for relevant residents.

In addition, the decision making supports for one resident who had no family or other legal representative in place had not been finalised. The resident had been in this position for for a prolonged period of time and this had been highlighted in previous inspection reports. The inspectors reviewed documentation which demonstrated an application to the Decision Support Service had been made. However, this remained unresolved at the time of the inspection.

Judgment: Not 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	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Radharc Nua OSV-0002633

Inspection ID: MON-0048312

Date of inspection: 18/11/2025

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The medication audit tool has been reviewed and amended as appropriate. A record of weekly checks on PRN medications has been introduced and is completed by staff nurse weekly.</p>	
Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>An educational session for all staff, to enhance Skills and Goal identification for residents has been developed. This educational session will be delivered to all staff by end of January 2026. Following this activation and goals will be reviewed and enhanced by keyworkers and PIC.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p>	

The soft play area of the garden has been scheduled for design and upgrade in line with residents identified change in needs.
 Resident's bedroom upstairs has been enhanced to include personal touches.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
 The recording form for PRN medication expiry has been reviewed and adapted for nurses to check and sign the expiry date for all PRN medication on a weekly basis.
 All current prescriptions held at pharmacy will be reviewed with against current MPRS On-site to ensure only prescribed medication is on each resident's prescription.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 All resident's compatibility assessment have been completed, reviewed and updated. Compatibility assessments will continue to be reviewed to reflect resident's change of needs.
 A service wide compatibility review is currently on-going and is to be completed by 31st December 2025.
 The next phase of housing and subsequent moves for the service is due for completion in Q3 2026 at which point one of the residents from the Centre will move as part of this reconfiguration reducing the number of residents in the Centre to 4 at that time.
 The DMR Application is progressing and we are expecting further information mid January 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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	28/02/2026
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/03/2026
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/11/2025
Regulation 29(4)(b)	The person in charge shall	Substantially Compliant	Yellow	31/01/2026

	<p>ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.</p>			
<p>Regulation 29(4)(c)</p>	<p>The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.</p>	<p>Substantially Compliant</p>	<p>Yellow</p>	<p>18/11/2025</p>

Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	30/07/2026
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.	Not Compliant	Orange	16/01/2026