



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

Issued by the Chief Inspector

Name of designated centre:	Inisfree
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	11 February 2025
Centre ID:	OSV-0003382
Fieldwork ID:	MON-0037565

About the designated centre

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

Inisfree is located in a rural area in Co.Laois and consists of a large dormer bungalow and a separate detached smaller unit. The designated centre currently provides a high support residential service for up to four adults with autism, intellectual disability, mental health diagnoses and those who display challenging behaviours. Residents are supported by staff 24 hours a day with both sleep over and waking night staff supporting residents during night time hours. A respite service for one resident, of any gender, is also provided in the smaller standalone unit. Each resident has their own bedroom and other facilities in the centre, including, a kitchen, dining/living room, a sitting room, staff facilities and bathrooms. Staff support is provided by social care workers and support workers. Local amenities in the areas include shops, parks, clubs, pubs and café's.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Tuesday 11 February 2025	14:30hrs to 19:15hrs	Ivan Cormican	Lead
Wednesday 12 February 2025	09:30hrs to 13:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted following the provider's application to renew the registration of this centre. As part of the inspection process, the inspector met with all five residents and reviewed personal planning, medication practices, oversight and staffing arrangements. In addition, the inspector reviewed incidents which were recorded over the previous year and risk assessments which were implemented in response to safety concerns. The inspector met with eight staff members and the inspection was facilitated by the centre's person in charge and a senior manager from within the provider.

The centre was a large detached property located within a short drive of a small town in the midlands. It catered for four full-time residents who lived in the main aspect of the centre and one respite user who resided in a single occupancy detached house. Both the respite house and the main house were located on the same large site which had plenty of outdoor spaces, including gardens and relaxation areas.

The main house supported four residents, with one of these residents having their own apartment which was accessed by their own external front door. This apartment had a moderate sized kitchen/dining/living area and also a separate en-suite bedroom. The inspector met with the resident, in their apartment, on the first evening of inspection and they were happy to sit and chat with the support of staff. They spoke about their life and how they loved getting out and about to meet people. They explained that staff were very nice and how they supported them to visit their family, go for meals out and also to attend a local healthy eating club. They explained to the inspector how they had lost weight by joining this club and they proudly displayed certificates of this achievement in their apartment. They told the inspector that they attend each week and that they have made some good friends there. A senior manager also informed the inspector that this club had approached the provider in regards to running an item in their magazine in regards to the resident's achievements.

Three residents lived in the main aspect of the centre, and they each had their own large en-suite bedroom. Each resident decorated their bedrooms individually, with one resident displaying posters of their favourite football team. Each resident informed the inspector that they liked having their own bedroom which they said was cosy and warm. These residents also had use of a large open plan dining/living area, a large reception room and also a large kitchen. The centre itself was well maintained in all areas and its interior had a homely and welcoming presentation.

The respite house was designed to support one respite user. The inspector met with respite user but they did not wish to engage. Their stay in the respite had been for an extended period of time and the senior manager indicated that their potential transition to another designated centre was at a very early planning stage and should be finalised within the next six-to-eight weeks. The respite house was very

pleasant in appearance, well maintained and cosy in nature. The respite comprised a moderate sized kitchen/dining/living area and a large en-suite bedroom. This resident was supported by one staff at all times of the day and night and they had some restrictive practices applied to the environment due to safety concerns. These included locked doors and fencing due to risk if they left the centre without staff supervision and also the potential for negative interactions with other residents. When discussed with the person in charge, it was apparent that one locked door was unnecessary and the high aspect of fencing, which detracted from the homeliness of the exterior of the respite, was also potentially not required.

Although some restrictive practices in the respite house required review, there had been a significant shift away from, and reduction in, the use of restrictive practices in the main aspect of the centre. The use of physical holds had dramatically reduced and those which were employed were for the shortest duration possible and avoided if at all possible. A senior staff member explained that, for one resident, their behavioural support plan had been adjusted to reduce demands placed upon them which had a positive impact on their care. They also had a revised medication plan and the staff member explained that their social access has significantly increased by the combined actions. The staff member had worked in the centre for a number of years and they discussed how difficult it was to meet this resident's behavioural needs in the past. They felt that the stabilisation of the staff team meant that the resident had a good rapport with everyone and they now enjoyed going to restaurants, getting their hair done and clothes shopping, social activities which more than likely would not have been successful in the recent past.

Each of the full time residents who met with the inspector stated that they were very happy in their home. They explained that staff were very nice and they could go to any of them if they had a request, query or concern. Residents spoke at length about their lives and how they enjoyed getting out and about in their local community. Residents went out each day to local restaurants, for coffee, shopping and sometimes to the cinema if there was a movie they fancied watching. One resident also had a boyfriend who they met on a regular basis and also contacted on their phone. Another resident was in the process of visiting a day service to see if they liked it and wanted to pursue some personal development.

The inspector found that residents enjoyed a good quality of life in this service. The use of physical restrictive practices had significantly reduced and residents reported that they were supported by a kind and considerate staff team. A review of environmental restrictive practices was required in one aspect of the centre and adjustments were required in regards to the logging and return of medications; however, this was a well ran and operated centre in which residents were happy.

Capacity and capability

This inspection was facilitated by the centre's person in charge and a senior

manager from within the centre's management structure. The inspector found that there were good oversight arrangements in place and the resources which were made available to the centre ensured that residents lead a busy and fulfilling life. Although some adjustments were required in relation to medication management and the review of some restrictive practices, overall the inspector found that care and support was held to a good standard.

The inspector met with eight full-time staff members who were on duty over both days of inspection. Residents who used this service had varying care needs and in general they required supports in relation to behavioural support, safety, mental health and accessing the community. One resident was assessed as requiring support from two staff during the day and four residents each required the support of one staff. One of these residents was also assessed as requiring two staff to meet their daily social needs. During night-time hours, the residents were supported by two waking night duty staff and also by two staff on a sleep-in arrangement.

One staff member discussed the general care of residents and it was clear that they had a good understanding of their social, personal and behavioural support needs. They explained that a mandatory and refresher training programme was readily available to them and the centre's person in charge managed their training needs. They also indicated that they felt supported in their role and that regular team meetings and supervision sessions meant that they could openly discuss the delivery of care with management of the centre.

The provider had completed all required audits and reviews which found that a good level of care and support was offered. Resources which were implemented were in line with residents' collective needs and reflected the behavioural and safety concerns which were an everyday aspect of care. The governance structure also ensured that there was a leadership and management presence throughout the week. Staff also indicated the local out-of-hours management cover was working well for the centre.

Overall, the inspector found that this centre had a person-centred approach to care and that the oversight arrangements ensured that the safety and quality of care was generally held to a consistently good standard.

Regulation 14: Persons in charge

The person in charge maintained responsibility for two designated centres and they attended this centre throughout the working week. They held this role for a number of years and it was clear they had a good understanding of the residents' needs and also services provided.

The person in charge met the requirements of the regulations and they had a range of audits in place to monitor the quality and safety of care provided to residents.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that the centre was well resourced in terms of staffing supports. Residents' assessed needs indicated that they required a high level of support and a review of the centre's rota indicated that staffing resources were consistently delivered.

The inspector reviewed three staff files and found that the requirements of the regulations were met. For example, each file contained an up-to-date vetting disclosure, employment history and employment references which assisted in ensuring that residents were safeguarded.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a mandatory training and refresher training programme in place which assisted in ensuring that staff could support residents with their individual care needs. Staff had received training in areas such as safeguarding, fire safety and supporting residents with behaviours of concern.

Staff members also attended scheduled supervision sessions and team meetings were held on a regular basis. These arrangements ensured that staff had a platform to discuss the delivery of care and any concerns or issues which they may have.

Judgment: Compliant

Regulation 23: Governance and management

The provider had completed all required reviews and audits of care as required by the regulations. The findings indicated that a good quality service was offered to residents in a safe and suitable environment. Management of the centre also had a range of internal audits in place for the day-to-day monitoring of care which assisted in ensuring that care was held to a good standard at all times.

The provider had appointed a person in charge who held responsibility for the overall provision of care in the centre. They attended the centre on a regular basis and had an overall good understanding of the residents' needs and services which were implemented to meet those needs. They were supported in their role by two

senior staff and the provider ensured that either the person in charge or one of the two senior staff were on duty each day. The inspector spoke with one of the senior staff who had a good understanding of the centre's governance structure and oversight arrangements.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of care was held to a good standard in this centre. There had been a marked change in the provision of behavioural support and the use of physical restrictive practices since the centre's previous inspection. Residents who met with the inspector stated that they were happy in their home and they were highly complimentary of the staff who supported them. Some adjustments were required in relation to medications and some aspects of environmental restrictive practices for one resident, but overall this was a pleasant place in which to live.

There had been significant progress in relation to behavioural support, with a marked reduction in behaviours of concern for all residents and also an associated reduction in their behavioural support requirements, including the use of physical restrictive practices. As a result, their quality of life had increased and staff reported that one resident was now enjoying daily activities such as going for meals out and shopping, which in the recent past would have proved difficult. Although there had been a marked change in the requirement for behavioural support interventions, some improvements were required in relation to some environmental restrictive practices for one resident. A review of their living arrangements was required to ensure that a locked door and the use of a high garden fence were a requirement of their care.

Residents had their own bedrooms in which they could store their personal possessions. Residents were happy for the inspector to see their rooms and one resident was very proud of their room and had decorated it with posters of their favourite football team. Due to the risk of self harm, residents could not lock their bedroom; however, residents reported that staff would knock and seek permission before entering and they felt their privacy was respected. Some residents required support in regards to managing their finances. The inspector reviewed the supports which two residents received and found that detailed records were maintained for all financial transactions. In addition, the inspector met with a third resident who spoke highly of the assistance they received to open a bank account. They explained that they never had a bank account before but now they have their own current account and also a separate savings account which they pay into on a weekly basis. They told the inspector that this would not have been possible in the past and that their move to this centre had promoted their financial independence.

Residents had a good quality of life and they were out and about in their local community on a daily basis. Residents told the inspector that they followed a loose schedule in regards to activities whereby they may have planned the week ahead but this was always subject to change which was based on their terms. For example, a resident told the inspector that they may have planned an outdoor activity but if the weather was poor they might go to the cinema or shopping instead. Residents told the inspector that they were in charge of their schedule, but they liked the support they received from staff in deciding what to do. Each resident had also been assigned a key worker and they met informally throughout everyday supports and also formally on a monthly basis. These formal meetings were used to decide upon a monthly goals with recent goals chosen such as attending for hair appointments and planning a big shopping trip.

Overall, this centre was a pleasant place in which to live and residents actively reported their satisfaction with the service.

Regulation 11: Visits

The centre had adequate facilities for residents to receive visitors in private if they so wished. One resident generally received visits from their family with the support of staff. All other residents were assisted to meet up with the immediate family at their homes or in the community on either a weekly or monthly basis.

All residents required support to catch up with their respective families and one resident told to inspector that they preferred to meet up with the mum every month at their favourite public house/restaurant.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were well supported with their personal possessions and the provider maintained records of their valuable items which acted as a safeguarding measure.

In addition, residents were assisted to manage their finances and the staff team maintained accurate records of all financial transactions which residents were supported with.

Judgment: Compliant

Regulation 13: General welfare and development

Residents personal development was well supported in this centre. Two residents described to the inspector about their recent weight loss journey and they were highly complimentary of the support and encouragement which they received from the staff team and management of the centre. They both explained how they loved going to their weight loss class each week and they had made many friends there.

Residents had good access to their local community and they enjoyed various activities which they had chosen. One resident explained to the inspector that they were in the process of visiting a number of day services and they were exploring the possibility of attending one or more of them. Another resident also told the inspector that they were meeting with the key worker soon and they were thinking about taking up some art classes, but they hadn't fully decided yet.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents reported that the food was very nice and that a number of staff were very good cooks. The inspector observed that a staff member made a large cooked breakfast for the whole centre on the second morning of inspection and all residents were free to help themselves. One resident put on some toast and they chatted away with the staff which seemed like a regular and normal experience and gave the centre a very homely feel.

One resident told the inspector that a staff on duty was very good at baking and the inspector joked with the resident that some scones would be nice. The resident asked the staff who kindly made some scones which the whole centre enjoyed. Residents who the inspector met with later, said they loved when this staff member baked which was generally every week.

Judgment: Compliant

Regulation 26: Risk management procedures

There was good oversight of safety in the centre with all known safety concerns risk rated and regularly updated. Risks included issues in relation to behaviours of concern, self harm and leaving the centre without staff support.

The provider had a incident reporting system in place which was monitored by the centre's person in charge and team leader, and they both conducted regular audits to monitor for trends in regards to incidents. A review of this system indicated that all recorded incidents and accidents were responded to in a prompt manner and that

additional actions were implemented if required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had suitable storage in place for prescribed medications. Medicinal products were held in a designated locked press and the keys for this press were securely stored. There were two controlled medications on site on the day of inspection and these were held in a double locked press. Staff were completing the required twice daily stock take of these controlled medication, and two staff completed all prescribed administrations.

A review of medications administration practices also indicated that medicinal products were administered as prescribed, with some errors occasionally occurring but with no identified trends of concern.

However, improvements were required in regards to the storage, logging and return of unused medications. There was no logging system in place for unused medications and there was unsuitable storage in place for medicinal products which required return to the pharmacy. In addition, the inspector was informed of poor practice which was advised by the provider for the disposal of some unused medications.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to their general practitioner (GP) and they attended for scheduled health screening and also in times of illness. A resident informed the inspector that they were attending the local surgery on one of the days of inspection to receive a particular medication and they explained that they had a good rapport with their GP and practice nurses.

Residents' healthcare needs had been assessed as part of their admission and associated care plans were in place to guide staff in the delivery of their care.

Judgment: Compliant

Regulation 7: Positive behavioural support

In general, the provision of behavioural support was held to a good standard. Residents were supported by a staff team who knew their needs well and one staff member who met with the inspector spoke extensively in regards to recent changes in the provision of support for one resident. They explained that previous requests and demands which had been prescribed were reduced, and the resident was more in charge of their day. These amendments had a positive impact on their presentation and resulted in a marked reduction in incidents and the use of restrictive practices. The inspector reviewed behavioural guidance for one other resident and found that it was relevant, recently reviewed and also reflective of staff knowledge.

Although there had been a marked reduction in the use of physical restrictive practices, and the provider clearly demonstrated that some environmental were a requirement of care. The use of a locked door and a high fence required further review to ensure that both restrictions were fully warranted and required.

Judgment: Substantially compliant

Regulation 8: Protection

There were no active safeguarding plans required in this centre on the days of inspection. Residents who met with the inspector stated that they got on well with everyone and they would have no hesitation in approaching a staff member if they felt unsafe or had a concern.

Three residents told the inspector that the centre was a nice place to live and staff were kind and supportive. Staff had also undertaken safeguarding training and they informed residents about safeguarding at some of the monthly keyworking sessions.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had good access to their local community and they were actively consulted in regards to the operation of their home. Staff had undertaken human rights training and the provider had advocacy arrangements in place should it be required.

The inspector observed that staff treated residents with dignity and respect. They sought the residents thoughts and opinions throughout the course of the inspection and overall, it was clear that residents' rights were promoted in everyday work practices.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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 Inisfree OSV-0003382

Inspection ID: MON-0037565

Date of inspection: 12/02/2025

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 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: 1. The Person in Charge (PIC) conducted a full review of medication and the disposal/storage of same in line with policy (PL – C-010 Policy and Procedure of Safe Administration of Medication). All unopened medications are now logged as being unused on the Medication Return Form and arrangements made for the prescribing pharmacy to collect. Completed: 19 February 2025 2. All opened/soiled medication are now disposed of in an appropriate clinical waste bin and documented on the Medication Disposal Form. The unused medications on site during the inspection has since been collected by the dispensing pharmacy. Completed: 28 February 2025	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: 1. The PIC conducted a review of the environment and the keypad in the respite unit was removed from the door into the enclosed garden in line with the Individual's assessed needs. Completed: 13 February 2025	

2. The Person in Charge reviewed the current assessed needs of the Individual who resides in the respite unit. The fencing is for their enclosed garden and will remain in place as part of the design.

Completed: 28 February 2025

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 29(4)(c)	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.	Substantially Compliant	Yellow	28/02/2025
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's	Substantially Compliant	Yellow	28/02/2025

	behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.			
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