



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 Meadows |
| Name of provider: | Nua Healthcare Services Limited |
| Address of centre: | Kildare |
| Type of inspection: | Unannounced |
| Date of inspection: | 04 December 2025 |
| Centre ID: | OSV-0003384 |
| Fieldwork ID: | MON-0046405 |

About the designated centre

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

The service provider had produced a statement of purpose which outlined the services provided within this centre. The centre is managed by Nua Healthcare Services and aims to provide 24-hour care to adults both male and female with an intellectual disability. The centre comprises a large bungalow which provides accommodation for four residents, and a self-contained apartment attached to the main house in which one resident resides. In the main house residents have access to a large kitchen and dining room, a large sitting room, a conservatory and a utility room with a toilet. Each resident has their own bedroom, some of which have an en-suite bathroom and walk in wardrobe. The self-contained apartment has a kitchen-living room, a bathroom and a bedroom. The centre is located in a rural setting in Co. Kildare and residents have access to a number of vehicles in order to access activities in their local communities. Residents are supported a team consisting of a person in charge, two team leaders, social care workers and assistant support workers.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 5 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|-----------------------------|-------------------------|-------------------|------|
| Thursday 4 December 2025 | 10:45hrs to 18:20hrs | Gearoid Harrahill | Lead |

What residents told us and what inspectors observed

The inspector had the opportunity to speak with the residents and their support staff, as well as observe interactions during the day and review documentary evidence on the residents' routines and supports, as part of the evidence indicating their lived experiences in this designated centre. In the main, residents were observed to be safe and happy in their home.

On arrival, one resident was attending a dental appointment, and other residents were preparing to go out for a walk with staff. Staff members were observed speaking with residents in a respectful and patient manner and ensuring they were suitably dressed for the cold weather. Two of the residents were happy to chat with the inspector about what they liked about the house and the staff team, and some of their news and updates. One resident told the inspector what they had chosen for that evening's dinner, and where their favourite places to eat out were. One staff member was present as these two residents chatted with the inspector, and they supported effective communication during the conversation, including preferred language and phrases which supported residents to effectively communicate and be reassured that they were doing well. The staff member also demonstrated use of Lámh (a manual sign system used by children and adults with intellectual disability and communication needs in Ireland) for one resident to optimise their communication.

Later in the day residents were sitting together doing their own activities including playing on their computer tablet, making jigsaws, and watching television. Staff sat alongside the residents and engaged in person-centred interactions beyond supervision. Residents were looking forward to Christmas, talking about Santa Claus coming, and the house was decorated. One resident used classical music as part of their wind-down routine for the evening and staff were aware of their favourite artists.

The inspector observed that residents had been supported to personalise their living space in line with their preferences. Bedrooms were decorated with posters, artwork, cuddly toys, fairy lights and chimes. Residents had space to display collectibles, certificates, birthday cards, and family photos in their bedrooms. Residents had space to do drawing, colouring and makeup. Where necessary to aid navigation, the resident had pictorial signage to direct them to their clothes and belongings. One resident had recently had a monitoring camera device uninstalled from their living space following years of the device not being in use.

Staff explained, and supported with documentary evidence, some of the personal outcomes with which they were supporting residents. One resident was working on becoming comfortable and confident engaging in their local community, including gradually returning to a preferred level of family contact. One resident was being supported to seek out a suitable day service, and another resident participated in

voluntary work with an animal shelter. Residents enjoyed community engagement including hikes and park walks, horse-riding and sensory activities. Two of the residents were members of a weekly choir and were preparing for Christmas events with this group. Some of the residents had enjoyed success with healthy eating and weight management goals. One resident used a rewards system for positive engagement with healthy and positive routines and interpersonal engagement, the tokens from which they could spend on treats and outings they liked. Staff provided evidence to indicate that for some of the residents, adverse incidents including property destruction, negative peer-to-peer interactions, and behaviours related to frustration or anxiety had trended downwards or had not occurred in a number of years.

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

Capacity and capability

The purpose of this unannounced inspection was to monitor and review the arrangements the provider had in place to ensure compliance with the Care and Support regulations (2013), and follow up on solicited and unsolicited information received by the Chief Inspector of Social Services. The inspector found this service to be appropriately resourced, with a full front-line team, and suitable management and deputation arrangements to ensure effective day-to-day operation and timely reporting.

Front-line staff demonstrated good knowledge of residents and their support needs and contributed to a relaxed atmosphere in the house, having dinner and watching television with the residents and engaging in encouraging and reassuring rapport with them. Inspectors were advised that they felt suitably supported by their colleagues and managers, and the person in charge maintained a consistent presence in the centre. The provider conducted quality and safety audits for the designated centre, though some aspects of these audits lacked specific and measurable action plans which tied back to the reported findings of their inspection.

Regulation 14: Persons in charge

The person in charge worked 0.5 WTE (whole time equivalent hours) in this centre with the remaining time in another role within the provider organisation. They were typically on-site in the designated centre three days a week and were deputised by two shift leaders. The person in charge was suitably experienced and qualified for

this role and demonstrated familiarity with their role and responsibilities under the regulations.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed two months of worked staffing rosters and the centre's statement of purpose, observed interactions between staff and residents, and reviewed some resident support guidance with staff members. In the main, staff demonstrated good knowledge of the interests, personal goals, histories and personalities of the residents, and were observed engaging with them in a relaxed and supportive manner. There were no vacancies in the staff resources at the time of this inspection, and resources were sufficient to ensure 1:1 and 2:1 resident support as required by their assessed needs. Staffing rosters indicated which days the person in charge was on site and when staff were on annual leave or sick leave. Staffing records indicated that there had been a low requirement for the use of relief personnel to ensure shifts were filled and continuity of support was protected.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a fully-resourced team of staff led by a person in charge who demonstrated a good knowledge of their role and responsibilities under the regulations. They were supported by shift leaders at centre level and by a director of operations at provider level. Front-line staff on site stated that they felt supported to carry out their duties in the centre. Staff were also supported and supervised through meetings and professional debriefs on a team and individual level.

The inspector reviewed a six-monthly audit report on the quality and safety of care and support in this designated centre, composed by the provider in September 2025. In this report, the provider assessed the service as requiring actions in eight of the 20 areas reviewed, to come into compliance with policies, standards and regulations. In the main, the sections outlining findings of this inspection were generic in nature and did not outline the specific evidence and findings gathered or observations in this centre, to evidence compliance, to highlight areas of good practice and areas in which opportunities for improvements were identified. As such, the actions set out were not consistently specific or measurable and did not tie back to the listed findings of the inspection report. For example, where records, assessments and care guidance were noted as having "some gaps and areas for improvement to be addressed", it was not clear what or how many of same were identified for the relevant person to address. Examples of this were discussed during

the inspection with the centre management. The report referenced staff routinely collecting experiences and commentary from residents and their representatives through surveys, questionnaires and meetings, however there was no indication in the report of what information had been collected from these and used to inform the findings of the audit.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The inspector was provided the statement of purpose of this designated centre dated November 2025 and this was discussed with the person in charge. This document contained information required under Schedule 1 of the regulations, however some of this information was not accurate to the services and resources of the designated centre, such as the organisational structure and staffing complements of the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector reviewed incidents and practices notified to the Chief Inspector for 2024 and 2025 and found that the provider had submitted their notifications as required and within the relevant timeframes.

Judgment: Compliant

Quality and safety

The inspector found that overall residents were safe and happy in this centre. Residents were being supported to pursue meaningful goals and participate in personal activities and events in the community related to social groups, recreational pursuits and hobbies. Through meeting with residents and their support staff, inspectors were told of key achievements the residents had made in recent years. There had also been steady low trend of adverse incidents related to peer interactions, self-injury and property damage. Residents were supported to engage in healthy routines by a staff team who were familiar with their needs.

In the main, the provider had suitable and person-centred assessments and care interventions to assist with residents' health, social and personal needs. Examples of these were seen in practice in relation to outings, health goals, residents' progress in self-regulation, and staff using and enhancing existing and emerging communication systems such as sign language and electronic supports. Risk assessments were in place relevant to the centre and the residents individually, with some areas for development to ensure risk analysis was kept live and continuously reflective of current evidence. Some examples of these were discussed with the provider including restrictive practices or safety oversights which required risk analysis to ensure they were effective in protecting residents' rights.

Where the provider had been required to investigate concerns reported of residents being subject to abuse or suboptimal care, these allegations had been investigated with clear lines of enquiry, and records of meetings and interviews for evidence gathering. The conclusions of the investigations were recorded and where necessary, appropriate actions and learning had been taken to reduce likelihood of future events.

Regulation 10: Communication

The inspector was provided evidence of speech and language assessment in June 2025 for one resident with emerging communication skills, with a recommendation to enhance multi-modal communication of words, gestures and visuals. This resident had had a trial period of using an electronic communication device to augment their communication, with which they had engaged well. At the time of this inspection, the funding had been recommended to purchase this device and staff were due to have guidance rolled out with the goal to optimise their communication support.

The inspector observed a staff member conversing with a resident and supporting them to speak with the inspector, using a combination of words and Lámh gestures used by the resident. This supported this resident to engage and express themselves effectively. This staff member also showed the inspector guidance available to staff to use these gestures to enhance the resident's communication styles.

Judgment: Compliant

Regulation 17: Premises

Each resident was provided private bedrooms which were personalised and decorated based on residents' preferences and interests. Residents had sufficient space for their personal belongings and clothes. Multiple communal areas were available in the house which allowed residents to spend time away from others if

they wished. In the main, the house and grounds were in a good state of maintenance and were suitable in layout for the number and assessed needs of residents.

Judgment: Compliant

Regulation 18: Food and nutrition

The house had a variety of meals, drinks and snacks available for residents. Residents advised the inspector what their favourite foods were, what they had chosen for that evening's dinner and where they liked to have their meals out. Residents were also supported to do the grocery shopping with staff.

Guidelines on healthy eating and exercise were set out for residents being supported to lose weight or eat healthier along with exercise. Two residents had enjoyed positive progress in their weight management goals and where relevant this had resulted in reduction of associated risk assessments.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed examples of risk analysis carried out for residents in this centre based on their assessed needs. The inspector observed examples of risk rating increasing or reducing based on trends of adverse incidents or success in healthy routines. In some instances, however, risk assessment was not dynamic to reflect these trends, and in some cases, likelihood of risk was based on historic events rather than the current level of likelihood. For example, three residents had alarms on their bedroom doors as a control measure for a specific risk, however from speaking to staff and reviewing incident data, there was no evidence to indicate an incident or a near miss related to this risk in over seven years. Other reasons for these bedroom alarms were verbally provided, however these were not the stated purpose of the measure. There was no evidence available that the rights impact on the residents with these alarms had been assessed, and there was no evidence of criteria identified to trial their removal.

The inspector was provided evidence on residents' access to their personal finances. Residents had various arrangements in place to ensure their personal access to their cash money, debit cards and personal income. The inspector and person in charge reviewed information on how the provider monitors and safeguards finances, and in one instance, the oversight system did not facilitate the provider to be assured that

all income was accounted for. This had not been subject to risk analysis and control measures to provide this assurance.

In the main, incident and accident reports were filled appropriately by staff, and where necessary, incidents were referred to the provider's safeguarding or investigation processes.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector reviewed investigations carried out by the provider through 2024 and 2025 in response to witnessed or alleged abuse or inappropriate practice when supporting residents.

The provider had conducted their preliminary evidence screening and reported allegations to relevant external parties in a timely fashion. In a sample of investigation reports, the inspector found that it was clear where the scope of investigation was narrowed to address matters related to abuse as well as breaches in appropriate care or conduct. In instances in which parties had refused to engage with the investigation process, the inspection observed that the provider had continued the investigation and review meetings to reach a conclusion and outcome of their investigation based on available evidence. Where relevant, additional training, disciplinary action, or learning for future reference was identified to reduce the risk of recurrence.

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 23: Governance and management | Substantially compliant |
| Regulation 3: Statement of purpose | Substantially compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management procedures | Substantially compliant |
| Regulation 8: Protection | Compliant |

Compliance Plan for The Meadows OSV-0003384

Inspection ID: MON-0046405

Date of inspection: 04/12/2025

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> <ol style="list-style-type: none"> 1. In conjunction with the Quality Assurance Officer, the Person in Charge (PIC) will review the six-monthly unannounced visit report from September 2025 to ensure all actions are specific, measurable and centre-focused. The report will be updated to include documented evidence, inspection observations demonstrating compliance during the unannounced visit, and information from routinely collected feedback from residents and their representatives. The Quality Assurance Officer will update the report to reflect findings identified during the HIQA inspection, with evidence of completion recorded. 2. The Person in Charge (PIC) and Head of Quality and Safety will meet to review feedback outlined in the HIQA inspection report. Key learnings and required actions will be shared with the Quality Assurance Team at a scheduled meeting, with minutes recorded. The Head of Quality and Safety will monitor regulatory feedback related to six-monthly unannounced visit reports on an ongoing basis, with updates discussed at Quality Assurance meetings. Targeted support and education will be provided to the Quality Assurance Team as required. | |
| Regulation 3: Statement of purpose | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> | |

1. The Person in Charge (PIC), in consultation with the Registration Manager, will review and update the Centre's Statement of Purpose to ensure it accurately reflects the current organisational structure and staffing levels. Once updated, the revised Statement of Purpose will be communicated to the staff team through a staff meeting and circulated electronically to ensure staff are aware of the changes. Evidence of the review, update and communication with staff will be documented.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

1. The Person in Charge (PIC) will review all Individual Risk Management Plans (IRMPs) to ensure they are dynamic, up to date and reflective of residents' current risks. The review will include updating IRMPs where required to clearly document the potential impact on residents' rights and risk analysis relating to residents' finances are identified and recorded. All IRMPs will be updated as required, signed and dated, and retained on file as evidence of review.

2. Following completion of the IRMP reviews, the Person in Charge (PIC) will present and discuss all updated Individual Risk Management Plans at the next scheduled staff team meeting. This will ensure staff awareness and understanding of identified risks and associated control measures. Evidence of this discussion will be captured through meeting agendas, attendance records, and minutes.

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 23(2)(a) | The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support. | Substantially Compliant | Yellow | 04/04/2026 |
| Regulation 26(2) | The registered provider shall ensure that there are systems in place in the designated centre for the | Substantially Compliant | Yellow | 04/04/2026 |

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| | assessment, management and ongoing review of risk, including a system for responding to emergencies. | | | |
| Regulation 03(1) | The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1. | Substantially Compliant | Yellow | 04/04/2026 |