Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	The Willows
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	17 June 2025
Centre ID:	OSV-0003385
Fieldwork ID:	MON-0038371

About the designated centre

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

The Willows provides care and support for individuals with an intellectual disability, autism and individuals with a mental health diagnosis. 24-hour care is provided for six adults both male and female from 21 years of age. The centre is located in Co. Kildare and consists of two buildings. Residents have access to a number of vehicles to support them to access their local community. In the centre each resident has their own bedroom some of which are en-suite. There are a number of communal areas and access to kitchen and dining facilities. There are a number of enclosed rear gardens for recreational use. The aim of the centre is to provide a high quality standard of care in a safe, homely and comfortable environment for individuals with a range of disabilities. Residents are supported by a person in charge/team leader, social care workers and assistant social care workers. Residents are regularly reviewed and supported by a multidisciplinary team.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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 17 June 2025	10:00hrs to 18:05hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

This was an announced inspection carried out to assess the designated centre's compliance with regulatory requirements and to inform a decision on the renewal of its registration. Based on conversations with residents and direct observations during the inspection, it was clear that changes implemented since the previous visit had led to improved experiences and outcomes for those living in the centre.

The centre is situated in a rural setting outside a town in County Kildare and accommodates six adults with intellectual disabilities, mental health challenges, and complex support needs. The property consists of a large two-storey main house and two self-contained apartments located to the rear. The main house includes shared living spaces such as a sitting room, dining area, kitchen, and a relaxation/sensory area. It also has two ground floor bedrooms, one with an en-suite, and two en-suite bedrooms upstairs, along with a study, an additional toilet, and a staff sleepover room.

Each apartment features its own private entrance and includes a bedroom, bathroom, kitchen, and living area. Both apartments are linked by a staff office, which is accessible internally from each apartment. The premises were found to be well-maintained and suited to meet the respective needs of residents.

During the inspection, the inspector had the opportunity to meet with five of the six residents living in the centre. Most residents communicated verbally, while one individual required additional supports due to more complex communication needs. Around the house, the inspector observed signage displayed in dual languages, helping to promote understanding and inclusion for residents whose first language was not English.

The previous two inspections of the centre had identified that a number of peer-to-peer safeguarding incidents had negatively affected residents' lived experience. These events had directly impacted some residents, while others were indirectly affected as witnesses or through the additional restrictions introduced to manage the environment safely. During this inspection, the inspector found that the situation had improved significantly following a resident transition since the last inspection. Staff reported that this change had led to a more settled atmosphere within the centre, with residents appearing more relaxed, content, and better able to express themselves freely.

Several environmental restrictions that had been in place during the previous inspection, due to the assessed needs of individual residents, had since been removed. At that time, one resident had expressed dissatisfaction with the restrictive nature of the environment to the inspectors, specifically referencing the television being enclosed in a perspex case and describing the overall atmosphere as overly restrictive. During this inspection, the inspector found that residents' rights to freedom of movement and access to their environment had improved. In particular,

locks had been removed, and other restrictions were under active review, with associated rights restriction assessments and support plans being updated

Residents shared a range of views about living in the centre. While several spoke positively about their friendships with peers, participation in activities, employment, and their relationships with staff, others expressed a desire to live in a different environment. For instance, one resident had long expressed a wish to relocate to a centre closer to their family. This preference was known to the provider's admissions, discharge, and transition team, who were actively monitoring the situation. At the time of inspection, there were no suitable vacancies in alternative centres, but the resident's request remained under regular review. When speaking with the inspector, the resident stated their preference to live in another county, though they had no criticisms of their current home. On the day of inspection, they were celebrating a birthday, proudly showing the inspector a table of cakes and kindly offering them a sample.

The inspector was informed of emerging support needs in the centre that led to the introduction of a live night staff. This measure had resulted in some positive changes, including a decrease in the number of night-time disturbances experienced by residents. However, staff reported that night-time support arrangements continued to be reviewed with ongoing health investigations to better understand the causes of certain behaviours observed during the night.

Throughout the inspection, residents were observed leaving the centre to attend various activities, such as day services, work placements, and family visits. Each resident had access to a vehicle, allowing for flexibility and responsiveness to their individual support plans. Residents shared details about their daily routines and personal interests, which included attending day services, learning independent living skills, working with cars and visiting family. One resident had a particular passion for citizen band (CB) radio and had been supported to pursue this hobby through the installation of specialised equipment, including a large mast on the property.

Relationships with people important to residents were supported, and visits to family homes were facilitated where appropriate. Some of these homes were a long distance from the centre, and staff supported residents to make these visits. One resident told the inspector how much they appreciated being able to visit their family.

During the inspection, the inspector visited a resident living in one of the self-contained apartments. The resident had complex communication needs and was supported through a range of tailored communication tools, including a visual schedule, a choice board, and the use of Lámh signs by staff. At the time of the visit, the resident was seated comfortably in their living room, watching a favourite television programme. They greeted both the person in charge and the inspector and expressed that they were happy. The apartment was equipped with meaningful activities suited to the resident's interests, such as colouring materials and jigsaws. Later in the day, the inspector observed the resident laughing and singing with two

staff members. The resident was in receipt of a two-to-one staffing ratio, which facilitated a high level of individualised interaction.

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

Capacity and capability

The inspector found that governance arrangements at both local and provider levels were effective in monitoring the quality of care and support delivered within the service.

The centre was staffed at a high level to ensure residents could be supported in their daily routines and community activities. Some individuals required the assistance of one or two staff members to participate safely and meaningfully in outings and external engagements.

The person in charge was supported in their role by two shift leaders who worked alongside them within the centre. They reported directly to a director of operations, who had oversight of eight designated centres. Management meetings between the person in charge and the director of operations were held fortnightly to review operational matters and ensure effective oversight.

The provider demonstrated effective oversight of the service through a structured audit process, including a comprehensive six-monthly unannounced audit conducted over two days in February 2025.

A suite of internal audits and reviews had also been undertaken, covering areas such as fire safety, infection prevention and control, finances, health and safety, and resident documentation. Members of the management team were regularly present in the centre and actively engaged with staff and residents.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a full and complete application to renew registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

A new person in charge was appointed in May 2025 to cover a period of leave. They had the required managerial experience within the organisation and demonstrated an understanding of their regulatory responsibilities, the operational requirements of the centre, and the individual needs of the residents.

Judgment: Compliant

Regulation 15: Staffing

The centre operated with a whole-time equivalent (WTE) of 24 staff, which reflected the individual support needs of each resident. At the time of inspection, there were 2.5 WTE vacancies; however, the inspector found that these had not impacted the effective management of the roster. The vacancies were being actively managed, with one staff member due to commence following an induction process. Additionally, six regular relief panel staff members were available to cover any staffing gaps, and the use of agency staff was infrequent.

Eight staff were rostered each day across day shifts, with three staff scheduled for live night duty. A review of rosters from January 2025 indicated overall consistency in staffing levels and the maintenance of appropriate staff-to-resident ratios. One month showed a higher-than-usual level of staff absence and an increased reliance on relief and agency staff; this was explained as occurring during a period of staff turnover, which had since been addressed.

Judgment: Compliant

Regulation 16: Training and staff development

Records reviewed during the inspection confirmed that all staff had completed the necessary mandatory training. A training and development policy was in place, and a structured training programme was coordinated by the provider at a central level. One resident had a known heathcare risk requiring the use of emergency rescue medication in the event of a serious health episode. While two staff had not yet completed the relevant training, it was confirmed that they were not assigned to work directly with that resident until training had been completed

A supervision schedule was in place in the centre, with staff expected to receive a minimum of two formal supervision sessions per year. The responsibility for conducting these sessions was shared between the person in charge and two shift leaders, all of whom had received training in supervision practices. The inspector

found that supervision was used as a forum for staff to raise areas for improvement, reflect on their responsibilities, and discuss overall morale.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place supported the delivery of a safe and effective service. The inspector reviewed documentation outlining the centre's organisational structure, which clearly detailed the roles, responsibilities, and reporting relationships across the management team. The provider had completed both an annual review of the quality and safety of care, as well as unannounced provider visits at least every six months, in line with regulatory requirements.

During the unannounced visit, the provider identified that while records relating to each resident, as required under Schedules 3 and 4 of the regulations, were largely maintained, some gaps in documentation were noted. On review during this inspection, the inspector found that these gaps had not been fully addressed. This issue is further discussed under the Quality and Safety section of the report.

Mechanisms were in place to gather feedback from residents, their families, and staff, and this feedback was used to inform service development. Regular staff meetings took place and were chaired by the person in charge. These meetings were used not only to share important service updates and learning but also to support staff in their roles and promote consistency in practice across the team. Separate management meetings further supported oversight and coordination across the service.

Weekly senior governance meetings took place and included representation from departments such as quality assurance and maintenance. These meetings were used to review relevant data and trends, supporting informed decision-making and responsive management across the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was found to meet the regulatory requirements of Regulation 3 and to accurately describe the services provided in the centre and the governance arrangements.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were submitted to the Chief Inspector of Social Services in accordance with the requirements set out in the regulations. The inspector noted a significant reduction in the number of safeguarding-related incidents in the centre following the transfer of one resident whose needs had been difficult to manage in a group setting. The person in charge and director of operations demonstrated a clear understanding of the regulatory reporting requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The register of complaints included details of the investigations carried out, the outcomes of each complaint, and the actions taken in response. It also documented whether the complainant was satisfied with the outcome, in line with regulatory requirements and the provider's complaints policy. At the time of inspection, there were two open complaints that had not yet been resolved, including one from a resident who had expressed a desire to move from the centre.

Judgment: Compliant

Quality and safety

The inspector found that residents' needs were subject to continuous review, particularly in relation to the impact of group living dynamics. In response to emerging needs, live night staffing had been introduced to provide more appropriate overnight support. One resident had been highlighted for additional monitoring, with efforts underway to determine the underlying causes of certain behaviours. Some gaps were identified in some residents' personal care plans, and the system in place for recording changes and the rationale behind those changes required review to ensure clarity and continuity.

The health and safety of residents, staff, and visitors were actively promoted and protected in the centre. The inspector reviewed a range of environmental and individual risk assessments, all of which had been recently updated. Where risks were identified, the provider had implemented appropriate control measures, including targeted staff training, to mitigate potential harm.

All residents had the opportunity to attend day services based on their individual preferences or to pursue employment where appropriate. In addition, residents were supported to engage in personalised activities of their choosing outside of the centre, with staffing arrangements adapted to facilitate participation in community life.

Regulation 13: General welfare and development

Residents were supported to pursue a wide range of individual interests and meaningful activities, with support tailored to their preferences and needs. Some residents had secured paid employment, while others engaged in hobbies such as computing and car maintenance. The inspector found evidence of regular and varied community-based and on-site activities, including swimming, bowling, trampolining, and attending rugby matches. Residents also participated in activities such as puzzles, outings for coffee, and holidays away. These opportunities reflected a strong focus on promoting residents' personal development, social inclusion, and enjoyment in daily life.

Judgment: Compliant

Regulation 17: Premises

The centre was suited to the needs of the residents. The premises were found to be well maintained and in a good state of repair, with evidence of ongoing upkeep and regular maintenance to ensure a safe and comfortable living environment for residents. Residents had adequate private and communal space to allow them to spend time together or alone, as they so wished.

The residents' homes had been decorated to make them homely, with pictures of residents and their family and friends on display throughout their home. There was sufficient communal and private areas for residents to relax in their home.

Judgment: Compliant

Regulation 26: Risk management procedures

A schedule of health and safety-related checklists, including those for fire safety and general risk management was in place and completed at regular intervals. The centre also had established arrangements for investigating and learning from incidents and adverse events.

The inspector reviewed incident records from 2025 and found that where incidents did occur, there was evidence that the person in charge had reviewed them and escalated as appropriate. In cases where learning was identified, this was communicated to the wider staff team, and risk assessments were updated accordingly to reduce the likelihood of recurrence.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Health and Social Care professionals, including speech and language therapists, were actively involved in residents' care, and their recommendations were reflected in the support documentation. However, the inspector identified that several care plans required a more robust review to ensure they remained up to date and accurately reflected any changes in residents' health status or needs. For example, some care plans, although marked as updated in 2025, contained narrative and clinical information dating back to 2021 and 2022, with no clear documentation from intervening years, even where investigations and healthcare consultations had taken place during that period.

One resident had expressed a wish to move closer to their family for some time, and this proposed transition was under active review by the provider at the time of inspection. However, there was an absence of clear timelines and limited assurance that the resident's preference was being meaningfully supported.

Judgment: Substantially compliant

Regulation 6: Health care

While gaps in documentation were identified, as outlined under Regulation 5, the inspector was, overall, satisfied that residents had appropriate access to healthcare professionals which reflect their different support needs and that systems were in place to monitor and respond to their health needs.

Any allergies were clearly documented and prominently highlighted in residents' information, with appropriate emergency response plans in place. There was also evidence of health and social care professionals, including occupational therapists, dietitians, and speech and language therapists, visiting residents in their homes to provide support in line with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was a policy and pathway in place for the provision of behavioural support, and the provider had arrangements to assist both residents and staff in managing emotional wellbeing. Where needed, residents had appropriate professional support plans in place to guide the management of behaviours of concern.

The inspector also noted that environmental restrictions within the centre had decreased since the previous inspection, as safety measures relating to one resident who had been discharged could be removed.

Judgment: Compliant

Regulation 8: Protection

Following the discharge of one resident who had experienced difficulties living in a group setting, there was a notable decrease in the number and frequency of safeguarding incidents in the centre. This contributed to improved outcomes and a more stable living environment for the remaining residents.

In addition, the implementation of a waking night staff member appeared to mitigate a previously identified risk involving one resident disrupting others during the night. This staffing arrangement allowed for more immediate and responsive support to the resident's needs, in contrast to the previous arrangement where a sleep-in staff member was on duty. Staff reported that the change had improved outcomes for both the individual resident and others in the home.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Willows OSV-0003385

Inspection ID: MON-0038371

Date of inspection: 18/06/2025

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 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

1. The Person in Charge (PIC), shall conduct a comprehensive review of all Individuals' care plans to ensure that:

a) All information reflects current assessed needs.
b) Historical gaps in documentation are rectified with up-to-date clinical information.
c) Ensure all discipline-specific professionals (such as speech and language therapists, clinicians) recommendations are actioned and recorded in agreement with the PIC and Individuals' Keyworker.
d) The most up-to-date and relevant information regarding Individuals' health status or needs are reflected in their Comprehensive Needs Assessments, Personal Plans and consistent across all relevant Care Planning documents.

Due Date: 05 September 2025

2. In conjunction with the Individuals and their circle of support, the PIC shall conduct a formal review of each of their goals, aspirations, expressed preferences, and develop SMART plans with:

a) Clear objectives.
b) Specific timelines for implementation.
c) Assigned responsibilities by relevant professionals.
d) Record of consultation outcomes and monitoring progress.

Due Date: 05 September 2025

3. Where an Individual expresses a wish to relocate or transition as part of their care plan and Nua's Care Pathway, the PIC shall track progrees in the Personal Plan outlining:

a) Steps taken.
b) Barriers identified and actions identified.
c) Stakeholders involved.

d) Proposed and actual timelines, if deemed appropiate to do so.
e) Communication log with Individual and family.

Due Date: 05 September 2025

4. Once all of the above actions have been complete, these will be discussed with the team at the next team meeting.

Due Date: 30 September 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 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	30/09/2025
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/09/2025

Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	30/09/2025