



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

Issued by the Chief Inspector

Name of designated centre:	Millview House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	17 June 2025
Centre ID:	OSV-0004261
Fieldwork ID:	MON-0047476

About the designated centre

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

Millview House is designated centre operated by Nua Healthcare Services Limited. The designated centre provides a residential service for up to four residents, both male and female, with a disabilities under the age of 18. The centre is a dormer-style detached house, set on its own grounds in a rural area within a short drive of local facilities and amenities. The centre comprises of a main house and self-contained apartment which consists of four individual resident bedrooms, a kitchen/dining room, two sitting room, a utility room, staff office, sleep over room and bathrooms. There was a large secure back garden for residents to avail of if they wished with included a sensory room and age-appropriate play and recreation equipment. The staff team consists of a team leader, social care workers and assistant support workers. The staff team are supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 17 June 2025	09:30hrs to 17:00hrs	Linda Dowling	Lead

What residents told us and what inspectors observed

This inspection was completed to monitor compliance against regulations and standards and was carried out by one inspectors over one day.

Overall findings of this inspection were that the children living in this centre were in receipt of a good quality of care and support and were supported to engage in activities that were fun and in line with their expressed preferences. On arrival to the centre, some children had already left to attend school. The centre depute person in charge and admin staff were present in the office and supported the initial opening meeting, the person in charge then facilitated the inspection once they arrived to the centre.

This centre is a two story house located in a rural location in County Tipperary and is registered for a maximum of four children and is currently fully occupied. The downstairs of this house comprises of a large sitting room, kitchen-dining room, utility room, an apartment, office and bedroom, with two more bedrooms upstairs for the children and a staff sleepover room. The children's bedrooms were seen to be very individual, they contained toys, crafts and games of interest to each child. One child had specific sensory equipment in their room

Outside, the large garden to the rear is secure and has large outdoor play equipment such as trampoline and climbing frame. There is also a purpose built pod to the rear of the house divided into two separate rooms, a sitting room and sensory room, these offers additional space for the children to spend time. To the front is ample parking and a small lawn area. The centre was well presented and maintained. The provider had identified the need for additional storage and own water well and filtration system, these works are in progress at present.

All children were present in the centre on the day of inspection at various times. The inspector had the opportunity to meet all four children, the staff team and the local management team over the day. Inspectors also had the opportunity to review documentation and completed a review of the premises. One child was home from school due to feeling unwell, the inspector observed them from a distance and could see positive interactions with their staff member as they attempted to communicate their needs. One resident was spending time in their apartment and allowed the inspector to come in and speak with them and their staff member. This resident was not involved in formal education at the time of inspection, the provider continued to seek a suitable placement for them and had an education programme in place within the centre including a private tutor. Another child was observed spending time in the sitting room part of the pod outside watching their favourite TV programme on return from school, they were seen to smile and laugh as they engaged in conversation with the person in charge. They spoke about getting their hair done and what colour they would like.

Overall, children were well supported in their home and it was evident that the staff

on duty, on the day of the inspection, were ensuring that all children had a good quality of life and that they continued to develop skills to enable them to become more independent.

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

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. There were clear management systems in place to ensure that the service provided was safe and appropriate to children's assessed needs.

Overall, the inspector found there was a suitable person in charge, who was utilising the providers systems to monitor the care and support being provided to the children in the centre. This was completed through the use of local audits and provider level audits. They were ensuring the staff team were trained and were engaging in supervision.

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge of the designated centre who was suitably qualified and experienced. The person in charge was in this role since July 2024 and was previously a deputy person in charge in the centre. They were found to demonstrate a very good knowledge of the children supported in the centre.

The person in charge was supported in their role by a deputy person in charge and two shift lead managers.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, the provider had ensured that there was enough staff on duty to meet the assessed needs of the children and implement their activity

schedules.

There was a large staffing team in the centre with three of the four residents receiving 2:1 support throughout the day. There was always two waking staff members on night duty. There was one vacancy for a social care worker on the roster with interviews held the day before the inspection to replace this position. The provider was utilising familiar relief staff assigned to this centre to cover any gaps in the roster, resulting from annual leave, sick leave and training. This centre had no requirement to utilise agency staff at present.

The person in charge had planned and actual rosters in place and they were seen to be reflective of the staff on duty on the day of inspection. Staff were familiar and supported all children in the centre, the roster was reflective of specific skills such as medication cover and drivers to ensure all children were in receipt of appropriate care and support each day and night. There was a handover system in place in the centre and this identified what staff were supporting which children. Children were informed who would be supporting them each day and night shift, in line with their communication needs, for some children this was in the form of pictures.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place for the training and development of the team. The inspector reviewed the training matrix available in the centre on the day of the inspection and found that all staff were in receipt of appropriate training to meet the assessed needs of the children.

Training was completed in key areas including fire safety, Children's first, protection and welfare of vulnerable children and adults, managing challenging behaviour and intimate care. The provider was also seen to provide additional training in areas such as, human rights, autism and self-harm. The person in charge arranged yearly training for the full staff team that was centre specific, this was run by clinicians who provided support to the children in the centre. This training focused on the specific supports in place for each child including their individual risk management plans, their multi element behaviour support plan, communication passport and personal plans.

The inspectors found that the supervision records had been clearly maintained in a manner which allowed inspectors to verify that supervision had been completed in line with the provider's policy. The inspectors found that matters raised in supervision were followed up and there was clear evidence of queries or concerns being addressed through this process.

Judgment: Compliant

Regulation 23: Governance and management

The provider had good governance and management arrangements in place to monitor and oversee the care and support of the children in the centre. There was a clearly defined management structure in place. As previously mentioned, the centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge reported to Director of Operations and were supported in the day-to-day operation of the centre by a depute person in charge and two shift leaders who worked opposite each other allowing for management oversight of the centre at all times. These lines of authority and accountability were clear to the staff team who stated that they knew who to speak with if they had a concern. The centre management structure was having a positive impact on the day-to-day monitoring and oversight arrangements in the centre.

The provider's systems to monitor the quality and safety of the service provided for children included, unannounced provider visits every six months and annual review. The most recent six-monthly visits happened in July 2024 and January 2025, the next one was due in the coming month. These audits were reviewed by the inspector and were found to be detailed with each regulation rated in the form of a judgement and actions identified where there were sub compliance or non compliance found. The last annual review to be completed in this centre was August 2024 for the previous 12 months. This review was seen to take into account feedback from the children, their families and their representatives. From review of the audit, all feedback was positive with comments such as warm clean house, children were happy and comfortable, family member reporting their child's verbal skills have improved with the support they receive.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

One child had been admitted to the centre in the previous six months. The provider had engaged in a comprehensive needs assessment and several meetings with the child and their representative, the child had a number of opportunities to visit the centre and to meet the other children in the centre before they moved in.

This child was supported by their representative and the person in charge to understand and sign their easy read contract of care. This contract included information on topics such as their bedroom, personal plans, their bedroom, fire safety, rights and advocacy. The inspector reviewed the formal contract of care on file for this child and it was found to be reflective of the service the child was receiving.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations. The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to the children in the service and the day-to-day operation of the designated centre.

In addition, a walk around of the premises confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre, and the person in charge was aware of the requirement to notify specific incidents to the Chief Inspector of Social Services, in line with the regulatory requirement.

The inspectors had reviewed notifications prior to the inspection and also completed a review of the provider's incident, accident and near-miss records for the period of January to June 2025. The inspector found that all incidents requiring notification had been reported as required by regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the centre provided a comfortable home that was in good state of repair both internally and externally. The house was suitably designed and equipped to support the residents, it had a homely feel and was clean and warm.

It was evident that the provider focused on ensuring children were supported to enjoy a good quality of life, engage in activities they enjoyed and supported them to make decisions about their care and support.

There were systems in place to ensure children in the centre were in receipt of good

quality care and support, these included comprehensive risk assessments, support plans, management of medication and access to clinical supports where necessary.

Regulation 13: General welfare and development

From review of care plans and individual education plans, it was evident that children were supported to engage in a number of meaningful activities in line with their assessed needs and expressed preferences. There were able to access activities and places of interest independently of one another as a result of allocation of staffing and transport being available.

For the most part, children were supported to attend a suitable school on a full-time basis. One child had changed school in September 2024, it was reported that their was ongoing safeguarding concerns in their previous placement and they are much happier in their new school. One child as previously mentioned, did not have a formal school placement, the provider had evidence of several attempts made to find a suitable placement for them but this had been unsuccessful at the time of inspection. The provider continued to engage in the process of finding a suitable placement but had also identified a private tutor to come to the centre on a weekly basis. This was also proving difficult as the child often refuses to engage in the process. This child has a individual education plan in place and the provider was focusing on building life skills. For example, the child is now able to use the bathroom and engage in personal care without the support of staff, they no longer require incontinence wear day or night, this educational piece has been very successful.

Other children were seen to have goals set out such as, attending graduation ceremony, shopping for clothes, family access and attending local activities such as the circus, cinema, swimming, play grounds, soft play, woodland walks and horse riding. One resident had just returned from a weekend away competing with the special Olympics.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a walk around of the centre and found it to be clean, welcoming and homely. Consideration had been given to the individual children's assessed needs, with some areas identified for sensory and relaxation and others for TV. The purpose built pod outside offers additional space for children to spend time. One side of the pod is for arts and crafts, relaxation and had sensory items, such as lights and beanbags, the other side offers couches and a TV. On the day of inspection children were observed enjoying this space and it was reported that it is

used daily especially in the evening when all children are present in the centre.

The children had their own bedrooms and these were seen to have been individually decorated to reflect the children's current areas of interest. The children's toys, books and crafts were available for them to access and they had time to access their electronic devices or the television as part of their daily routine.

The provider had identified a need to sink their own well, they were successful in obtaining planning for this and the work was scheduled to commence. They had also identified as previously mentioned the need for additional storage for archives, this was also planned for.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspectors viewed the risk management policy, the centre's risk register and risk assessments relating to children, incidents and accidents and the centre's safety statement. It was evident that significant work was being completed on an ongoing basis to ensure that the risk register and associated risk ratings were in line with the actual risks in the house.

All risk assessments were reviewed at least every three months and sooner where the risk was higher. For example, one resident who engages in self injurious behaviour, has an orange rated risk assessment in place due to the likelihood of the risk happening, this is reviewed monthly by the person in charge.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had policies, procedures and systems in place for the receipt, storage, return and administration of medications. The inspector observed that there were suitable storage facilities for medicines, including additional stock. A lockable fridge was available for medications if needed. The keys for the medication storage units were kept in a locked box in the office at all times when not in use. All staff had completed training in the safe administration of medicines.

Actions were being identified through internal audits and stock checks resulting in continues improvement in safe practices. The shift leader completed a full stock check of all medications weekly and the person in charge completed and oversight check once weekly also. This includes checking each child's kardex, administration recording sheets, as required medication and recording documents, the medication press and any errors recorded on the providers online system. Each weekly

oversight check also had an action plan where areas for improvement are noted. On the day of inspection all actions in recent checks had been completed.

The inspector reviewed the drug errors for the centre, the provide was taken appropriate action as a result of these errors. For example. any staff responsible for a level three drug error is removed from administering medication until they are retrained and have successfully completed two supervised medication assessments.

Judgment: Compliant

Regulation 7: Positive behavioural support

It was evident the provider was providing supports for the children who displayed behaviours of concern.

All four children were receiving supports from the providers behaviour support specialist and had multi element behaviour support plans in place that were detailed and reviewed regularly. On review of the plans, it was found that behaviours were identified and the response set out were specific to the individual child. Plans included precursors, triggers, setting events along with communication and sensory regulation. Children who required it had referrals sent for sensory assessments and reviews.

The person in charge had oversight of all restrictive practices in use in the centre, they completed monthly reviews and there were reduction plans in place where appropriate.

Judgment: Compliant

Regulation 8: Protection

The provider was found to have good arrangements in place to ensure that children in the centre were protected from all forms of abuse. Any allegations made, were appropriately documented, investigated and managed in line with national policy.

The provider had identified the most common place for negative peer to peer interactions happened in communal spaces of the house. The inspector reviewed the risk assessment in place for safeguarding residents and it identifies the use of communal spaces and the control measures included the supervision required from staff when children were spending time together in this space.

All children had intimate care plans in place which were subject to regular review, they gave clear guidance to staff on the level of support each child needed and which ensured each child's right to autonomy, privacy and dignity were promoted

and upheld during these care routines. All staff were also in receipt of intimate care and safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

Through the review of documentation and, discussion with the children living in the centre, staff and management, it was evident that children were offered choice and control over their day and that, they were supported to choose how and where they wanted to spend their time.

Children were presented with information in a manner that was suitable to their assessed needs such as communication. For example, one child uses the support of a communication device and social stories.

Observations on the day of inspection indicated that staff were respectful and professional when interacting with children in the centre. Staff members were seen to provide space and time for residents to respond to choices offered to them. The language used throughout children's risk assessments and person plans and reviewed was found to be person centred.

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
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant