



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

## Issued by the Chief Inspector

Name of designated centre:	Cullen House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	30 January 2026
Centre ID:	OSV-0005046
Fieldwork ID:	MON-0046480

## About the designated centre

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

This designated centre provides residential care and support for a maximum of three adults over the age of 18 years. The centre is a bungalow (inclusive of a one bedroom self-contained apartment) situated in a rural area in County Kildare and within driving distance to a number of towns and villages. It consists of three private bedrooms, living rooms and garden spaces surrounding the centre. The service is staffed day and night by a full time person in charge, two team leads and a team of social care staff. The residents of this designated centre have access to GP services, and other healthcare support as part of the service provided.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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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
Friday 30 January 2026	09:45hrs to 19:00hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

This inspection was unannounced and completed to review the arrangements the provider had to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Adult Safeguarding (Health Information and Quality Authority and the Mental Health Commission, 2019), and to follow up on solicited and unsolicited information received by the Chief Inspector of Social Services regarding this designated centre.

The inspector had the opportunity to speak with all three residents during this inspection, as well as speak with staff, observe the centre environment and review documentary information as evidence to indicate the lived experience of the people using this service. One of the residents had gone to visit family for the weekend but spoke with the inspector over the phone. The other two residents also took the time to speak individually with the inspector through the day to talk about their news, their opinions of the service and staff, and what aspects they liked or disliked about living in this centre. Towards the end of this inspection, the inspector observed that the staff and residents had their dinner together as a group and were chatting. One of the residents enjoyed singing karaoke with a staff member, while another resident was watching movies online before going home to family. One of the residents went out for coffee with a friend from another service in the afternoon and said they had a good time.

Residents told the inspector that while they may argue from time to time, generally speaking they got along well with their fellow residents. Since the previous regulatory inspection there had been a change in residents in this centre, with one of the residents commenting that relationships in the house had significantly improved and in turn their satisfaction with living in this house. Two of the residents were proud of their achievements, such as maintaining a healthy routine or going an extended period of time without serious incidents, and enjoyed that this had resulted in the removal or reduction of restrictions in their home, such as now having access to their phone or access codes for the doors. The residents demonstrated a good understanding of their own role in getting the remaining restrictions phased out, and were clear on what they wished to have removed or reduced next.

Residents told the inspector that it was very important to them that they were supported by staff that they trusted, that were familiar with them and treated them with respect. Residents named some of the staff they particularly liked to work with in their day. Residents gave examples of when they felt dismissed or talked down to by staff, or where they felt that some staff spent too much of their time in the office. Residents had been supported to make verbal or written complaints where they felt disrespected by staff, and some of these reviews by the provider identified where managing tone and body language was important for residents' anxiety. One

staff member also talked to the inspector about the importance of getting the balance right between supporting the residents in their day and keeping them safe, but not treating them like children. Two of the residents commented that it was important to them that they felt like staff worked with them rather than telling them what to do. One of the residents did not like that they were not being told who was working with them in the coming days. The inspector discussed this with the resident and the person in charge and they agreed this would be reviewed to come to a compromise. Residents spoke positively of the centre's person in charge, noting that they were available to take the time and listen to what was on their mind.

Residents were supported to avail of structured education and courses pursuant to keeping them safe and supporting them to develop their independence and autonomy. One of the residents was working with the provider's learning and development hub in independent living skills such as money budgeting and staying safe online. Residents were provided guidance in protecting themselves in their relationships with family, friends or partners, and residents commented that they knew not to accept contact, comments or behaviour which made them uncomfortable. Residents were also supported in education related to positive responses to traumatic situations, how to self-regulate mood in a healthy manner and positively direct feelings of anxiety.

The inspector reviewed minutes of resident and staff meetings which advised of progress or outcomes for residents' wishes in community activation, social outlets and personal development. Residents had been supported to attend events for Christmas and take day trips around the country. Residents were looking forward to upcoming social nights out and Valentine's events, shopping trips and birthday celebrations. Staff reflected on goals related to reduced support such as in personal care, and how they were promoting residents to keep their private bedrooms and en-suites tidy with reduced staff involvement per their wishes. Residents took ownership of their own private spaces, and were facilitated to personalise their bedrooms with photos, models, media setups and other belongings. One resident had a long term goal to transition out of this centre to supported living, and the person in charge could provide details on what steps had been taken to assist them towards this outcome.

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

In the main, the inspector found that this service was ensuring that the principles of residents' human rights of fairness, respect, equality, dignity and autonomy were upheld. The provider and person in charge had arrangements in place to ensure that

residents were supported by a familiar and consistent staff team which had experienced a low turnover. The inspector was provided evidence to indicate that these staff members were provided opportunities to develop in their roles and raise concerns where they felt that the service operation was not facilitating them to carry out their duties to the best of their abilities. Systems were in place for the provider to oversee the quality of centre operation, though improvement was required to ensure the reported findings of audits, including residents' contribution, was complete, specific and measurable.

### Regulation 15: Staffing

The centre was operating with a full complement of staff at the time of this inspection. The inspector reviewed a sample of worked rosters which clearly indicated hours worked by staff, and days on which staff were attending training or on sick or statutory leave, or when the person in charge was on duty in their other location. Records were also clear on the frequency with which the service relied on contingency measures to ensure shifts were filled, and the impact on the continuity of support was effectively mitigated. Residents commented that it was very important to them that they were supported by staff with whom they had built a trusting relationship, and did not like when less familiar personnel were on duty or when last minute changes were made.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector reviewed a sample of supervision records for four members of the front-line team. The records of supervision and performance management meetings between staff and their line manager were meaningful and relevant to their career development goals. These minutes indicated that staff had been supported to attend courses for further education and employment assistance programmes as required. The inspector observed that staff were able to use these meetings to raise concerns or grievances related to their duties, their relationships within the team and the operation of the house for the effective progression of residents' personal objectives. The inspector and person in charge discussed where records could be further enhanced to be clear on what actions would be taken and followed up on in subsequent meetings to address these concerns.

The management structure in place provided suitable arrangements for this service and provided seven-day managerial oversight by the person in charge and their two deputising managers. The person in charge was supported by an area chief operations officer at provider level. Day-to-day oversight had improved following the previous regulatory inspection, particularly in the verification that cleaning regimes

were adhered to as recorded. The provider had composed a report of the quality and safety of care and support in this designated centre in October 2025. In this report, the provider assessed the service as requiring actions in 9 of 19 areas reviewed to come into compliance with policies, standards and regulations. In the main, the sections of the report outlining findings of this review 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 specific or measurable and did not tie back to the listed findings of the report. For example, where "some gaps" were noted as present in risk assessments, staff training, records, fire drills, health monitoring, personal planning and needs assessments, it was not clear what or how many of same were identified for the relevant person to address, or the impact of same. Examples of these were discussed during the inspection with the person in charge. This report referenced surveys which had been used to gather commentary and contributions from residents and their representatives through the year, however made no reference to the information obtained by these means and how the provider would use the information to continuously develop the service for those who responded.

Judgment: Substantially compliant

## Quality and safety

In the main, the inspector observed that residents were encouraged and facilitated to be active participants in their care and support. Residents were supported to enhance their autonomy and independence in line with personal goals agreed with them, and to engage in stimulating and meaningful community outings and events. Residents were supported to engage in continuous learning related to personal safety, budgeting money, using their medicines, understanding consent and engaging in positive social interactions, pursuant to supporting their self-regulation, life skills and personal development.

Residents were supported to engage in a level of positive risk taking, and the inspector observed good examples of risk controls being retired or phased out where the associated level of risk had reduced or stayed at an acceptable level. Some of the content of risk assessments and control measures required review to ensure they contained accurate information, or were specific on the risk associated with risk controls or practices in effect in the centre. However, overall there was a clear connection between risk analyses, adverse events, safeguarding plans, staff guidance and the residents' own understanding of their assessed needs.

## Regulation 10: Communication

Residents in this centre communicated using verbal language and did not require or use gestural methods, sign language or electronic supports to make their opinions or choices known. Residents were supported to receive communication and information from the provider and local management in a format with which they could engage. The provider recognised behaviour as a form of communication, such as, agitation or distress arising from an unmet need which cannot be expressed verbally. One staff member highlighted the importance of being vigilant with how their tone and body language may be perceived by each resident during interactions and support. This was also a consideration by the provider when investigating or learning from allegations of verbal or psychological abuse.

The residents were facilitated to stay in contact with their family and friends, and had access to phones, streaming services, online videogames and the Internet. Where residents had received contact from outside parties which caused them anxiety or distress, the provider encouraged them to block contact rather than having their access restricted for interactions which were not their fault. One resident who lived in an annexe apartment was supported to communicate with staff in the main house via intercom.

Judgment: Compliant

### Regulation 17: Premises

The inspector walked the premises and observed the centre to be clean and in a good state of maintenance. Residents were supported to personalise their private spaces and encouraged to maintain their own bedrooms and en-suite bathrooms. One resident told the inspector how they liked having their own apartment space and could do their own laundry, and the person in charge had ensured that staff refrained from using this resident's facilities following a complaint by the resident. The provider was in the process of exploring opportunities to balance risk management with the homeliness of the centre. Following risk reviews and changes to residents in the centre, some environmental restrictions such as electronically locked doors were being phased out or deactivated where they were not relevant to the residents' active risk profile. Residents had multiple options for living room spaces and could spend time alone if they wished.

Judgment: Compliant

### Regulation 26: Risk management procedures

The inspector discussed risk analysis systems with staff members and reviewed documentary evidence of how risks were assessed, rated and controlled. The

inspector also reviewed how accidents, safeguarding concerns and adverse incidents were reported and used to continuously inform and develop risk assessments. In the main, the content of risk assessments contained information taken from these events, though some risk assessments and staff guidance were observed to omit the specific risk and how staff could anticipate it, or contained risk control measures which no longer applied to the associated resident.

The inspector observed examples of the provider recognising that risk management does not aim to eliminate the risk, but to manage the risk to maximise residents' choices and autonomy while protecting them from harm. As described elsewhere in this report, risk controls were being gradually phased out where the level of assessed risk maintained at a certain level, rather than expecting the risk to reach zero.

For some risks and their control measures, the inspector was advised of risks present in the centre for which there had not been a formal risk assessment. For example, one resident told the inspector that they were not permitted to know which staff would be working in the centre in the coming days, with staff advising that knowing that certain staff were allocated could be a trigger for anxiety or aggression. However, staff also advised that the resident not being told who was working was also a trigger for anxiety or aggression. There had been no formal risk analysis to inform this practice or to set out an appropriate and proportional risk control. In another example, a resident did not have access to household chemicals with the reason given as being their risk of ingesting them. However the risk assessment related to ingestion of dangerous items was related to a different specific type of item to which the resident did have ready access, and there had been no associated incident in a number of years.

The provider demonstrated examples of positive risk taking in the residents' lives. In recent months one resident had been supported to administer their own medicine based on an assessment of capacity and risk. Two of the residents were provided secure access to their personal money which could be readily accessed by them. One of the staff who spoke with the inspector gave examples of how they aimed to be proportional and protect dignity in the use of risk controls, such as not needing to stay in the immediate personal space of a resident who required supervision in the community.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of personal plans related to life enhancement, opportunities to enhance independence and reduce restrictive practices, and opportunities in education and recreation. The provider operated a system of monthly short term objectives such as shopping trips and excursions to different parts of the country. Where these were not successful, the reason was recorded

such as a change of plans by the resident or a lack of available staff. The person in charge provided an example of a support initiative with which the relevant resident was not engaging, and which had been communicated back to the multi-disciplinary team for revision.

For longer-term life objectives, the person in charge could provide evidence of current progress, for example supporting a resident to establish decision support services, and assisting one resident with their wish to transition to a supported living setting. Front-line staff advised the inspector of other opportunities such as residents who wished to complete courses such as learning to budget their money to be more independent, computer literacy, and skills in self-regulation in response to trauma or anxiety. The residents each told the inspector what they were working on and demonstrated a good awareness of their own support needs and their current wishes and goals in life, and their role in achieving these wishes, such as having reduced staff presence in the community.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The provider utilised various physical, environmental and rights-based restraints in this designated centre, which had been introduced to manage risks related to residents' responses to anxiety or distress which may present a risk of harm to themselves or others. The inspector reviewed a sample of these practices and how they were being reviewed to ensure their continued necessity based on the level of risk.

Some restrictions were observed to have criteria set out to provide assurance that they could be phased out. In one example, a restriction on access to ceramic or glass items in the residents' kitchen was being phased out when the level of associated risk dropped to a specific and measurable threshold. Rather than requiring the risk rating to drop further to continue the reduction, which would be unrealistic in light of the potential impact, the criteria for next phases was that the current level of risk maintain for a reasonable set time. Other examples of restriction reductions included the deactivation of electronic locks where these were no longer required, the retirement of bedroom searches for items related to specific risks, and limiting the use of seatbelt locks to specified circumstances.

The residents who were affected by these measures told the inspector that they were aware of their role in these reduction plans, and were proud to enjoy the benefits of maintaining a healthy routine and expressions when upset. One resident told the inspector that they were happy to no longer require the support of the behavioural specialist. The residents explained to the inspector examples of what caused them to become upset or frustrated, and examples of these were noted in relevant staff guidance as a form of communication.

Judgment: Compliant

## Regulation 8: Protection

The inspector followed up on events notified to the Chief Inspector in 2025 and 2026 in which residents had alleged being subject to physical, emotional, sexual or verbal abuse by others. The inspector reviewed records of verbal and written complaints made by the residents and observed where these concurrently followed a safeguarding process based on the nature of the complaint. Where allegations had been made against staff, they were taken off duty pending the outcome of the investigation, and the provider had submitted initial and follow-up information to the Health Service Executive Safeguarding and Protection Team and the Chief Inspector as required. Where investigations determined that the allegations were or were not substantiated, the inspector observed evidence that the outcome had been communicated back to the resident for their information, and what actions or changes would happen to reduce the relevant risk.

Residents demonstrated their understanding of different types of abuse and examples were discussed in house meetings with them. Some residents were supported to attend education sessions on staying safe in relationships and in online interactions. Residents were supported to manage their own money, however where residents' finances were managed by the staff, safeguards were in place to ensure income and expenditure was accounted for.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspector observed examples during this inspection of care being led by resident choice and consent, and personal development objectives which were meaningful and set out with a view to increase residents' autonomy in their routines. Residents were kept up to date on news and events meaningful to them as well as the outcomes of complaints submitted by them. Residents' access to their local community and further away was supported with planning for meaningful and varied recreation and event attendance.

Residents demonstrated a good understanding of their rights and knew to whom they could speak if they felt disrespected, bullied or ignored by members of their support team, their friends or other people in their lives. One of the residents told the inspector about aspects of their care in which they felt their rights were not being respected, and how they would bring this up in the house meetings. One resident was on a waiting list to join a service user committee made up of residents in other centres run by this provider.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Cullen House OSV-0005046

Inspection ID: MON-0046480

Date of inspection: 30/01/2026

## 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"> <li data-bbox="172 987 1441 1256">1. 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.</li> <li data-bbox="172 1294 1441 1485">2. In conjunction with the Quality Assurance Officer, the Person in Charge (PIC) will review the 6-monthly unannounced visit report from July 2025 to ensure actions identified are specific, measurable and center focused. The Quality Assurance Officer will update the six-monthly visit report to reflect findings identified during the HIQA inspection, with evidence of completion recorded.</li> </ol>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ol style="list-style-type: none"> <li data-bbox="172 1953 1441 2024">1. The Person in Charge (PIC) in conjunction with the Behavioural Specialist or other members of the Multi-Disciplinary Team, will complete a full review of all Individual Risk</li> </ol>	

Management Plans (IRMPs) to ensure all risks pertaining to the Individuals are clearly documented and all risks relating to that individual are risk rated with clear control measures and protocols in place.

2. Following the review of each Individual's IRMP, the Person in Charge will present and discuss all updated plans during the next scheduled staff team meeting to ensure understanding across the team.

## 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	29/03/2026
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the	Substantially Compliant	Yellow	29/03/2026

	assessment, management and ongoing review of risk, including a system for responding to emergencies.			
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