



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

Issued by the Chief Inspector

Name of designated centre:	Nova Residential Services Waterford City
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	29 July 2025
Centre ID:	OSV-0005098
Fieldwork ID:	MON-0038842

About the designated centre

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

This centre consists of a complex of five apartment style residences. Each apartment has one or two resident bedrooms and the maximum capacity for the centre is six residents. Each apartment also has bathroom facilities, a kitchen/living area and storage available. The centre is open overnight 365 days of the year and also on a 24 hour basis at weekend and during day service holiday periods. The centre closes from 09.30 until 16.30 Monday to Thursday and until 15:30 on Fridays. The centre currently provides residential services for six adults with mild to moderate intellectual disabilities. Residents within the centre are supported by staff at a semi-independent level. There is one staff member on duty during the day and one sleepover staff member at night. Staff support is provided by a person in charge, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 29 July 2025	09:30hrs to 18:00hrs	Linda Dowling	Lead
Tuesday 29 July 2025	09:30hrs to 18:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This was an announced inspection to monitor the designated centre's level of compliance with the associated standards and regulations and to inform the upcoming registration renewal decision. While overall residents appeared to be living independent, active lives and reported they were happy where they were living, the inspectors found a number of areas that required significant improvement. These findings included some outstanding actions from the previous inspection in relation to fire precautions. Other areas requiring improvement included, premises, governance and management, medication management and protection of residents.

The inspectors had the opportunity to meet with four of the six residents on the day of inspection, one resident was on a home visit and the other was on an outing from the centre. All residents spoke highly of their homes and the staff working with them. One resident showed the inspectors around their home on the morning of the inspection. The resident appeared happy with their apartment and proud of their space. The resident showed the inspector pictures of activities they had attended and recent holidays, including a trip to Lourdes. Another resident met the inspectors at the door of their home in the morning, and spoke about their plans for the day ahead.

The inspectors observed pots of blooming flowers and plants surrounding the apartments and these were maintained by staff and residents. Residents were seen heading out on various activities on the morning of the inspection. Residents engaged in activities such as day services, work and meeting friends. Some residents had access to local public transport independently. The inspectors again met with some of the residents in the evening when they were home from their various activities. Some residents were sitting outside on a bench together in the sun chatting and happily told inspectors that they were on their holidays from day services for two weeks and discussed some plans they had for their time off. Residents appeared content and comfortable in their homes.

The centre comprised of five apartment style residences. Four residents lived in their own apartments and two residents shared one apartment. Apartments were of a suitable size and layout to meet the needs of the residents and each contained a bedroom/s, bathroom and kitchen-living area. Apartments were personalised in line with the residents preferences with personal belongings, pictures and decor was observed around the homes. Inspectors noted that some apartments required refurbishments such as new flooring and kitchen cabinets. Some areas of the apartments were cluttered and required deep cleaning on the day of inspection.

The staff team comprised of social care workers and care assistants. The residents living in the centre required a low level of support and the team that supported them appeared very consistent and familiar. Positive and kind interactions were

observed between staff and residents on the day of inspection and care appeared to be directed by the residents preferences and needs.

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

Capacity and capability

Overall, the inspectors found that there was a clearly defined management structure in the centre. The staff team reported to the person in charge who then reported to the area manager. There were systems in place to regularly review and monitor the quality and safety of care and support in the centre. However, as discussed under regulation 23: governance and management, reviews completed were not always appropriately identifying clear action plans with timelines for completion and persons responsible. The inspectors also identified incidents that had not been reported to the Chief Inspector of Social Services as per the requirements of the regulation.

The centre had a suitable and consistent staff team who had been provided with appropriate training and supervision in line with the providers policy.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application seeking to renew the registration of the designated centre to the Chief Inspector of Social Services. The provider had ensured information and documentation on matters set out in Schedule 2 and Schedule 3 were included. For example, the provider submitted an updated statement of purpose outlining the type of service available to residents in the centre

Judgment: Compliant

Regulation 15: Staffing

The staff team were a mix of social care workers and care assistants. The staff team was consistent and knew the residents well. Inspectors reviewed the centres staff rota and this clearly outlined staff on duty day and night and this was reflective of the staff on duty on the day of inspection. The residents required a low level of support and there were appropriate staff numbers and skill mixes in place at all

times to meet the assessed needs of the residents. An internal relief panel of familiar staff were available to fill shifts when required, however sickness and holidays were mostly covered internally by the regular staff team working in the centre. The staff were observed to treat residents with dignity and respect over the course of the inspection.

The inspectors reviewed a sample of staff files and found that they contained all items set out in Schedule 2 of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). This included up-to-date Garda vetting, evidence of staff identity and evidence of staff qualifications.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors reviewed training records for all staff working in the centre. Training records reviewed demonstrated that all staff had up-to-date training and refresher training. This was an area that had improved since the centres most previous inspection. Staff had completed training in a number of mandatory areas including:

- Fire Safety
- Safeguarding of Vulnerable Adults
- Medication Management
- Manual Handling
- Infection Prevention and Control and Hand Hygiene
- Childrens First

The person in charge was completing formal one-to-one supervision with all staff members annually, and this had been completed in line with service policy in 2024.

Judgment: Compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance and found that it ensured that the building and all contents, including residents' property, were appropriately insured.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place for the centre. There was a full-time person in charge in place who also had responsibility of one other designated centre. The person in charge was also identified as the team leader for the centre. The centre was also supported by an area manager and a quality and safety officer.

Regular audits and reviews were taking place in the centre. A six monthly audit had been completed by a person in charge from one of the providers other designated centres. This included a review of areas including staffing, accidents and incidents, restrictive practices, infection control, fire safety, and staff training. This also included a review of any actions outstanding from the centres most recent HIQA inspection.

The 2024 annual review of the quality and safety of care and support in the centre had been completed by a senior manager in February 2025. This did not always capture areas in need of improvement and lacked a comprehensive improvement plan with clear timelines for achievement and persons responsible. For example, outstanding staff training at the time of the report, or fire safety issues identified during a fire safety audit had no follow up actions identified. This did not promote the completion of outstanding quality and safety issues in a timely manner.

Management presence in the centre appeared minimal at times, and this posed a risk when providing appropriate oversight in the centre. While the annual review and six monthly had been completed by members of management, other supporting documentary evidence of management presence in the centre was not seen. For example in the centres visitors book, a manager had not signed in since February 2025. The person in charge communicated that they complete an in person audit in the centre once a month, a report for this was not reviewed on the day of inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and for the most part met the requirements of the regulations.

The inspector reviewed the statement of purpose and found while it clearly describes the model of care and support delivered in the centre the staffing skill mix

in the centre was unclear and required review. A revised and accurate statement of purpose was submitted shortly after the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had not notified all incidents to the Chief Inspector of Social Services in line with the regulations. From review of documentation and discussion with management the inspectors identified two incidents, one involving a small fire and one incident of safeguarding concern that had not been reported to the Chief inspector in line with the regulations. Additionally, the provider had not notified the Chief Inspector in line with the time frame required when the person in charge was absent for more than a 28 day period.

Judgment: Not compliant

Quality and safety

Overall, while residents living in the centre were presenting as happy, the inspectors found non-compliance in regulation 28: fire precautions and regulation 29: medication and pharmaceutical services. Improvements were also required to ensure all residents living in the centre were protected. This is discussed more under the relevant regulations below.

For the most part the apartments were clean and tidy while some refurbishments were required. Care was provided to residents in line with their assessed needs and residents were encouraged to engage in activities they enjoyed.

Regulation 17: Premises

The centre comprised of five apartment style residences. Four residents lived in their own apartments and two residents shared one apartment. The staff sleepover room was also in one of these apartments. Apartments were of a suitable size and layout to meet the needs of the residents and each contained a bedroom/s, bathroom and kitchen-living area. Apartments were personalised in line with the residents preferences with personal belongings, pictures and decor.

Inspectors noted that some apartments required refurbishments, the flooring in one kitchen dining areas was scratched and worn and the kitchen cabinets in four of

the five apartments required replacing as they were significantly worn and peeling. Some areas of the apartments were cluttered and required cleaning on the day of inspection, for example, two bathrooms had build up of dirt and grime that required deep cleaning to remove.

Judgment: Substantially compliant

Regulation 20: Information for residents

The inspector reviewed a residents' guide which was submitted to the Chief Inspector of Social Services prior to the inspection taking place. This met regulatory requirements, for example, the residents' guide contained information on the terms and conditions of each resident's contract of care.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre maintained a risk register and this identified any actual or potential risks in the designated centre such as environmental risks, safeguarding risks, or general health and safety concerns. This outlined mitigating measures in place and was subject to regular review by the management team. The centre maintained a log of any adverse accidents and incidents and it was found that the occurrence of these were minimal. Residents had an up-to-date assessment of need in place which highlighted areas of risk where residents may require further support for example mobility, feeding, and personal care. Supports were in place where needs were identified.

Inspectors identified some individual risks in relation to fire precautions and the management of medication. Management had centre specific and individual risk assessments in place for residents, however further review were required in these areas as discussed further under regulation 28 and 29.

Judgment: Compliant

Regulation 28: Fire precautions

The previous inspection of this centre had identified a need for improvement in relation to fire precautions in the centre, on review of the compliance plan the actions identified remained outstanding. The previous inspection identified the risk

posed as a result of door wedges being used to hold open fire doors, on this inspection a door wedge was observed in one residents bedroom.

On review of documentation, the inspector observed a report dated January 2025 identifying a number of fire doors were fitted with non-fire rated door handles and fittings. On the day of inspection, no evidence could be provided to identify if any follow up had taken place as a result of this report and if action was required to replace the fittings identified.

The inspectors completed a walk around of all apartments as part of the inspection process, one apartment had a clothing dryer located in a press without any ventilation, this dryer was observed to have multiple items of bedding and clothing surrounding the dryer. This posed a fire risk and required review.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors reviewed the assessments utilised to determine if residents have the capacity to self administer their own medication, PRN (as required medication) protocols, risk assessments, storage of medication and prescription records and a number of areas were identified as not meeting the requirement of the regulation.

For the most part, residents were assessed as having the capacity to self administer their regular, blister packed, medication and only require support from a staff member with the administration of PRN medication. Not all residents requiring support with PRN medication had a prescription record from their GP, this required review to ensure staff could safely administer the medication in line with the residents prescription and the ten rights of medication administration.

Two residents were observed not to have their weekly blister packed medication stored in a safe and secure location. One resident kept their medication in an unlocked kitchen press and another resident in their bedroom.

From review of documentation, one resident had no PRN protocol on file. There was conflicting information recorded across some documents, for example, one resident had guidelines for ordering medication and a protocol for ordering medication, one identified staff are responsible for ordering and the other identified the resident is responsible for ordering. Another residents agreement form did not align to their assessment of capacity outcome.

Judgment: Not compliant

Regulation 8: Protection

The previous inspection of this centre had identified a need for improvement in relation to a resident having full access and oversight of their bank account, this was reflected under regulation 12: Personal Possessions. The provider had identified in their compliance plan that they would ensure all residents had access and oversight of their finances. It was evident on this inspection that while the provider had taken some action in relation to this, one resident still had no oversight or access to one of their accounts.

The provider had CCTV cameras installed to the front and rear of the property which were seen to be operational on the day of inspection and they were not recorded or reported as a restrictive practice in line with the regulations. From review of the minutes from the last human rights review it had been identified that the cameras to the rear of the house were not longer in use, although this was not the case.

Judgment: Substantially compliant

Regulation 9: Residents' rights

As part of the inspection process the inspectors reviewed how residents' rights were respected when living in the centre. It was clear from the interactions with the residents they were involved in making decisions about who are where they wished to spend their time. Residents had choice and control over their meals and scheduling activities.

From review of documentation on residents meetings the inspectors could see residents were informed about topics that affect their lives. Meetings had been held with residents about safeguarding including watching a safeguarding DVD in line with residents assessed needs, discussion on perimenopause and menopause symptoms to be aware of and how to get support.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Nova Residential Services Waterford City OSV-0005098

Inspection ID: MON-0038842

Date of inspection: 29/07/2025

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: Going forward: • Management will sign the visitor's book on each occasion to provide evidence of their presence at the centre. • The annual review will capture areas in need of improvement in addition to a comprehensive improvement plan with clear timelines and, the persons responsible for same.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: • All incidents that required notification have been done so retrospectively. Going forward, all incidents will be notified to the Chief Inspector of Social Services in line with the regulations.	

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Quotes are currently being obtained for the necessary repair works to be completed. A schedule of works will be made once the costings are available. • All bathrooms have been deep cleaned and the deep clean schedule has been amended to incorporate more frequent deep cleaning.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • The door wedge which was observed in a residents bedroom on the day of the inspection has been removed. Shared learning around fire precautions and the practice of holding doors open will be completed at team meetings and residents meetings. • Identified actions from fire report are currently underway. • The tumbler dryer has been moved to a ventilated area within the kitchen.	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: • All residents have a prescription record book (MPARS) signed by their respective GP's outlining their short term, regular and when required (PRN) medication. • All residents have secured locked medication cabinets within their homes to store their medication. • All self-administration assessments and protocols for ordering medication were reviewed and the necessary changes made. • All PRN protocols have been reviewed and implemented where relevant.	

Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: • Further actions will continue to be undertaken to ensure financial transparency of one residents account. The resident will be supported to access an independent advocate, social work input and meetings with all stakeholders. • In addition to this, the individual will be supported to access the Vulnerable Customers Hub within their financial institute for further advice. • Human rights referrals have been re-submitted for the CCTV cameras. Any notifications that are required will be submitted.	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/03/2026
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2025

Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Not Compliant	Orange	30/08/2025
Regulation 31(1)(c)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place.	Not Compliant	Orange	30/09/2025
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of	Not Compliant	Orange	30/09/2025

	abuse of any resident.			
Regulation 08(1)	The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.	Substantially Compliant	Yellow	30/06/2026