

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

Issued by the Chief Inspector

Name of designated centre:	Tulla House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	22 January 2026
Centre ID:	OSV-0005323
Fieldwork ID:	MON-0046099

About the designated centre

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

This is a service providing full-time residential care and support to four adults with disabilities. It consists of a large two storey, five bedroom house, located in a rural location on the outskirts of a small town in county Westmeath. Each resident has their own large bedroom (all of which are en-suite) and are decorated to their individual style and preference. Communal facilities include a large well equipped kitchen/dining room, a utility room, a living room, a small conservatory, staff sleepover facilities, a downstairs bathroom and an open area TV space. There are spacious well maintained grounds surrounding the centre with adequate private car parking space to the front and rear of the building. The centre is staffed on a 24/7 basis with a full time person in charge, a team leader, and a team of social care workers and assistant support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 22 January 2026	11:00hrs to 17:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was an unannounced inspection conducted in order to monitor on-going compliance with the regulations.

There were four residents on the day of the inspection and the inspector met all of them during the course of the day. The first resident greeted the inspector, but clearly indicated that they did not wish to prolong the conversation. Therefore the inspector made discreet observations during the course of the inspection, and observed that staff were very familiar with the needs and preferences of this resident, and interacted with them in accordance with their preferences and wishes.

Another resident also greeted the inspector with a smile and a handshake, however, due to the presentation and behaviour of the resident, the conversation related only to the main interest of the resident. Again, the inspector observed the resident going about their activities during the day, and saw that they appeared to be content and comfortable in their home. They were supported by staff to engage in their preferred activities, and when they referred repeatedly to their area of interest, staff redirected the resident and responded in a kind and respectful way, whilst ensuring the resident had access to meaningful activities.

The other two residents both greeted the inspector in a friendly manner, and were clearly happy to have a conversation and to interact with the inspector. One resident immediately greeted the inspector and engaged in some banter, offering to buy the inspector's car for €5. The other resident approached the inspector with smiles and conversation, using a combination of verbal communication and gestures, which were effective.

The designated centre was spacious and well maintained, and there were various communal areas together with spacious bedrooms for each resident. The inspector spent much of the day at the dining table, which was part of a large kitchen/living/dining room, and observed the everyday comings and goings of residents and staff.

A staff member was starting a late shift, and one resident observed the arrival of the staff through the window, and became vocal in their excitement to see and greet this staff member. There were various other occasions throughout the day where it was clear that residents had a good relationship with their supporting staff.

One resident was learning how to make their own meals, and they made their own lunch with the support of staff. The resident only required verbal prompts from their supporting staff, and were clearly proud of the meal they had made.

Two residents agreed to show the inspector their bedrooms, and were both proud of their rooms which were full of their personal items. One resident showed the

inspector their en-suite bathroom, and indicated that they did not like the fact that there was no lock on the bathroom door. The inspector and the person in charge (PIC) discussed the importance of a balance between safety and privacy, and the possibility of a lock that could be opened by staff in the event of an emergency. The PIC responded immediately, and the maintenance staff attended the designated centre to install this device.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences and there was a good standard of care and support in this designated centre, although some minor improvements were required in the monitoring of staff access to information as further discussed under Regulation 16 : Training and Staff Development and Regulation 23: Governance and Management of this report.

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 the quality and safety of the service being delivered.

Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective.

There was an appropriately qualified and experienced person in charge who was involved in the oversight of the centre and the supervision of staff.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents, and who facilitated the choices and preferences of residents however, improvements were required in the induction process for new staff members.

Regulation 14: Persons in charge

The person in charge was appropriately qualified and experienced, and had good oversight of the designated centre. She was knowledgeable about the support needs of residents, and about her role in relation to the regulations. She outlined her previous experience to the inspector, and it was clear that her experience was relevant to the care and support needs of the residents in the designated centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents, and where residents required one-to-one support, this was facilitated on all occasions.

Where additional staff were required due to unexpected absences, these absences were filled in the first instance by regular staff agreeing to additional shifts, and secondly by staff from nearby designated centres operated by the provider. There was an additional relief staff member who was known to residents, and a review of the rosters over the months prior to the inspection indicated that there were no occasions whereby an unknown member of staff was required to support residents.

The inspector did not review staff files on this occasion however, the human resources department gave assurances that all the information required by the regulations was in place, including Garda vetting.

The inspector spoke to four staff members on duty and the person in charge during the course of the inspection, and found them to be knowledgeable about the support needs of residents. Staff were observed throughout the course of the inspection to be delivering care in accordance with the care plans of each resident, and in a caring and respectful way.

It was evident that the staffing arrangements were in accordance with the needs and preferences of each resident.

Judgment: Compliant

Regulation 16: Training and staff development

All staff training was up to date and included the following:

- fire safety
- safeguarding
- positive behaviour support
- safe administration of medications
- infection prevention and control
- food hygiene
- first aid
- supporting the rights of residents
- the management of anxiety.

Staff could describe their learning from their training, and relate it to their role in supporting residents, and those staff members engaged by the inspector related their learning to the specific support needs of residents.

There was a schedule of supervision conversations maintained by the person in charge, and these were up to date. The inspector reviewed the records of three of these conversations and found that they included positive feedback to staff members, together with any required actions. There was a recorded discussion in relation to learning and any training needs, and staff were afforded the opportunity to raise any issues of concern.

In relation to the induction of new staff members, there was a form which had to be completed by each new member of staff in which they indicated that they had read the documentation relating to each resident. However, there was no record of any assessment that new staff understood the information, or that their ability to deliver care and support had been evaluated.

It was evident that staff development and training was supported, and that staff were appropriately supervised, however, improvements were required to ensure that new staff were familiar with the support needs of residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships. The person in charge was supported by two team leaders.

Various monitoring and oversight systems were in place. An annual review of the care and support of residents had been prepared in accordance with the regulations and was available in the designated centre. The annual review was a detailed report of the care and support offered to residents.

Six monthly unannounced visits on behalf of the provider had taken place, and reports of these visits were available. Any required actions identified from these processes were carefully monitored. The person in charge recorded any actions as complete, and these were monitored by the organisation's quality team and only closed off when evidence was submitted to ensure that required actions had been undertaken.

Communication with the staff team was managed by regular team meetings, and by a daily handover system. There was both a verbal and a written handover at each change of shift, and the records included information about any incidents and any learning from each incident, an update on each resident, an update on any restrictive practices, and a task allocation.

The staff team meetings were held monthly, and the inspector reviewed the minutes of the last two of these meetings. The items for discussion included a detailed discussion about each resident and their care and support plans, accidents and incidents, safeguarding and any new risks in the designated centre. There was a review of any required actions from the monitoring processes. It was clear that these were useful and informative meetings, however, there was no requirement for staff who were not present at the meeting to sign a form to say that they had read the minutes of these meetings, so that the inspector was not assured that the information discussed at the meetings was disseminated to all staff members.

Overall, staff were appropriately supervised, and the person in charge and senior management had good oversight of the centre, with improvements being required to ensure that all staff were aware of the information shared at staff meetings.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All the required notifications had been submitted to the Office of the Chief Inspector, including notifications of any incidents of concern.

Judgment: Compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place, and residents were supported to engage in multiple different activities.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them.

There were risk management strategies in place, and each identified risk had a detailed risk assessment and management plan.

Where residents required positive behaviour support there were detailed behaviour support plans in place. There were some restrictive practices in place, each of which was based on a detailed assessment of needs and with a documented rationale which indicated that the intervention was the least restrictive to mitigate the identified risk.

Regulation 17: Premises

The premises were well maintained, and were appropriate to meet the assessed needs of residents. Each resident had their own room which they arranged and decorated as they chose. There were various communal areas including the spacious gardens, a large kitchen/dining/sitting room with an adjacent sunroom, and another sitting room. Residents were observed throughout the course of the inspection to be utilising all of these areas as they preferred.

The designated centre was well maintained and visibly clean, and all staff members had been in receipt of training in infection prevention and control.

It was evident that the designated centre was laid out in a person centred way, and that the rights of resident to have an appropriate and well maintained home were upheld.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a current risk management policy in place which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents. There was a risk assessment and risk management plan for each of the identified risks.

Each resident had an 'Individual Risk Management Plan', in which all risks to the resident was identified. Each risk was assessed and risk rated, and there was a risk management plan which included the control measures required to mitigate the identified risks. The inspector reviewed three of these plans and found them to be based on a detailed assessment of needs,

Individual risk management plans included the risks relating to behaviours of concern, choking risk and risk associated with any restrictive practices. The risk management plan in relation to behaviours of concern was based on a detailed history of the resident, and included the role of staff members and referred to the requirement for up-to-date training with the support of the behaviour specialist.

General risks were identified, and each of these also had detailed management plans, including vehicle safety, fire safety and staffing levels.

The inspector was assured that control measures were in place to mitigate any identified risks relating to residents in the designated centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were personal plans in place for each resident which were reviewed at least annually and were based on a comprehensive needs assessment. Where a resident had been recently admitted to the designated centre, a detailed history was taken, and an assessment of needs conducted prior to admission. This assessment included information about behaviours of concern, and the strategies required to manage the behaviours.

Care plans in place included plans relation to personal care, communication and social care needs. There was detailed guidance for staff in these care plans, and staff could describe their role in implementing the plans

Residents were supported to set goals in relation to maximising their potential, and concentrated on a different goal each month. For example one resident was working on redecorating their room, and another was planning the purchase of a large item. Some residents were learning new skill, including household and self-care skills, or learning to manage their own medication.

The personal plans were kept under constant review, and updated in accordance with changing needs and preferences, and all staff and the person in charge were knowledgeable about the care and support needs of residents, so that it was apparent that system of care planning was effective.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support, there were detailed plans in place, based on a detailed assessment of needs. The inspector reviewed two positive behaviour support plans that were in place and found them to be detailed and based on a thorough assessment of needs.

Each positive behaviour support plans included direction for staff as to the required response to behaviours of concern and included both proactive measure and reactive strategies. There was a 'traffic light' system in which the potential escalation of behaviours was identified, and the management plan for each level of presentation outlined.

Staff had all received training in the management of behaviours of concern, and all staff engaged by the inspector were knowledgeable about their role in supporting residents, and could identify the strategies in place for each resident.

The inspector observed staff responding to residents in accordance with these plans. For example, one resident called the inspector over to show the meal they were preparing, and came into close proximity of the inspector. The staff member supporting them redirected them with a gentle reminder about personal space, and the resident responded as requested, while still enthusiastically showing the inspector their cooking.

Where restrictive practices were in place to ensure the safety of residents, they were monitored to ensure that they were the least restrictive measures available to mitigate the identified risks.

There was a restrictive practices log in place which included each intervention and the rationale for its use. The inspector reviewed this log, and saw that there was an emphasis on minimising any restrictions whilst ensuring that residents were safeguarded.

For example, there were several examples whereby restrictions were lifted or reduced. Where a resident had restricted access to the fridge to ensure that access to foods and drinks was safely managed, a mini fridge had been sourced which was stocked with safe items so that the resident could have free access to their own fridge. Key coded locks on the gates and main doors had been removed following and assessment of risk, and restricted access to a downstairs bathroom that had been removed, with an emphasis on staff supervision to ensure the safety of residents.

The inspector was assured that restrictions were only in place if they were necessary to safeguard residents, and that residents were supported in a person-centred and non-judgemental way in the management of behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

Staff were in receipt of up-to-date training in safeguarding, and could discuss their learning from this training, including the types and signs of abuse, their role in reporting and recording any allegations of abuse and role in relation to the safeguarding of each resident in the designated centre.

A recent allegation that the actions of staff were not appropriate to meet the needs of residents had been responded to immediately and appropriately to ensure the ongoing safeguarding of each resident.

The inspector reviewed documentation in relation to safeguarding and measures taken in response to incidents, and was assured that residents were safeguarded from all forms of abuse.

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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Tulla House OSV-0005323

Inspection ID: MON-0046099

Date of inspection: 22/01/2026

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in Charge (PIC) shall ensure that all newly inducted Team Members complete the six-hour structured induction program for the Centre. Each induction checklist must be fully completed to confirm the Team Member's understanding of the training delivered and their knowledge of each individual's care and support needs.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Person in Charge (PIC) shall ensure the implementation of a mandatory sign-off sheet for all Team Members to confirm that they have read and understood the minutes of team meetings. This process will ensure that all information discussed is effectively communicated and disseminated to every Team Member.</p>	

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	28/02/2026
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	28/02/2026