

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

Issued by the Chief Inspector

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| Name of designated centre: | The Towers |
| Name of provider: | Nua Healthcare Services Limited |
| Address of centre: | Cork |
| Type of inspection: | Unannounced |
| Date of inspection: | 11 November 2025 |
| Centre ID: | OSV-0005420 |
| Fieldwork ID: | MON-0047820 |

About the designated centre

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

The designated centre is located in a rural setting. It consists of a main dormer style house that is divided into three independent living areas and a separate building located to the side of the main house, set up as one living area. In the main house, two areas are at ground floor level and one is on the first floor. The service provides long stay placements for adults with complex needs who require significant support for intellectual disability, acquired brain injury, autism or mental health issues. Within the main house, each independent living area comprises of a living room, kitchenette / dining area and bedroom en-suite. The ground floor also accommodates a staff office, a staff bathroom and a main kitchen. The first floor contains a staff sleepover room and shower room. The separate building is one living area, providing a residential service to one adult resident. This comprises of a living room / kitchenette, bedroom / en-suite, staff sleepover room and staff shower / toilet room. All ground floor living areas have direct exit to an external patio area and a large garden area. Separate, but part of the designated centre, are a stand alone laundry building and boiler house. The staff team comprised of social care workers and assistant support workers. Residents are supported by staff at all times day and night.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 4 |
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|--------------------------|----------------------|-------------------|---------|
| Tuesday 11 November 2025 | 10:10hrs to 17:45hrs | Kerrie O'Halloran | Lead |
| Tuesday 11 November 2025 | 10:10hrs to 17:45hrs | Louise O'Sullivan | Support |

What residents told us and what inspectors observed

This inspection was an unannounced focused regulatory inspection to review the arrangements the provider had in place to ensure compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013) and the National Standards for Adult Safeguarding (2019). Safeguarding of residents is an important responsibility of a designated centre and fundamental to the provision of high quality care and support.

The Towers comprises of a main dormer style house that is divided into three independent living areas and a separate building located to the side of the main house, set up as one living area. The main house at ground level contains two living areas and upstairs contains one. The individual living areas contain resident's bedroom, bathroom, living, dining and kitchenette. The main house also contains a full kitchen which can be accessed by residents. Along with a staff sleepover room. The external apartment which one resident lives in contains bedroom, bathroom, living, dining kitchenette area, along with another area for staff.

On arrival to the centre the inspectors were greeted by the deputy person in charge and shift leader. The inspectors signed into the centres visitors' book. Following this both of these staff members facilitated the inspectors in a walk around of the house and meeting the residents who were ready for their day ahead.

The inspectors were provided with personal protection equipment, which was required when supporting or visiting the residents. This was later seen documented in the resident's personal plans. The inspectors were introduced to one resident who was being supported by two staff members, the resident was at their dining table being supported to have their hair done by the staff. The inspectors greeted the resident and they initially appeared comfortable and happy. During this time the resident became upset regarding a personal matter for a brief period but the inspectors observed the shift leader on duty provide support to the resident in a caring and respectful way, ensuring they were reassured. After this the resident showed the inspectors their bedroom and their personal items. The inspectors observed the staff on duty were knowledgeable of the residents communication needs. The resident returned to their living room where they requested a song of their choice on their television. The resident sang the song for the inspectors and had fun doing this with staff.

Following this the inspectors met another resident. This resident was being supported by one staff member in their living area. The resident appeared happy and content watching some television. The resident had a board game in front of them and invited one of the inspectors for a game. The inspector chatted to the resident during this time and informed them about the inspection. The resident told the inspector they were happy in their home and they were unsure of their plan for the day ahead. The resident had many personal items displayed such as

photographs of friends and family.

One inspector went to visit another resident living in the external apartment alongside the centre with the deputy person in charge. Here two staff were supporting the resident with their morning routine, on arrival the resident was putting rubbish in their bins. The resident had their own external garden area which they enjoyed to spend time in when the weather was good. The residents living environment was decorated as per their assessed needs. The resident enjoyed tea while the inspector was present. Staff supporting this resident appeared to be familiar and knowledgeable of the resident and the resident appeared comfortable with the staff present as they continued with their daily tasks while the inspector visited their home.

Residents were supported to maintain connections with their family and friends. Visiting to the centre was facilitated and residents were also supported to meet family and friends outside of the designated centre. Telephone calls, messages and video calls could also be used to stay in contact with family members.

Residents' rights were promoted and residents had access to information in a suitable format. Important information such as the complaints process, safeguarding information was made available to the residents. These were discussed regularly with residents' house meetings. There was evidence of on-going communication with residents on a daily basis through activity planners. Residents also had access to interpreters as required, for example, a resident had regular monthly meeting with an interpreter where English was not their first language.

Overall, the findings of this inspection indicated that residents were provided with a safe level of service and that they had a good quality of life in their home. The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Capacity and capability

This section of the report describes the governance and management arrangements and how effective these were in ensuring a good quality and safe service.

The findings of this inspection indicated that overall, there were sufficient resources in place in the centre to ensure that residents received a safe and good quality of care and support. This inspection found a good level of compliance with the regulations reviewed under Capacity and Capability.

Regulation 15: Staffing

The provider had ensured that the staff numbers and skill mix were in line with the assessed needs of the residents and appropriate to meet the safeguarding needs of residents.

An inspector reviewed a sample of rosters from July 2025 to November 2025. From this a sample of dates were reviewed. There were sufficient numbers of staff to meet the needs of the residents both day and night. The person in charge informed the inspector of a staffing vacancy at the time of the inspection of just over one whole time equivalent. This vacancy was being covered by familiar staff in the centre. The roster reviewed showed that the planned numbers and skill mix of staff was maintained and that there was a consistent staff team who were known to the residents.

The inspector met five staff members, the shift leader, deputy person in charge and person in charge on duty and they were observed to be knowledgeable in their role and the support needs of residents. The management was familiar and knowledgeable in questions relating to safeguarding of residents and the providers policy. They were also knowledgeable about the ways to respond to behaviours of concern.

During the course of the inspection the inspector observed and overheard staff interacting with residents in a caring and professional manner, and in accordance with their assessed needs. It was evident that residents were comfortable with the staff supporting them and that they were familiar with them. During the inspection staff were heard giving a resident choice with regard to music. For example, the shift leader on duty showed a resident various songs on their television and the resident choose the one they wanted to sing.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff members had access to appropriate training. The inspector reviewed the training matrix for twenty-two staff working in the designated centre and noted that staff had completed the following training;

- Fire safety and fire marshal training
- Management of challenging behaviour
- Safeguarding and protection and welfare training
- Manual Handling
- Providing intimate care
- Roles and responsibilities of social care work
- Human rights
- Good communication

The person in charge had ensured that staff were appropriately supervised. In line with organisation policy, staff members received a supervision meeting twice a year. The inspector reviewed the records of supervision for ten staff members and it was evident that these staff members had received two supervision meetings in the previous 12 months.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management arrangements in place to govern the centre and to ensure the provision of a good quality, safe service and to ensure that residents were safeguarded. The provider had ensured that the designated centre was resourced in terms of staffing and other resources to ensure the effective delivery of care and support in line with the assessed needs of the residents.

The provider and local management team had systems in place to maintain oversight of the safety and quality of the service including an annual review of the service, which had taken place for 2024. There was evidence of ongoing consultation with residents and their representatives in this. The provider had ensured six-monthly unannounced audits had taken place in the centre. These had been completed in March and September 2025. Both the annual review and six-monthly unannounced audit had outlined some actions to be completed. An inspector reviewed these actions. For the most part these actions were seen to be completed or time lines were in place for actions to be achieved. For example, the last six monthly provider unannounced audit identified not all staff had received two supervisions in the last twelve months, the inspector seen from a review of a supervision matrix that all staff were scheduled and had either completed or would have completed two supervisions by the end of 2025.

Team meetings were occurring monthly in the centre. The inspector reviewed a sample of four team meetings from 2025. In these meetings incidents, risk management, behaviour support, health and safety, actions plans, notifications, safeguarding, complaints and residents updates were some of the items reviewed. These meetings discussed incidents and reviewed the learning from incidents that had occurred in the previous month.

Regional meetings were taking place once a week, these meetings included the person in charge of this centre. The Director of Operations would be present at these meetings along with other persons in charge from designated centres in the region. In these meetings the Director of Operations discussed with the inspector that safeguarding and incidents would be discussed to ensure shared learning for persons in charge. The person in charge also attended meetings with the providers designated officers which would take place on a quarterly basis. The Director of operations again discussed with the inspector that these meetings would trend the designated centres and review any trends. The inspector was shown a sample of the

trending from the last meeting that took place. Again these incidents would be discussed to ensure shared learning and support for persons in charge.

Some review was required to ensure documentation reflected new information and review status updates were being actively recorded. This will be discussed in the next section of the report, under Regulation 5: Individualised assessment and personal plan and Regulation 8: Protection.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents living in the designated centre. This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality. The provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times. Some review was required in Regulation 5: Individual assessment and personal plans and Regulation 8: Protection.

Where some residents' required behavioural support, the provider had ensured these residents received regular input, as and when required. A behaviour support specialist was accessible to the centre to review this aspect of residents' care, along with the restrictive practices in place in the centre. The inspectors review two residents' personal plans and here a behavioural support plan and guidance was in place. They were found to provide clear information and guidance for staff.

Regulation 10: Communication

The registered provider had ensured that residents were assisted and supported at all times to communicate in accordance with their assessed needs and wishes. Communication needs of residents were clearly identified in resident's personal plans. The inspectors reviewed two personal plans for residents. Behaviour support plans in place for residents also included communication needs of residents to ensure that staff had guidance on how to communicate effectively with residents in line with their assessed needs.

One residents had a communication board to be in place. The inspectors seen that a board was in place which had the residents medications times displayed and a box of pictures was present in the residents living area to use if required. English was not this resident's first language, the resident's personal plan had identified clearly words and phrases the resident will use and what these mean. Both inspectors had the opportunity to meet the resident on the day of the inspection and the inspectors

observed that the resident was clearly able to communicate to the staff and management of the centre. The staff and management were seen to be very caring to the resident and supported the resident with their communication by giving them time and being familiar with words the resident used.

The registered provider had ensured that each resident had access to telephone and appropriate media including the internet. The inspectors meet one resident who enjoyed technology. This resident was listening to music on a device and also had a computer area set up which they really enjoyed spending time on.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed two of the resident's personal plans. The personal plans were kept in a filing cabinet in the office. One of these plans had recorded a date for the last review which had taken place in April 2024. The provider had an online system in place for staff to complete reviews and updates on personal plans. The person in charge informed the inspectors that all staff had access to the resident's plans online. The person in charge printed off the most updated plans for both residents. These had been both reviewed in recent months. However, review was required to ensure that resident's updated plans were some parts of one residents plan which had not been updated. For example, a section of the plan identified significant people in a resident's life and this had not recorded an important factor regarding one resident's information. The centre was made aware of this information at the beginning of 2025. The management and staff team had been and are continuing to support the resident with this information. On the day of the inspection the person in charge updated the plan to include this information.

One residents plan also identified that they would like to go on a holiday, however on review of the actions in the plan this had not been identified as an action or a goal for the resident.

One residents transport information in their personal plan identified measures in place during outings using the centres transport. This included one staff to remain in the middle seats of the transport as the resident sits in the back seat. During midday of the inspection an inspector observed the resident was heading out for the afternoon. The inspector observed both staff members sitting in the front of the vehicle which is not in line with the information provided in the residents plan. This was brought to the attention of the management of the centre.

Information in the plans was seen to be clear and informative. Communications and behavioural support needs for the residents were clearly outlined. Resident's likes and dislikes were also clearly recorded. Staff were completing daily activity planners for each residents which were seen to be personalised to activities residents like to do. The inspector reviewed a sample of these from October 2025.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Some residents in this designated centre had behaviour support plans in place. The inspector reviewed two of these plans which were in place in residents personal profiles and found they were detailed and reflective of the residents assessed needs.

The plans contained guidance for staff in the management of behaviours and were individualised for the resident, taking into account their preferences and how they respond best. Behaviour support plans included identified behaviours of concern, triggers, and strategies both proactive and reactive. The plans reviewed also contained a clear traffic light system which documented how best to support the resident during a period of escalation. The communication needs was also documented clearly in their plans and identified words or phrases the resident may use and what it would mean.

The inspector spoke to the person in charge, deputy person in charge and shift leader regarding how residents were supported. They were knowledgeable on the resident's behaviour support plans in place. For example, they spoke about different triggers or signs for a residents and how they support the residents through this. Staff observed with residents were also seen to be familiar with the residents needs in regard to behaviours of concern.

There were restrictive practices in use in the centre. These had been identified and were reviewed on a monthly basis by the person in charge and on a quarterly basis with the management team of the centre and the behaviour support specialist. The inspector reviewed the last quarterly meeting that took place and this clearly demonstrated that restrictive practices were reviewed to ensure each intervention in place was used as required and for the least duration of time. The centre also had a clear log monitoring the use and duration of restrictive practices. The centre was ensuring that reduction plans were in place and at the time of the inspection the centre was actively working on reducing restrictions. For example, a safety net used in transport for a resident had a reduction plan in place. The deputy person in charge discussed with the inspector the steps in which this was being completed.

Judgment: Compliant

Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed or suffering abuse. Policies and procedures were in place to ensure residents were safeguarded. An inspector reviewed the providers safeguarding policy which had

been reviewed in October 2023. All staff had received training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity. Management spoken to during the course of the inspection were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm in line with the providers own policy and national safeguarding guidance. For example the inspector spoke to the person in charge regarding incidents of unexplained bruises.

On the day of the inspection, the inspectors were informed there were open safeguarding plans in the designated centre. Four safeguarding plans were review. Some review was required to ensure all plans present in the designated centre had documented reviews as per the dates identified by the provider. This would ensure that the provider was in line with their own policy to which identifies safeguarding reviews shall be scheduled at agreed intervals and carried out by the person in charge within six months of the safeguarding plan commencing and at a minimum six monthly intervals or on case closure. The providers policy clearly identifies what the safeguarding review should include.

For example:

- An interim safeguarding plan in place for one resident for an incident that occurred in September 2025 was reviewed. This plan identified dates for outlined actions to be completed by the 20 October 2025, however the review/status update was not documented, therefore it was unclear if these actions were completed/reviewed within the time line provided. This was discussed with the management of the centre a letter was provided from the National safeguarding team confirming the plan was closed. The provider had a safeguarding register in place as per their policy and this identified the status of the safeguarding plan as closed.
- Two interim safeguarding plans were reviewed by an inspector, these plans also did not record the review/status update for identified actions to be completed in the plan. The review dates on these plans were from February 2025.
This was also discussed with the Director of operations and the inspector was provided with an online safeguarding log which identified the closed plans and opened.

The inspectors reviewed intimate care plans for two residents. These were seen to be reviewed and contained clear guidance to staff and the supports required for residents living in the centre.

Judgment: Substantially compliant

Regulation 9: Residents' rights

In this designated centre, residents were supported by staff to have choice and by provided with information regarding their rights. Residents were engaging in meaningful activities to them such as planning overnight trips, going shopping, visiting local cafes, doing arts and crafts, listening to music and watching programmes of interest. Residents were supported to go shopping regularly and enjoy picking their own items. For example, for one resident it was documents they had gone shopping for Halloween for some clothing. The shift leader in the centre also supported a resident in telling the inspectors they got dressed up for Halloween and the resident said they went trick or treating which they enjoyed.

Each resident had their own living space in the house. Management of the centre informed the inspectors that residents had their own individual preferred routines which staff supported. This included one resident enjoying going out in the morning time and being back at their home for lunch, while another resident preferred to relax in the morning in their home.

Residents were engaging in regular weekly residents meetings. An inspector reviewed a sample of four of these meetings over the last six months. These meetings discussed items such as safeguarding, complaints, assisted decision making and also discussed resident's personal emergency evacuation plans.

Residents had access to a number of easy-to-read documents, such as safeguarding. Residents had also been supported with easy-to-read information in their own language when English wasn't their first language. For example one resident had an easy-to-read document which provided information on the resident's history, live and amenities in the designated centre such as transport in their own language.

The inspectors reviewed a sample of activity planners for two residents and it was seen that choice was supported and promoted in the centre. For example, where a resident had communicated they did not want to complete a planned activity on the schedule this was documented and an alternative activity was completed that the resident had expressed to do.

Before the inspectors meet any of the residents, the management of the centre checked with the staff supporting each resident to ensure the resident was happy to meet the inspectors.

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 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Substantially compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for The Towers OSV-0005420

Inspection ID: MON-0047820

Date of inspection: 11/11/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

| Regulation Heading | Judgment |
|--|-------------------------|
| Regulation 5: Individual assessment and personal plan | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: 1. The Person in Charge will ensure that all Individual Personal Plans are updated in line with their current assessed needs and stored within the designated Centre in an accessible format. Completed: 29 December 2025 2. The Person in Charge will ensure any identified outcome for an Individual has clear goals outlined in order to support the Individual to successfully achieve same. Completed: 29 December 2025 3. The Person in Charge will ensure that appropriate guidance and support is provided to the staff team to ensure all aspects of care plans are followed accordingly. Completed: 29 December 2025 | |
| Regulation 8: Protection | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 8: Protection: 1. The Person in Charge will update the relevant review/status section on all interim/safeguarding plans to ensure they are adequately reviewed. Due Date: 13 January 2026 | |

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---------------------|---|-------------------------|-------------|--------------------------|
| Regulation 05(6)(c) | The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan. | Substantially Compliant | Yellow | 29/12/2025 |
| Regulation 08(3) | The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse. | Substantially Compliant | Yellow | 13/01/2026 |