



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

## Issued by the Chief Inspector

Name of designated centre:	Mount Eslin
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Leitrim
Type of inspection:	Unannounced
Date of inspection:	07 May 2025
Centre ID:	OSV-0005445
Fieldwork ID:	MON-0046586

## 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 care and support to six adults in Co. Leitrim. The centre consists of a large two storey house on its own grounds in a rural location. Two residents have their own self-contained studio apartment within the house; comprising of a fully equipped kitchen/dining area, a sitting room and bathroom. The other four residents have their own en-suite bedrooms which are decorated to their individual style and preference. Communal facilities include three large sitting rooms, a large well equipped kitchen/dining room, a second dining room and a laundry facility. The gardens to the front and rear of the property are large and very well-maintained with adequate private parking available. The service is staffed on a 24/7 basis by a person in charge, a team leader, team leader and deputy team leader, and a team of support workers. Managerial support is also provided from the director of operations. Systems are in place to provide for the social, health and overall well-being of each resident and as required access to GP services and a range of other allied healthcare professionals form part of the service provided.

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

Number of residents on the date of inspection:	6
--	---

## 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
Wednesday 7 May 2025	09:00hrs to 17:00hrs	Catherine Glynn	Lead

## What residents told us and what inspectors observed

On arrival to the centre and throughout the inspection, the inspector found that the quality of care and support provided to residents at Mount Eslin was both to a high standard of person-centred in nature. A suitably qualified staff team ensured that resident's rights were promoted to a high standard and were person-centred, respectful and choice driven.

This was an unannounced inspection to monitor the providers arrangements in response to a number of significant notifications and other information received by the Chief Inspector. The centre was last inspected in February 2023 to inform a registration renewal decision. As part of this inspection, the inspector met with the person in charge, local managers and three other staff on duty, who was supporting residents with their individualised programmes. At the time of the inspection, residents were attending their activities as scheduled.

From speaking with the person in charge and staff it was clear that many measures were in place to care and support residents as per their assessed needs, while also ensuring that all residents benefited from a quality of life. It was also evident that the person in charge and staff helped residents on a daily basis to understand and manage their schedule effectively, through a personal outcomes approach. All residents were also provided with weekly meetings to discuss and plan their events and gather their views on the centre and everyday life, which reflected their choices and preferences. Staff and residents were seen to be engaging warmly and comfortably during the inspection. They were observed to be happy going about their activities. The inspector met five of the residents on the day of the inspection. Some of the interactions were brief due to residents' preferences, while other residents were happy to engage for longer periods on the day.

The centre was located in a rural area, which was a short drive from a local town which offered facilities such as shops, cafes and other amenities. The house was adapted to meet the needs of residents such as individualised living areas as well as communal space throughout the centre.

Residents also had access to a spacious garden both to the front and rear of the centre. On the day of the inspection, the inspector noted maintenance were present and attending to work requested at the centre on the day of the inspection with no impact on residents.

Easy to read versions of important information was made available to residents in a format that would be easy to understand. These included information about complaints, safeguarding, fire evacuation, hand hygiene, personal hygiene, advocacy and human rights. Social stories had been developed to help residents understand various aspects of their programme or services available such as support services and changes to usual routines.

Residents were supported to keep in touch with their loved ones and interventions had been introduced to ensure residents could maintain contact with families and friends while adhering to their assessed needs. Civil and religious were also being upheld. residents were supported to practice their religion as they wished.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service delivered to residents living in this centre.

## Capacity and capability

The provider showed that effective governance and oversight arrangements were in place at the centre which resulted in a high standard of care and support being provided

This risk inspection was carried out in response to a number of significant notifications received by the Chief Inspector. The Centre was last inspected in February 2023 and this inspection found that overall the provider had good governance and management systems and structures for the oversight and direction of care for residents in the centre.

This inspection found that there were good governance systems and structures in place for the oversight, monitoring and direction of care for residents living in the centre. improvements were required in regard to the governance arrangements. This included a review of the recent incidents and the arrangements recommended by the multidisciplinary team. The provider showed they had robust arrangements in place to monitor all incidents effectively which ensured that relevant notifications were identified, responded to, and reported appropriately in a timely manner as required by the regulations.

There was a suitably qualified, full time, person in charge, who was supported by assistant managers and a regional manager. The person in charge was found to have a good knowledge and awareness of all aspects of the designated centre. There were quality assurance systems in place with audits and provider reviews were also undertaken frequently to monitor the care.

## Regulation 15: Staffing

Staffing arrangements at the centre were in line with the assessed needs of residents and the statement of purpose, which ensured that residents were needs were consistently met.

The inspector reviewed staffing rosters from 16 of December 2024 to the 18 of April 2025, and found it clearly illustrated the required staffing arrangements in place to meet the wide range of support needs of residents living in this centre. For example, some residents required one to one support when present in the centre but on planned outings required two staff as outlined in their personal plan.

The review also showed different staffing arrangements with non-medical care needs, such as behaviours that challenged. Overall, the inspector noted and observed that the staffing arrangements in the centre were appropriate and ensured that all residents were supported effectively and appropriately at the centre and when accessing the local community.

Judgment: Compliant

### Regulation 16: Training and staff development

The providers training arrangements ensured that staff skills were up-to-date, reflected current developments in health and social care practices and ensured that residents' needs were consistently supported by the staff team.

A review of training records from September 2024 to March 2025 showed that staff had completed a range of training such as fire safety, manual handling, infection control and human rights. Records showed that training was regularly refreshed in line with the required organisational time frames. Staff also spoke about additional training opportunities, such as management and supervision as well as human rights, which promoted good practice in the centre.

Judgment: Compliant

### Regulation 23: Governance and management

Governance and management arrangements at the centre ensured that care and support practices were subject to regular review to ensure their effectiveness in meeting the support needs of residents.

The provider and person in charge monitored the care practices at the centre regularly, by the person in charge, management team through a range of audits. The inspector reviewed a sample of audits during the inspection, including the person in charge's monthly audit, which was submitted to the management team for review and discussion. Audits were reviewed for January to April 2025, included staffing, rosters, finance, hygiene and risk management. The audits showed a good level of compliance and understanding of the regulatory requirements for the centre.

The person in charge was met on the day of the inspection and showed their

<p>knowledge, presence and awareness of the support needs of residents and the staff team. Staff spoken with spoke about the formal and informal arrangements for support in the centre. This included formal supervision meetings, staff meetings, team meetings and informal support. Staff spoke positively about accessing the person in charge, team leader or assistant team leader when required. Staff spoke about how the support arrangements promoted good quality care and support in the centre, especially during a change in support needs.</p>
<p>Judgment: Compliant</p>
<p>Regulation 3: Statement of purpose</p>
<p>The provider had ensured that a statement of purpose was completed and available regarding the care and support needs provided at the centre.</p> <p>The statement of purpose was reviewed by the inspector and contained the information required by the regulations and was available at the centre for both residents and/or their representatives.</p>
<p>Judgment: Compliant</p>
<p>Regulation 31: Notification of incidents</p>
<p>The person in charge had ensured that all necessary notifications had been made to the Chief Inspector within the required time frames.</p> <p>The inspector reviewed incidents from January to April 2025 and saw that all relevant notifications had been identified, reported and submitted with specified times. Learning was also clearly recorded in relation to each recorded incident and guidance for staff supporting residents as a result of these events. The management team reviewed all incidents monthly and quarterly to ensure all incidents were reported appropriately.</p>
<p>Judgment: Compliant</p>
<p>Regulation 34: Complaints procedure</p>
<p>Complaints management arrangements at the centre ensured that received complaints and concerns were dealt with in a responsive and effective manner.</p> <p>The inspector reviewed the complaints records in the centre from January to April</p>

2025. At the time of inspection the inspector noted that complaints were managed in a timely and effective manner in line with local policy. At the time of the inspection, there were no active complaints in place but previous complaints reviewed showed that the outcome was recorded and the satisfaction of the complainant was noted. Learning was also outlined and further training where the need arose.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents living in this centre received care and support based on their individual preferences and wishes and their social care needs were prioritised.

The provider had ensured that residents had individually planned and supported access to recreation, occupation and meaningful day-to-day activities. The inspector observed and noted residents were engaging in activities, with due regard to their individual vulnerabilities. The residents had individual routines such as going out for meals, attending coffee shops, recreational activities, community access and support to develop self-care and life-skills. The staffing ratio ensured that these plans were able to continue. The residents had individual hobbies which they were supported to participate in and were being supported to manage their vulnerabilities by staff and to understand their own care needs.

The systems for the protection of residents from abuse were satisfactory in all areas in the centre. Inspectors found that appropriate policies and procedures were in place. These included safeguarding training for all staff, a safeguarding policy, development of personal and intimate care plans to guide staff, and the support of a designated safeguarding officer. The provider also had systems in place to ensure that the residents were safe from all risks. These included risk identification and control, a health and safety statement and a risk management policy. Both environmental and individualised risks had been identified and their control measures were stated. The risk register had been updated to include all risks identified following recent incidents.

Overall, residents living in this centre received a personalised and a person centred care and there was a high level of compliance with the regulations relating to health and social care, and safety.

## Regulation 10: Communication

The provider had ensured that appropriate and effective communication

arrangements were in place to ensure all residents in the centre were supported in line with their assessed needs.

The inspector observed and noted that residents had access to a range of communication supports in the centre. This included pictures, symbols and access to a speech and language therapist. Each resident had a communication assessment which clearly showed the communication ability and support needs required. Each communication plan was assessed regularly by the keyworker and monitored by the person in charge to ensure the assessments were up-to-date.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents living in this centre had access to a variety of activities based on their assessed needs.

The inspector noted that residents were supported with individualised home based activities, bespoke day services and opportunities for work placements in their local community. The inspector noted from discussion with management and the staff team residents activities were paramount to the programme in place. Staff spoke of the negative impact on residents should their activities be negatively affected.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management arrangements in place at the centre ensured that risks were identified, acted upon and safeguarded residents from harm and the staff team.

The inspector reviewed the risk register for the centre and observed that it was under regular review, with the most recent being in March 2025 and incorporated identified risks such as transport safety, behaviours of concern and assaults on staff. The risk assessments showed clear and comprehensive control measures which were implemented, and the discussions with staff, which showed a consistent approach to residents support and the staffing team in place.

Judgment: Compliant

### Regulation 6: Health care

The provider had ensured that a detailed and comprehensive review of residents health care support needs were clearly documented and recorded in the centre, and regularly reviewed should a change occur.

The inspector reviewed two personal plans which included clear and comprehensive information on how residents health needs were to be supported while at the centre. Protocols were in place to ensure the effective management of specific medical conditions such as epilepsy including administering of emergency medication. Healthcare plans and protocols were monitored and reviewed regularly following medical recommendations. Staff knowledge on how to support residents' individual health needs were further supported through access to specific health condition training, such as acquired brain injury. Information was also available through residents individual 'Hospital passport' to ensure that in the event of admission to hospital while at the centre, their needs would be consistently supported by medical staff.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Comprehensive and detailed behaviour support plans were in place on the day of the inspection, which showed regular review of recommended restrictive practices, which also ensured that residents assessed needs were consistently supported in the centre.

The inspector reviewed two behaviour support plans and associated protocols for residents who lived in the centre. Support plans were developed in conjunction with a behaviour support specialist and clearly identified the behaviours to supported and strategies to be used by staff both proactively and following an incident. Support plans were subject to regular review and included discussion in team meetings to ensure they were effective and staff practices were consistent.

Judgment: Compliant

### Regulation 8: Protection

Safeguarding arrangements at the centre ensured that residents were protected from the risk of abuse.

The inspector reviewed previous incidents relating to safeguarding from abuse at the centre on the day of the inspection and found that where incidents had occurred these were reported appropriately and in a timely manner to the management team,

The Chief Inspector and the local safeguarding team. A comprehensive interim safeguarding plan was implemented, which was subject to review to ensure its effectiveness, and correspondence was received from the local safeguarding team. This reflected their assurance with measures implemented by the provider.

Residents were also supported in this area through regular staff training as reflected in the records reviewed from 2024 and 2025 which ensured that staff were up-to-date in their knowledge on how to identify and report different types 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant