



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

## Issued by the Chief Inspector

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|----------------------------|---------------------------------|
| Name of designated centre: | Rathdearg House                 |
| Name of provider:          | Nua Healthcare Services Limited |
| Address of centre:         | Louth                           |
| Type of inspection:        | Unannounced                     |
| Date of inspection:        | 16 February 2026                |
| Centre ID:                 | OSV-0005449                     |
| Fieldwork ID:              | MON-0048641                     |

## About the designated centre

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

This is a service that provides full-time residential care and support for up to 5 adults with disabilities. The centre comprises of a large detached house and a stand alone apartment on their own grounds in Co. Louth and is in close proximity to a number of large towns and villages. Within the main house there is also a separate one bedroom apartment facility that can cater for one resident. Transport is provided for residents so that they have ease of access to community-based facilities such as hotels, shops, shopping centres, restaurants, cinema, bingo and health clubs. The house is a two-storey dwelling and each resident has their own private spacious bedroom which is decorated to their individual style and preference. Communal facilities include a large state of the art and well equipped kitchen (with two dining areas), three spacious fully furnished sitting rooms/TV rooms (one upstairs), separate utility facilities, adequate storage space and well maintained gardens to the rear and front of the property. The stand alone apartment (which is to the rear of the property) comprises of a living/kitchen area and an ensuite bedroom. There is also adequate private parking available to the front and side of the house. The service is staffed on a 24/7 basis and the staff team includes an experienced, qualified person in charge, a house manager, two shift-lead managers and a team of assistant support workers.

**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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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 |
|----------------------------|-------------------------|---------------|------|
| Monday 16<br>February 2026 | 10:15hrs to<br>15:00hrs | Raymond Lynch | Lead |

## What residents told us and what inspectors observed

The last inspection of this service in September 2025 found non-compliance in staffing, staff training, governance and management, risk management, medicines and pharmaceutical services and healthcare. This level of non-compliance resulted in a non-standard condition being applied to the registration of the designated centre. This meant the provider was required to bring the centre back into compliance with 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) by December 19, 2025 as detailed in their compliance plan submitted to the Office of Chief Inspector, after that inspection in September 2025.

At the time of the last inspection there were also five residents living in the centre however, one of those residents had since transitioned to a different house within the service. This meant that there were four residents living in the centre and one vacancy at the time of this inspection. This particular resident could present with significant risk-related behaviours and, a number of the actions arising from the last inspection in September 2025 were as a result of issues pertaining to how aspects of this risk was being managed. However, this was no longer an issue for this centre as the provider had taken steps to support this resident transition to a bespoke service which was more suited to their individual assessed needs and, closer to their family home.

This risk-based inspection was to ensure that the compliance plan submitted to the Chief Inspector after the last inspection had been implemented in the agreed time frame of December 19, 2025 and to ensure that the actions taken by the provider were effective in bringing the centre back into compliance with the Regulations. Overall, this inspection found that the provider had taken a number of steps and had implemented a number of actions as detailed in their compliance plan in order to address the issues as found on the last inspection of the centre and, all regulations reviewed in this inspection were assessed as compliant.

On arrival to the centre the inspector noted it was spacious, warm, clean and welcoming. There were pictures of the residents on the sitting room walls engaged in social and learning activities that they enjoyed. Shortly afterwards, the inspector met one of the resident's and they informed the inspector that while they they were not happy with a bathroom downstairs because of an issue they had with it some time back, this issue had been addressed at the time of this inspection. The resident appeared in very good form and informed the inspector that they would be transitioning to a new home in Dublin later in the year. They said that they were looking forward to this and were working towards making this transition happen. The resident had plans to go out for the day with their 1:1 staff support but before they left, they told the inspector that they were going to a big party later in the week and were really looking forward to this. They said that they liked to sing and were going to have a great night out. The inspector observed that this resident got

on well with the house manager and, the house manager was kind and caring with their interactions with the resident. Shortly after meeting with them, the resident left the centre for their day out.

Another resident spoken with reported that they were in very good form. They were complimentary of the staff and it was evident that they also enjoyed being in the company of their assigned 1:1 staff member and the person in charge. They spoke about where they were from, family members and also sang a song for the inspector. They reported that they had a sore leg however, they had been reviewed by their general practitioner (GP) the week prior to this inspection. The inspector also noticed that the front door of their apartment had been damaged due to recent adverse weather conditions, however, plans were in place to have this door full repaired within seven days. Overall this resident reported that they were 'grand', were in good form and appeared to enjoy speaking with the inspector.

The other two residents did not speak with the inspector. One was on a day out with their assigned 1:1 staff member so the inspector did not get to meet with them. The other resident was not in good form so the inspector made a decision not to request to speak with them, and they stayed in their apartment for the day with their 1:1 staff support.

The inspector went through the compliance plan submitted to the Office of the Chief Inspector after the last inspection of the service in September 2025 with the person in charge and house manager. It was observed that the actions taken to bring the centre into compliance had been implemented by December 19, 2025 and were being sustained. This is discussed in more detail under the relevant regulations in this report.

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 care provided to the residents living in this service at the time of this inspection.

## Capacity and capability

The two residents met with on the day of this inspection appeared content in their home and, systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a qualified and experienced person in charge. They were supported in their role by an experienced and qualified house manager, two shift lead managers and a team of support workers. Additionally, they also had support from a senior member of the management team (an area chief operating officer).

A review of a sample of rosters for February 2026 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge and house manager on the day of this inspection.

The person in charge and house manager also demonstrated a good knowledge of residents' care plans and or healthcare related protocols. Additionally, from a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary knowledge to meet the needs of the residents.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2025 and a six-monthly unannounced visits were also being facilitated. Additionally, in order to evaluate the progression and effectiveness of the actions and compliance plan arising out of the last inspection in September 2025, a meeting was held on a weekly basis with the person in charge and/or centre management team which was chaired by a senior director of operations. These meetings were to ensure the actions required to bring the centre into compliance were being adequately implemented and completed in the agreed time frames. It was found that the actions were being adequately implemented and all regulations assessed as part of this inspection process, were found to be compliant.

#### Regulation 14: Persons in charge

The person in charge was a qualified and registered social care professional with an additional higher qualification in a business discipline.

Through discussions and the review of information, the inspector found that the person in charge had good oversight of practices and the care provided to the residents residing in this service. Throughout the inspection, the person in charge demonstrated their knowledge of the residents' assessed needs.

They worked on a full-time basis with the organisation and overall demonstrated that they had the appropriate qualifications, skills and experience required to manage the day-to-day operations of the designated centre.

Additionally, and as identified above in section 1 of this report '*What residents told us and what inspectors observed*', the person in charge had developed a system for the management team of the centre which helped ensure that all managerial duties and role-related tasks were carried out each day. This system helped also ensure that the issues as found on the last inspection in September 2025 were addressed and, helped ensure that the actions taken to address those issues were sustained and effective.

The person in charge was aware of the their legal remit under 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). For

example, they were aware that the statement of purpose required review on an annual basis or sooner as required by the regulations.

The person in charge also informed the inspector that they were confident the actions taken to address the areas of non-compliance as found on the last inspection of this centre in September 2025, were sustainable and would remain in place.

Judgment: Compliant

## Regulation 15: Staffing

The issues as found on the last inspection under this Regulation in September 2025 had been addressed at the time of this inspection. For example:

- a review of staffing in line with the assessed needs of the residents had been carried out and this review determined that there was not a need for a full time nurse to work in the centre. Notwithstanding, the centre had as required support/advice from a regional nursing professional where or if required. Residents could also travel to the organisations' head office where they could also access nursing support if required
- additional training where required, had been provided to staff. The person in charge also reassessed staff members competency in administering medication and where required, provided additional guidance and support
- learning from adverse incidents were being documented in the daily handover notes for a period of seven days and, were also being discussed at team meetings
- a schedule of supervision was in place which was conducted by the person in charge with the support of the house manager.

Additionally, on a review of the actual rosters from February 01 to February 16 2025, the inspector noted that the staffing levels required to meet the assessed needs of the residents were as described by the person in charge. For example, for the four residents living in the house at the time of this inspection the following, staffing arrangements were in place:

- five staff worked each day in the centre (some residents were 1:1 staff support and one resident was 2:1 staff support in the community)
- two staff worked waking night duty
- one staff worked on a sleepover arrangement.

The inspector also noted that the person in charge and house manager worked Monday through to Friday each week and the shift lead managers worked at weekends. This meant that there was a regular management presence in the centre on a weekly basis.

The inspector did not get to speak directly with support staff on the day of this inspection because they were either out with the residents or providing close 1:1

support and supervision as per the residents assessed needs. However, the inspector did get to speak for some time with the person in charge and house manager and was assured that they were aware of the assessed needs of the residents.

Additionally and as stated above, the person in charge reassessed staff members competency in administering medication and where required, provided additional guidance, support and training. This was to ensure that staff had the required knowledge and skills to administer medication safely.

Judgment: Compliant

## Regulation 16: Training and staff development

The issues as found on the last inspection of this centre in September 2025 under this Regulation had been addressed. Additionally, a comprehensive training plan had been developed and implemented by the person in charge so as to ensure all staff had the required training to meet the assessed needs of the residents.

From reviewing the training matrix and reviewing certificates of completion of training for the five staff members on duty on the day of this inspection, the inspector found that staff were provided with training to ensure they had the necessary knowledge to support the residents. For example, staff had training in the following:

- medication management 1 and 2 (This training also included a practical and competency assessment. Additionally and as identified above, the person in charge was providing additional mentoring and/or support to staff regarding their competency in medication management and where of if required, providing additional training)
- basic first aid
- Children's First
- protection and welfare of children and vulnerable adults
- human rights
- fire safety
- managing challenging behaviour 1 and 2
- communication skills
- positive behavioural support
- manual handling (this was done as part of the induction process).

Additionally, all staff had completed the following training which was bespoke to the assessed needs of the residents

- understanding disability
- understanding autism
- acquired brain injury

- anxiety
- mental health
- ligature training
- self harm
- borderline personality disorder
- schizophrenia training
- healthy eating.

A number of staff had completed first aid responder training and the person in charge informed the inspector that there was always a first aid responder on duty each day. On checking the roster for the day of this inspection, the inspector observed that three staff present in the centre had this training completed, one being the person in charge.

It was also observed that the person in charge and house manager had a system in place so as to ensure staff training was completed as required and, kept up-to-date.

Judgment: Compliant

## Regulation 23: Governance and management

At the time of this inspection there were clear lines of authority and accountability in place in this service and the issues as found on the last inspection in September 2025, had been addressed.

The service was led by a qualified and experienced person in charge who was supported in their role by an area chief operating officer, a house manager and two shift lead managers.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2025 and a six-monthly unannounced visits were also being facilitated.

Additionally, the compliance plan submitted to the Chief Inspector after the last inspection in September 2025 was being reviewed on a weekly basis by the person in charge and or house manager (with oversight from a senior director of operations) so as to ensure the actions required to bring the centre into compliance, were being implemented.

As identified in section one of this report, '*What residents told us and what inspectors observed*' the person in charge had developed a system for the management team which helped ensure that all managerial duties and role-related tasks were carried out each day. This system also helped ensure that the issues as found on the inspection in September 2025 were addressed and, helped ensure that the actions taken to address those issues were sustained and effective. For example:

- a comprehensive training plan had been developed and implemented so as to ensure all staff had the required training to meet the assessed needs of the residents. Regulation 16: training and staff development was found to be compliant on the day of this inspection
- a senior director of operations was appointed to oversee the centre and provide direct support to the person in charge with regard to implementing the actions arising from the last inspection of the centre in September 2025
- at the time of this inspection, the person in charge had as required support from an area chief operating officer
- the person in charge had support from a nursing professional who provided input and guidance on health management plans and other supporting healthcare related documentation. Initially it was unclear if this nursing professional had updated some of the plans that the inspector reviewed as their signature was not evident on the documents. However, the inspector viewed a number of emails sent to the person in charge from this nurse which informed that they were involved in these updates and were providing support and guidance to the person in charge
- individual risk management plans and comprehensive needs assessments had undergone significant review and had been updated. It was observed that one part of one resident's individual risk management plan could be further updated to reflect the control measures in place to ensure their safety at night time. This was the resident that lived in the stand alone apartment. The person in charge said this specific individual risk management plan would be updated to reflect all control measures in place to support the resident's safety at night time
- all staff had completed an additional on the floor fire walk (as did any visitors to the centre). Staff also had training in fire safety, fire drills were being conducted with no issues noted on the last two fire drills and, each resident had an up-to-date personal emergency evacuation plan in place
- staff meetings were being facilitated bi-monthly and at these meetings an update on the residents healthcare related management plans were discussed. Risk assessments, safeguarding, adverse incidents and residents goals were also discussed. This was to reinforce staff knowledge on the assessed needs, healthcare plans and risk assessments pertaining to each resident
- the escalation policy had been outlined to all staff as had the management on call arrangements (which were clearly on display in the centre)
- a review of the staffing arrangements informed there was not a need for a full time nurse to work in the centre. However, the centre had as required support from a regional nursing professional
- as identified earlier in this report, the person in charge completed reassessments of all staffs' competency in the administration of medication. Where any gaps of knowledge were identified, the person in charge provided practical training to address those gaps. Additionally, the person in charge had developed a system where all medicines used in the centre were identified on the inside of the locked press where they were securely stored. The reason as to why each medicine was prescribed was also identified along with any possible side effects. Once staff opened the press to administer medication, this information was easily and readily accessible to them

- staff also had up-to-date training in medication management to include a practical and competency-based assessment
- also identified earlier in this report, learning from adverse incidents was documented on the daily handover notes for a period of seven days and was also being discussed at staff meetings
- the person in charge had systems in place for the ongoing support and supervision of their staff team.

The provider had appointed a new person in charge in September 2025 and appointed a House Manager to support the person in charge with the day-to-day management and running of the house. There were also two shift-lead managers working in the centre which meant that there was a regular managerial presence in the house each week. Additionally, the person in charge had developed a system for the management team which helped ensure that all managerial duties and role-related tasks were carried out each day. This system also helped ensure that the issues as found on the inspection of the centre in September 2025 were addressed and, helped ensure that the actions taken to address those issues were sustained and effective.

All of the above actions (which had been completed at the time of this inspection) were taken by the provider as a result of the issues that arose from the last inspection of the service in September 2025 and, were documented in the compliance plan submitted to the Chief Inspector after that inspection. Additionally, the compliance plan from the last inspection was being reviewed on a weekly basis by the management team in the centre (with oversight from a senior director of operations) so as to ensure the actions required to bring the centre into compliance were being adequately implemented. It was found that they were being adequately implemented and all regulations assessed as part of this inspection process, were found to be compliant.

Judgment: Compliant

## Quality and safety

The two residents met with on the day of this inspection were supported to live their lives based on their individual needs needs and preferences.

On the day of this inspection the inspector reviewed all actions arising from the last inspection of the centre (September 2025) and the compliance plan submitted to the Chief Inspector after that inspection so as to be assured the actions had been implemented and were being sustained.

The actions under Regulation 6: Healthcare and Regulation 28: Fire Precautions as found in the last inspection had been implemented and the relevant issues had been addressed. These two regulations and the actions taken by the provider and person

in charge to address the issues were discussed above, under Regulation 23: Governance and Management.

Additionally, the provider had taken a number of steps so as to address the issues as found under Regulation 26: risk management precautions as found on the last inspection September 2025.

## Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and support residents' safety in the centre. Additionally, the issues as found on the last inspection of the centre in September 2025 had been addressed at the time of this inspection. For example:

- risk management plans had been reviewed and updated since the last inspection, identifying the control measures required to support residents safety. The last inspection found that as part of the process in managing risk related to behaviours of concern, staff were to have specific training, relevant to each resident's assessed needs. For a number of staff this training could not be evidenced as completed at that time. However, at the time of this inspection all training was up-to-date and certificates of completion of that training was available for review. Additionally, a comprehensive training plan had been developed and implemented by the person in charge so as to ensure all staff had the required training to meet the assessed needs of the residents. This was discussed in detail earlier in this report, under Regulation 16: Training and Staff Development
- an up-to-date summary document detailing relevant risks in the centre was available for review and discussion on individual risk management plans formed part of the standing agenda at every staff meeting
- the person in charge was ensuring that learning from adverse incidents was being documented on daily handovers for a period of seven days and, were discussed at staff meetings
- as identified under Regulation 23: Governance and Management above, the person in charge completed reassessments of all staffs' competency in the administration of medication. Where any gaps of knowledge were identified, the person in charge provided practical training to address those gaps.

Additionally, the person in charge had developed a system where all medicines used in the centre were identified on the inside of the locked press where they were securely stored. The reason as to why each medicine was prescribed was also identified along with any possible side effects. Once staff opened the press to administer medication, this information was easily and readily accessible to them. Staff also had up-to-date training in medication management to include a practical and competency-based assessment. The inspector observed two staff preparing medication for administration and noted that when they were completing this task, they wore a high-visibility vest which informed other staff in the centre they were not to be disturbed so they could remain completely focused on the task at hand.

Additionally, when the medication press was opened, the inspector could clearly see the information on each medicine used in the centre to include their name, what they were prescribed for and any possible side effects

In order to evaluate the progression and effectiveness of the actions and compliance plan arising out of the last inspection of the service in September 2025, a meeting was held on a weekly basis with the person in charge and/or centre management team which was chaired by a senior director of operations. These meetings were to ensure the actions required to bring the centre into compliance were being adequately implemented and completed in the agreed time frames. As identified under Regulation 23: governance and management, it was found that they were being adequately implemented and all regulations assessed as part of this inspection process, were found to be compliant.

Additionally, and as identified earlier in this report, the person in charge had developed a system for the management team of the centre which helped ensure that all managerial duties and role-related tasks were carried out each day. This system also helped ensure that the issues as found on the last inspection in September 2025 were addressed and, helped ensure that the actions taken to address those issues were sustained and effective.

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 14: Persons in charge              | Compliant |
| Regulation 15: Staffing                       | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management      | Compliant |
| <b>Quality and safety</b>                     |           |
| Regulation 26: Risk management procedures     | Compliant |