



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

Issued by the Chief Inspector

Name of designated centre:	The Orchard
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Dublin 22
Type of inspection:	Announced
Date of inspection:	08 December 2025
Centre ID:	OSV-0005516
Fieldwork ID:	MON-0039955

About the designated centre

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

This centre provides a residential service for a maximum of four young people under the age of 18 years with diagnosis of autism spectrum disorder and an intellectual disability. The centre is located in a suburb, close to a village and a range of community amenities. The premises consists of a large dormer bungalow with a large recreational garden area to the rear. The house has three bedrooms and two bathrooms upstairs. Downstairs there is a separated apartment with one bedroom and kitchen/living area. There are a number of communal areas downstairs including a sensory playroom, sitting room and kitchen/dining room. There is a large garden to the rear of the centre with play equipment. The centre is staffed over the 24 hour period by social care workers, assistant support workers and the person in charge.

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
Monday 8 December 2025	10:40hrs to 18:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet the young people living in this designated centre, observe some of their routines and review documentary evidence related to their care and support. The inspector's observations of interactions and care delivery, documentary evidence and commentary from or on behalf of, the young people, their families/representatives and staff members was used to indicate the lived experience of young people using this service.

All four young people were in full-time education and were at school in the morning. As the young people returned home in the afternoon they were supported to follow their separate routines to relax, watch television and chill out in their bedrooms. One young person was happy watching movies in the sitting room in their blanket and pyjamas, and was offered but declined to participate in the inspection. One young person took the inspector by the hand to show him around their home, showing him their toy room, bedroom and garden space. The young people could use the private and communal spaces how they wished and were encouraged by staff to be mindful not to enter each others' bedrooms uninvited and have respect for others' belongings. While the young people did things separately, they were comfortable in each others' presence, with one young person excitedly greeting their housemate when they arrived home from school. Staff were observed speaking to the young people with respect in a tone appropriate to their different ages, and were available to play with the young people when they wanted. The young people participated in some activities together, and had planned to visit Santa's grotto and winter lights events together in December.

The house was suitable in design and layout for the number and assessed needs of the young people. Where young people had moved into bedrooms previously occupied by others, the inspector observed evidence that it had been adapted for them including adding or removing safety features and redecorating. Bedrooms were featured with posters, toys, photos and birthday cards. Bathrooms and the living room were also suitable for the preferences and ages of the young people. The house was decorated for Christmas. The large back garden was equipped with suitable play equipment including a swing, trampoline, play house and climbing wall.

Staff advised the inspector and provided documentary evidence of personal goals and objectives with which they were supporting young people, including life skills and personal care. These goals were appropriate for the age and existing skills of the young people, including managing money and learning to cook and use public transport for teenagers, and exploring community playgrounds and bathroom training for younger children. As will be described later in this report, while these goals set out measurable objectives, there were some goals identified by staff which were observed to not be implemented or evaluated for their progress in a timely fashion. One young person was old enough to receive their disability allowance, and

the provider had arrangements in place for them to access and use this income as it commenced.

The young people attended schools which were not far from their home, and they were brought to and from school by either the centre staff or school services, and young people also had planned weekly activities including learning hubs, soft play therapy and trips to the cinema. The inspector observed evidence that the young people's families were supported to visit and spend time in this house, and to go on regularly planned days out. Relative to their assessed needs, the young people met with clinicians such as the psychologist or dietitian. One young person was in a trial period to use an electronic system to optimise their communication. The inspector was advised that this had not been especially successful to date and this would be referred back to the speech and language therapist to find alternatives which may be more effective.

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 on the quality and safety of the service being delivered.

Capacity and capability

The purpose of this inspection was to monitor and review the arrangements the provider had in place to ensure compliance with the Care and Support regulations (2013), follow up on solicited and unsolicited information received by the Chief Inspector of Social Services, and to inform a decision to grant an application to renew this centre's registration. In the main, the inspector found this service to be appropriately resourced, with suitable supervision arrangements to ensure accountability of the performance of the staff team. Some young people were accommodated in this centre under care order, and the provider had a good relationship and regular contact with the Child and Family Agency (Tusla).

Staff demonstrated a good knowledge of their roles and of the interests and personalities of the young people. Local and provider-level audits had been carried out within the required timeframes, however their content required improvement to incorporate feedback on the service, and to identify specific and measurable evidence of where the service was doing well or required improvement. Some improvement was also required in the oversight of progression of personal plans and support objectives, and in the full reporting of notifiable incidents to the Chief Inspector. The team was resourced with a person in charge who was suitably deputised and a front-line staff team who were supported and performance managed through team and individual meetings.

Regulation 14: Persons in charge

The person in charge had commenced in this centre in March 2025 and was suitably qualified and experienced for their role. They worked full time with 0.5 WTE (whole time equivalent) hours in this designated centre and in one other centre in the same role. In the centre they were supported by two shift leaders.

Judgment: Compliant

Regulation 15: Staffing

The inspector met with staff during the day and reviewed the staffing resources set out in the statement of purpose and nine weeks of worked rosters. At the time of this inspection, there were no vacancies in the centre and roster records indicated that the centre was staffed in accordance with the assessed support needs of the young people with six front-line staff during the day and five people on active and sleepover night shifts. Continuity of support by regular staff was observed to be maintained including during leave periods.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured, included against injury to young people.

Judgment: Compliant

Regulation 23: Governance and management

The centre was appropriately resourced with suitable premises, staffing and vehicles which facilitated the provider to support the number and assessed care needs of the young people. The person in charge was supported by two shift leaders at centre level to support supervisory and reporting structures for the front-line team.

The inspector reviewed the supervision and performance management records for five members of the staff team in this centre. The content of these meetings and discussions was meaningful and included matters such as career development goals, support for staff following adverse events, and coursework sought or completed by

staff. The inspector observed evidence to indicate that staff were afforded the opportunity to raise issues they had in their duties or in their relationships with their fellow team members using these channels. Staff advised the inspector that they felt appropriately supported in their duties by their respective line managers.

The inspector was provided a report from a six-monthly quality and safety of care inspection carried out by the provider in July 2025. In this report, the provider assessed the service as requiring actions in 10 of the 22 areas reviewed, to come into compliance with policies, standards and regulations. In the main, the sections outlining findings of this inspection were generic in nature and did not outline the specific evidence gathered or observations in this centre used to make the judgments on compliance and to highlight areas of good practice in this centre, and areas in which the service was not performing well. As such, the actions set out were not consistently specific or measurable and did not tie back to the listed findings of the inspection report. For example, where documents, incident records, needs assessments and risk controls were noted as having gaps to be addressed, it was not clear what these were, how many, to whom they related or what impact they had, for the relevant person to address to improve the service for the young people. Examples of this were discussed during the inspection with the centre management.

The provider had published the annual report for the designated centre in April 2025. This document also commented on regulatory compliance levels, however for regulations noted as requiring a quality improvement plan, it was also not clear what actions were set out following the report, as all dates in the action plan preceded the report. Some areas of the report were not accurate, such as noting that there had been no discharges from the centre despite one being completed earlier in the year. This report highlighted some of the achievements of the young people such as that they finished primary school and were engaging in meaningful activities in the community and the development of their life skills. There was limited commentary in this report from family members and representatives of the young people gathered over the preceding year, with two notes of positive commentary included, both of which had been received by the provider months after the annual report was published. Some of the local systems required improvement to monitor the timely and effective implementation and progress of actions and recommendations set out residents and keyworkers, examples of which are described elsewhere in this report.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There had been two new admissions to this designated centre in 2025. The inspector observed evidence to indicate how the young people and their representatives had been supported to visit the centre and meet the staff team prior to the admission being finalised. The young people had contracts with the provider setting out the terms and conditions of their accommodation with this service. The

inspector observed subsequent reviews post-admission which identified how the young person had settled into the centre. These reviews noted examples of where historic behaviours or risks had been identified but had not presented as a concern in their time in this setting, and how the young person got along with their peers.

Judgment: Compliant

Regulation 3: Statement of purpose

As a supporting document to the application to renew registration of this centre, the inspector was provided the statement of purpose for the designated centre dated October 2025. This document contained information required under Schedule 1 of the regulations. However, some review was required to ensure the document was fully legible and centre specific, and that it reflected the staffing complement and organisation structure of this centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector reviewed incidents and practices notified to the Chief Inspector against those recorded in the designated centre for 2025. The inspector was advised verbally and provided body charts and incident reports which indicated that two of the young people had often sustained cuts and bruises due to self-injury, including those requiring first aid or review in the emergency department. Other minor injuries had also been sustained through play and accidents. The provider had failed to notify the Chief Inspector of any injuries sustained by the young people throughout 2025.

Judgment: Not compliant

Quality and safety

In the main, the young people were overall safe and happy in this designated centre and their personal and health care needs were subject to assessment by the provider's multidisciplinary team and related clinicians. Some support objectives related to life skills, personal development and preparing for adulthood had not been

implemented in a timely fashion, or kept under review to evidence how staff were consistently delivering on the identified skills and goals.

All the young people attended full-time education, and were afforded suitable and age-appropriate opportunities to be alone, to stay in contact with friends and family, and to go out to their community. The young people lived in an environment which was suitable for their assessed support and risk control needs, was suitably decorated and personalised. Young people were not unnecessarily restrained from accessing their living space, garden or personal belongings, and were content and safe in each other's space. Where concerns had been raised on the safe and appropriate care of the young people, this had been investigated by the provider to gather evidence and establish conclusions on what had happened.

Regulation 10: Communication

Staff had received training in total communication and Lámh (a manual sign system used by children and adults with intellectual disability and communication needs in Ireland) to support young people to communicate in their preferred manner. One young person was in the process of trialling an electronic system to support them to communicate, with staff advising that the young person showed little interest or engagement with it and this was due for review with the speech and language therapist. Other young people were supported with personal computers and phones to watch videos and movies and stay in contact with family.

Judgment: Compliant

Regulation 11: Visits

The inspector observed evidence that the young people were supported to have their families and representatives in their home without unnecessary restriction, and the provision of multiple communal spaces allowed for visitors to be received in private.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector observed the young people to be content and relaxed in their home, and busy in their local community. All young people had educational placements and were progressing in their educational targets well. Young people were supported to maintain relationships with their families. In the centre the young people were

provided with a playroom with games and toys, a sensory engagement room with textures and soft play, and a large garden with playground equipment. Young people were supported to get out to playgrounds, to the cinema or on shopping trips. Young people were also supported to have opportunities to be alone. Personal development goals were age-appropriate and pursuant to development skills in preparing for adulthood or engaging in healthy routines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the assessments of personal, social and health care needs for the young people and associated care plans. Care and support plans related to nutrition, medical care, behavioural support, and other aspects requiring multidisciplinary input were evidence-based, person-centred and subject to review by the relevant clinician. For young people admitted in 2025, assessments before and following admission had assured the provider that the placement in this centre was appropriate for their needs.

The inspector discussed examples of personal development and social objectives with members of the front-line team and was provided examples of active objectives by them. The objectives were written into their care plans and chosen by the young person with support of their keyworker, with times set for when these would be commenced and what milestones would be used to measure success of the goal. However, the timely intervention and evidence of progress in these goals was not observed.

For example, a young person wanted to learn to cook with and prepare meals from fresh ingredients. Steps to achieve this included educational worksheets, simple recipes and time supported by their keyworker to build independence in preparing ingredients. The progress on this goal was to be measured in June 2025 however staff advised the inspector this had not commenced and the young person only used the microwave occasionally to heat up food. In another example, a young person was planned to build their confidence in using public transport by using it once in a month, building to twice and three times in the following months up to May 2025, however this had not commenced and the staff were not aware that it was goal in place for this young person. A life skill objective had been set to provide education and skills in understanding how to use money with the view to young people carrying their own wallets, making purchases independently and keeping their money in their own bedrooms. The progress in this education was also due for review in May 2025, but had not commenced.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector observed evidence that young people were assessed in a timely fashion by health and social care professionals relevant to their care and support, including speech and language, behaviour therapy, clinical psychology and occupational therapy. As part of the admissions process, the provider strived to be aware of medical history, vaccinations and equipment to be assured the team had the information and guidance to meet the young people's needs. One young person's support needs included personal medical devices which required clear and specific guidance to the social care team to ensure they could operate, maintain and identify malfunctions with it. This guidance was person-centred and readily available to the team, and the staff were advised on situations in which nursing or hospital intervention was required.

Judgment: Compliant

Regulation 8: Protection

There had been a small number of allegations of safeguarding concerns reported in the previous 12 months, and for these the provider had conducted suitable review and evidence gathering to come to a conclusion. Where concerns related to staff conduct, they were taken off duty pending the outcome of the investigation, and where relevant, action was taken based on the findings of same. The provider had notified the designated officer of these incidents, as well as advising parents, guardians or representatives of the young people. Measures were in place to protect the young people's dignity during personal and intimate care, and to protect the finances of those in receipt of an allowance.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Orchard OSV-0005516

Inspection ID: MON-0039955

Date of inspection: 08/12/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"><li data-bbox="172 943 1441 1133">1. In conjunction with the Quality Assurance Officer, the Person in Charge (PIC) will review the 6-monthly unannounced visit report from July 2025 to ensure actions identified are specific, measurable and center focused. The Quality Assurance Officer will update the six-monthly visit report to reflect findings identified during the HIQA inspection, with evidence of completion recorded. Due Date: 15 February 2026<li data-bbox="172 1249 1441 1518">2. The Person in Charge (PIC) and Head of Quality and Safety will meet to review feedback outlined in the HIQA inspection report. Key learnings and required actions will be shared with the Quality Assurance Team at a scheduled meeting, with minutes recorded. The Head of Quality and Safety will monitor regulatory feedback related to six-monthly unannounced visit reports on an ongoing basis, with updates discussed at Quality Assurance meetings. Targeted support and education will be provided to the Quality Assurance Team as required. Due Date: 20 February 2026<li data-bbox="172 1635 1441 1825">3. The Person in Charge (PIC) will review the Centre Annual Review Report for 2026, scheduled for completion in April 2026, to ensure it meets the requirements of the relevant national standards and reflects findings from the Quality Assurance six-monthly inspection audits. The review will include documented evidence of consultation with representatives, individuals and family members. Due Date: 30 April 2026	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ol style="list-style-type: none"> 1. Person in Charge (PIC) will complete a full review of the Statement of Purpose with the relevant departments against schedule one (1) requirements to ensure all required information is included and center specific. <p>Due Date: 05 February 2026</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ol style="list-style-type: none"> 1. A full review of incident reporting related to self-injurious behaviour and injuries not requiring hospitalisation will be completed by the person in Charge to ensure all notifications required to be submitted to the Chief Inspector are submitted in line with national standards and regulatory requirements. <p>Due Date 13 February 2026</p> <ol style="list-style-type: none"> 2. The Person in Charge (PIC) will complete a retrospective review of all missed notifications for 2025 and submit all outstanding notifications via the HIQA portal <p>Due Date 15 February 2026</p> <ol style="list-style-type: none"> 3. To ensure ongoing compliance, the PIC will complete regular checks of body charts and incident/accident reports, with findings documented. The PIC will also deliver a briefing to the staff team on notification requirements at the scheduled team meeting on 13 February 2026, with attendance recorded. <p>Due Date 13 February 2026</p> <ol style="list-style-type: none"> 4. The Centre-Specific Continuous Improvement Plan (CIP) will be used to track completion of all actions, including regulatory notifications required to be submitted to the Authority. The Quality Assurance Officer will review the CIP during each site visit and share findings with the Person in Charge (PIC) to support the timely closure of actions. Evidence of review and action closure will be documented. <p>Due Date 05 February 2026</p>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ol style="list-style-type: none"> 1. The Person in Charge (PIC) will review each individual's Personal Plan to ensure that meaningful activities are identified in line with the individual's interests, capacities and developmental needs. Participation and progress will be monitored and evidenced through Monthly Outcomes. The PIC will ensure that agreed goals and outcomes are clearly communicated to team members through Personal Plan updates and handover documentation. Due Date 15 February 2026 2. The Person in Charge (PIC) will complete a review of all individuals' assessed needs to ensure that education and skills development goals are appropriately identified and monitored through Monthly Outcomes and Personal Plans. Where additional therapeutic supports are required to support skills development, the PIC will initiate referrals to the multidisciplinary team (MDT) through the clinical referral process, with outcomes recorded. Due Date: 28 February 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 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
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/04/2026
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated	Substantially Compliant	Yellow	05/02/2026

	centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	05/02/2026
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	05/02/2026
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal	Substantially Compliant	Yellow	15/02/2026

	plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).			
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	28/02/2026