



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

## Issued by the Chief Inspector

Name of designated centre:	The Gables
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	21 October 2025
Centre ID:	OSV-0007771
Fieldwork ID:	MON-0039449

## About the designated centre

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

The Gables is a designated centre situated in a rural setting, just outside a small town in Co. Meath. Residential care and support is provided for up to four children with disabilities both male and female aged between 11 to 18 years of age, with a wide range of support needs including Intellectual Disabilities and Autism Spectrum Disorder (ASD). The main house is a single storey building which contains a kitchen, dining area/lounge, play room and office, together with three individual living areas, one with its own bedroom and bathroom and the other two with bedrooms, bathrooms and living areas. There is also a self-contained apartment adjacent to the main house. Children are supported 24 hours a day, seven days a week by a staff team consisting of a person in charge, team leaders, social care workers, assistant support workers and relief staff. There is transport provided for children to ensure they can access their local community.

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

Number of residents on the date of inspection:	4
--	---

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 21 October 2025	10:30hrs to 18:00hrs	Julie Pryce	Lead

## What residents told us and what inspectors observed

This was an announced inspection conducted in order to monitor on-going compliance with regulations and standards, and to help inform the registration renewal decision.

The inspector conducted a 'walk-around' of the designated centre, and found that the premises were laid out in an appropriate way to meet the needs of each resident. There were three self-contained apartments, one of them in a building adjacent to the main house, and the other resident lived in the main house with their own bedroom and bathroom.

There were spacious grounds around the house, with nicely laid out gardens and play areas including a trampoline and climbing frame for the children.

There were four residents on the day of the inspection, and the inspector met two of them during the day as the others were out. One resident had a lengthy chat with the inspector at the kitchen table. They were clearly content in their home, and the inspector observed them having banter with the staff. They spoke to the inspector about their choices of meals and snacks, and said that they knew about healthy eating, but sometimes still chose to have a pizza.

They spoke about their favourite activities and how they had planned a day out with staff members. They said that they plan their activities with staff, and that they get to choose these. They also named the person in charge as the person they would go to if they had any concerns.

The inspector met the other resident with their family members, and this resident spoke about various aspects of life in the designated centre. They named the staff that they liked to have supporting them, and spoke about going to school.

The family members of the resident explained to the inspector that they had recently raised some areas of concern with the person in charge and that all the issues they had raised had been addressed to their satisfaction. Their concerns had been notified to the Office of the Chief Inspector by the provider as required by the regulations. The inspector reviewed the actions that the provider had reported and found that they had been implemented. The family members told the inspector that they were satisfied with the actions taken, and with the communication from the provider. They said that they were very happy with the person in charge, and that they felt that their family member received a good level of care and support in the designated centre.

The other two residents knew that an inspector was visiting their house for the inspection, and had given permission for the inspector to look around their house, including their personal rooms. Each was person centred and contained personal items and toys. They also contained numerous communication aids which supported

residents to communicate and to understand information presented to them, as further discussed under regulation 10: Communication of this report.

Three residents were still in school, and either attended for hours which suited them, or had home-schooling with a private tutor. One resident who had turned 18 was continuing their education by attending vocational training.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences and there was a good standard of care and support in this designated centre, with only minor improvements being required in some of the documentation as further discussed under Regulation 23: governance and management and Regulation 10; communication of this report.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

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

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

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents, and who facilitated the choices and preferences of residents. Regular in-depth team meetings were held, although a sign in sheet was required to ensure that staff not available for a staff meeting had read the minutes.

All the required records, including a directory of residents, were maintained in the designated centre, and documentation was readily retrievable.

There was a clear and transparent complaints procedure available to residents and any complaints were responded to appropriately and to the satisfaction of the complainant.

## Regulation 14: Persons in charge

The person in charge was appropriately qualified and experienced, and had good oversight of the designated centre. She was knowledgeable about the support needs of residents, and about her role in relation to the regulations.

Judgment: Compliant

### Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the regulations.

The numbers of staff allowed for One-to-one staffing for those residents who required this level of support, and a two-to-one staffing for one resident while out in the community.

A sample of three staff files was reviewed by the inspector, and all the information required by the regulations was in place, including garda vetting.

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

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

Judgment: Compliant

### Regulation 16: Training and staff development

All staff training was up to date and included training in fire safety, safeguarding, children first and positive behaviour support. Training in relation to the specific needs of residents had been undertaken, including communication and the use of communication aids, autism and positive risk taking.

Staff could describe their learning from their training, and relate it to their role in supporting residents, and the inspector observed some of the learning being implemented, for example the ways in which staff supported communication with residents.

There was a schedule of supervision conversations maintained by the person in charge, and these were up to date. The inspector reviewed the records of three

supervision conversations and found a clear agenda for discussion including a review of any actions identified in the previous meeting, and an in-depth discussion on the care and support needs of each resident, and the training and development needs of the staff member.

It was evident that staff development and training was supported, and that staff were appropriately supervised.

Judgment: Compliant

### Regulation 19: Directory of residents

The provider maintained a directory of residents which included the information specified in paragraph (3) of Schedule 3 of the regulations. Information relating to a resident who had been discharged from the designated centre was maintained in the centre as required.

Judgment: Compliant

### Regulation 21: Records

All required records required by the regulations under Schedule 2 in relation to staff were all in place, including garda vetting, references and employment history.

All required records required by the regulations under Schedule 3 in relation to information in respect of each resident was in place including personal information, including the required care and support of residents and the information in relation to healthcare and a record of any belongings.

All required records required by the regulations under Schedule 4 were in place including a Statement of Purpose and Function, a Residents' Guide, and copies of previous inspection reports were maintained in the centre.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships. There was an appropriately experienced and qualified person in charge (PIC) who was supported by two shift lead managers. All the required actions identified at the last inspection had been implemented,

including ensuring that all documentation was readily retrievable, and that staff supervision conversations were regularly held.

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

The annual review had identified any actions required to ensure the quality of the service was maintained, and a sample of these actions reviewed by the inspector had all been completed. For example, any gaps in the documentation required to be maintained in the designated centre had been addressed, hospital passports for each resident had been reviewed and any identified maintenance issues had been completed.

Six-monthly unannounced visits on behalf of the provider had taken place in February and August of this year, and a detailed report of each visit was available. Various audits were undertaken including audits of medication management and of personal plans. There was a system whereby any identified actions were monitored until complete, and all were either closed or within their timeframe.

The designated centre was appropriately resourced, for example there were sufficient staff to meet the needs of residents. There were four vehicles available to residents including a modified vehicle to meet the specific needs of one resident. Any required equipment was in place and all required maintenance was completed in a timely manner.

Staff team meetings were held monthly, and the inspector reviewed the minutes of the last two of these meetings. The items for discussion included a detailed discussion around any accidents and incidents, including any learning for the staff team. Safeguarding, communication and positive behaviour support were all discussed in detail.

However there was no requirement for staff who had not attended the meeting to sign off that they had read the minutes of the meetings, and given the detailed discussions that were held, the inspector was concerned that not all staff had made sure that they were aware of all the information included.

Overall, staff were appropriately supervised, and the person in charge and senior management had good oversight of the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families. There was a process whereby any complaints were recorded, including any actions taken to address the complaint, and information as to whether the complainant was satisfied with the outcome.

Family members of one resident told the inspector that issues that they had raised had been dealt with promptly and to their satisfaction.

Any compliments received by the designated centre were recorded, for example a compliment had been received by a resident's school in relation to the care and support of the resident.

It was evident that residents and their families and friends were supported to raise any concerns, and that there was a transparent process for the management of complaints.

Judgment: Compliant

### Quality and safety

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

The premises were appropriate to meet the needs of residents and were clean and well maintained throughout.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them, although the documentation relating to communication lacked sufficient detail.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency.

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

Residents were supported to have a balanced diet, and to have enjoyable mealtimes.

Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner. Residents indicated that they were happy living in their home.

## Regulation 10: Communication

It was evident throughout the inspection that staff communicated effectively with residents, however while there was some documentation in the care plans for residents in relation to communication, these documents were not detailed, and lacked sufficient information as to guide staff who were not familiar with residents.

The individual ways in which each resident chose to communicate had been identified, and various strategies were observed by the inspector. For example, one resident used a PECs (picture exchange communication system). The resident used pictures which they presented to staff to make their preferences known. For example they would present a picture of a meal or snack that they would like, or a photo of their family if they wished to make contact.

Social stories had been developed to support the understanding of residents, for example, there were social stories in relation to restrictive practices, and of goals that residents might be working towards. During a chat with the inspector, one resident spoke about the use of social stories, and indicated that they found them useful, and that they knew what the pictures and easy-read information meant.

Each resident had a communication passport and care plan which included some information about the communication needs of each resident. However, this documentation lacked sufficient detail. For example, the document in relation to one resident indicated that they use a few words, and examples were given, but it did not include all the words that the resident was familiar with. The documentation for another resident said that the resident used distinct vocalisations to communicate if they were happy, frustrated or in pain, but did not describe the sounds and the meanings for the resident. There was no mention of a communication aid that was being introduced to a resident.

However, all staff who spoke to the inspector were aware of all the strategies in place, and the inspector observed staff to be using effective communication with

residents. Overall, it was evident that the staff team communicated effectively with residents, but that the documentation did not include all the relevant information.

Judgment: Substantially compliant

### Regulation 13: General welfare and development

Residents were supported in both leisure activities and in their education. Three residents were under 18 years old, and they either attended school or were home schooled by a personal tutor. Where a resident had just turned 18, they were supported in their continuing education by attending vocational courses in literacy and numeracy.

Each resident had a person-centred plan, each of which was available in an easy read format. Within these plans goals were set with residents, some in relation to activities, and others about learning opportunities.

For example festive events were being planned, and new activities being introduced. Some residents were learning new skills, for example one resident was learning to be independent in personal care. A record was kept of steps achieved towards achieving this goal.

Another resident had just achieved a goal of a particular outing of particular interest to them. The outing had taken place the day prior to the inspection, and the resident was excited to tell the inspector all about it. The next goal for this resident was to obtain a passport so that they could travel, and so far they had been supported to acquire some of the documentation that is required for their application.

Each resident had a weekly plan that they developed with the support of staff. From this a daily schedule was developed which included all the activities for the day. A clear record was maintained of the activities completed, or any changes that were made to the plan.

It was evident that residents were supported to have a meaningful day, that their choices were respected, and that their education was supported.

Judgment: Compliant

### Regulation 17: Premises

The premises were well maintained, and were appropriate to meet the assessed needs of residents. Three residents had their own self-contained apartment room, and the other had their own bedroom and bathroom and used the communal areas

of the main house. Each resident arranged their private rooms as they chose, and there were personal items, educational items and toys evident in each.

There was sufficient storage in the designated centre, laundry facilities were available and there were spacious outdoor grounds and play areas.

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

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

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents were supported to have a balanced and varied diet, and staff were supported by a dietician. Some resident had been referred to a speech and language therapist for swallow assessments, and their recommendations were followed.

Where a resident had behaviours of concern around food, there was detailed guidance for staff, and staff described the ways in which they ensured that the resident received a balanced diet while also respecting their right to make choices. Records were kept of food intake, so that it was evident that the strategies employed were ensuring good nutritional intake.

Menus were planned on a weekly basis, and different communication strategies were employed to ensure that residents could indicate their choices. There were outings for meals and snacks where residents chose. Friday was take-away night, and resident all had a fry on Sunday mornings.

Food was safely stored, with the temperature of fridges being regularly taken. Both healthy snacks and treats were readily available. It was evident that all recommendations of healthcare professionals were implemented, and that residents were supported both in nutrition, and in having enjoyable snacks and mealtimes.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre and all equipment had been maintained.

Regular fire drills had been undertaken, including drills under night time circumstances. There was an up-to-date personal evacuation plan (PEEP) in place for each resident, giving clear guidance to staff as to how to support each resident to evacuate, and there was evidence that these were updated following any issues identified during a fire drill. For example, one resident had declined to engage in a fire drill, so their PPE was updated, and another drill had been undertaken the following day which was successful.

Staff were all in receipt of fire safety training, could describe the actions they would take in the event of an emergency. Two residents also told the inspector what they would do in the event of fire, and knew the required actions and the location of the assembly point.

The inspector was assured that residents could be evacuated in the event of an emergency.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Where residents required positive behaviour support, there were detailed plans in place, based on a detailed assessment of needs. There was clear guidance for staff as to the responses required for different presentations of each resident. There was information about any possible triggers or setting events as well as the management at each stage of escalation of any behaviour.

All staff were aware of these strategies, and were able to describe in detail the actions that might increase or reduce the likelihood of behaviours of concern. The inspector observed staff managing an incident which might have escalated. Staff response diffused the situation and the resident continued with their activities.

Where any restriction were in place in the designated centre, there was evidence that they were the least restrictive necessary to mitigate the identified risk. There was a clear rationale for the use of each of them, and they were monitored continually by the PIC, and in detail at a quarterly multi-disciplinary restrictive review meeting. Each use of a restrictive practice was recorded daily. Each resident had an easy-read restriction passport which outlined any restriction which applied to them.

There was evidence of restrictions being removed or reduced where the associated risks had been mitigated. For example the restricted opening of windows and a locked external door had been removed following a review that had indicated that the risk had been reduced. For another resident, coded access to the garden area

had been removed, and the use of restrictive equipment in vehicles had been reduced down to a harness type seat belt for another.

There were restriction reduction plans in place for resident who still had restrictions in place, so that it was clear that restrictions were only in place if absolutely necessary in order to mitigate an assessed risk.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant

# Compliance Plan for The Gables OSV-0007771

Inspection ID: MON-0039449

Date of inspection: 21/10/2025

## 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> <p>1. The Person in Charge (PIC) will implement a sign off sheet for all Team Members to ensure they have read and signed the team meeting minutes.</p> <p>Due Date: 19 December 2025</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <p>1. The Person in Charge (PIC) has reviewed and updated all Individual’s Communication Passports to ensure all communication strategies for each Individual are captured within this document.</p> <p>Completed: 19 November 2025</p> <p>2. All Team members have been made aware of the updates within each Individuals’ Communication passports. In addition, each Individual Communication passport will be discussed at the Monthly Team Meeting.</p> <p>Due Date: 16 December 2025</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	19/12/2025
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	16/12/2025