Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Tús Nua
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	09 July 2025
Centre ID:	OSV-0007773
Fieldwork ID:	MON-0047502

About the designated centre

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

Tús Nua is a service provided by the Health Service Executive and is based a short distance from Sligo town. Tús Nua provides full time residential care for four adults with moderate to profound intellectual disabilities who may require support with their social, medical and mental health needs. The centre is a single storey house, which also includes a building adjacent to the main house that contains a utility room and 'activities room' for residents. All residents have their own bedroom with two bedrooms having en suite facilities. Bathroom facilities are level access. There is a communal kitchen/dining area and living room in the main house. There is a large garden area out the back of the house, which includes a paved area which can be accessed from the kitchen and contains garden furniture for residents to sit outdoors. The centre benefits from it's own mode of transport to support residents to access the wider community. The centre is staffed by a skill mix of nursing and health care staff under the supervision and support of the person in charge. The centre provides waking night cover and 24 hour on-call nursing service is also provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 9 July 2025	16:00hrs to 18:40hrs	Angela McCormack	Lead
Thursday 10 July 2025	09:15hrs to 13:30hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

This inspection found that residents living in Tús Nua designated centre were provided with high quality, person-centred care that promoted their safety and protection.

This inspection was an unannounced inspection which focused on safeguarding. The Chief Inspector of Social Services issued a regulatory notice to providers in June 2024 outlining a plan to launch a regulatory adult safeguarding programme for inspections of designated centres. This inspection was completed as part of this programme.

This inspection was completed over two half days, one evening and the following morning. The inspector met and spoke with all four residents, four staff members and a member of the local management team

Tús Nua was located in a rural area near a large town. Residents moved to Tús Nua from a congregated setting in 2020. The inspector was told that residents were very happy living in the centre, that all residents got on well together, with some residents having strong friendships with each other. This was observed on inspection also where residents were seen greeting each other in a friendly and cheerful manner.

The planned rota included three staff members working each day and two staff members working at night time to support residents. This staffing level supported residents with their needs. One resident's needs had changed recently and the staffing levels at night time were increased to support with this.

From a walk around of the house and grounds, they were observed to be clean, well maintained and suitable to meet the needs and numbers of residents. Residents had individually decorated and spacious bedrooms with ample storage for personal property. The back garden area was spacious, well designed and accessible. A number of gardening projects had been completed since the last visit by the inspector. This included the creation of a sensory garden, the planting of a wild flowers patch, vegetable and fruit growing, potato patch, planted lavender and art projects using recycled material. This created a beautiful, colourful and relaxing space for residents to enjoy. One resident spoke with the inspector about how they helped to paint the garden shed and flower containers. The inspector was informed that there was greenhouse ordered so that residents could continue to build on their gardening skills. Residents also had three cats, some of whom were observed wandering around the back garden.

Residents were supported to lead a meaningful and fulfilling life in line with their choices and stage of life. One resident attended an external day service four days per week. Others chose to do activities from their home. Three residents were met with on the first evening. Residents greeted the inspector in their own way and

communicated with the support of their staff. One resident was attending a day trip through their day service on the first day of inspection. They were met with the following morning before going to their day service. They agreed to go through photographs in their personal plan with the inspector. Their photographs and personal plan showed the wide variety of activities that the resident was interested in and were supported to do.

All residents required familiar staff to support with communication. Some residents used augmented forms of communication, such as Lámh signs. This was observed to be promoted in the centre where posters and notices were on display around the house communicating through Lámh. Residents spoken with said that they liked living in the centre and that they were friends with each other. Residents could be seen to be comfortable with each other and in the house. One resident was heard vocalising loudly at times. This was reported to be a new way for them to express themselves and was contributed to a diagnosis where their needs were changing. One other resident was observed in their company during the inspection. From observations, they appeared unaffected by this although at times were observed glancing at them when the vocalisations increased. Staff were responsive to this and took action to support the resident as outlined in their care plan. Staff spoken with were aware of how the changing needs of residents could impact on others. They spoke about how they would identify if anyone was getting upset through their non-verbal and verbal communications. It was clear to the inspector through conversations with staff members and observations, that they knew residents well and were good advocates for them.

Four staff members were spoken with during the inspection. Staff members were knowledgeable about individual residents' needs and risks that could impact their safety and protection. Staff were aware of safeguarding arrangements and how to report allegations of abuse. There were posters observed on the notice board in the house outlining this procedure and details of the designated officers for safeguarding. Staff members were observed treating residents with dignity and respect. They responded to residents' communications in a caring manner and appeared motivated to support residents to live full lives in line with their wishes. Furthermore, they were aware of residents' changing needs and about how this may require them to get additional training and support. The provider had identified this as an action in a provider audit, and there were plans to support staff with additional training/information sessions.

Residents had access to a wide variety of activities that were meaningful to them, both inside and outside their home. These included; playing pitch and putt, gardening, day trips, arts and crafts, recycling projects, going to music events, going for meals out and going to the 'pub' for a drink. In addition, residents enjoyed time away from their home travelling to new places. For example, all four residents enjoyed a recent trip to on the ferry to Scotland where they did some sightseeing. Residents were also supported to choose, and achieve, personal goals such as going to Liverpool, going on boat trips, going to the Zoo and visiting the National stud. Some residents had plans to go to the Irish Open golf championships in September. Residents also had good contact with their family members and close friends. This

was encouraged and supported in the centre. The service was also resourced with a vehicle to support residents to go on outings.

Residents' rights and safety were promoted through regular residents' meetings. The meetings included discussions about various topics and consultation about plans for meals and activities. There were a range of easy-to-read documents developed to aid residents' understanding of various topics, some of which were noted to be discussed at the meetings. The meeting records noted residents' 'participated communication style' and recorded their interest (or lack of) in various topics discussed. This showed how the service strived to support residents in a meaningful way to make decisions in their lives.

Overall, Tús Nua was found to provide high quality, person-centred care and support that responded to residents' changing needs.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affects the quality and safety of the service provided.

Capacity and capability

This inspection found that there were good management systems in place to ensure that a person-centred and safe service was provided in Tús Nua.

The centre was found in good compliance with the regulations assessed. One area that required improvement was to ensure that residents' feedback about the quality and safety of care in the centre was included in the provider's annual review. This would ensure that residents' feedback is used for improving the quality of service and for acknowledging areas of good practice also, as relevant.

There was a clear governance and management structure in place. At a local level, this included a person in charge who was supported by a staff nurse in ensuring residents' care plans were up-to-date for example. The person in charge was on leave at the time of inspection. There were appropriate cover arrangements in place.

The staffing levels and skill mix were found to meet the needs of residents at this time. In addition, staff members were provided with ongoing training, including refresher training, to ensure that they had the skills to support residents with their needs.

There were good systems in place for the oversight and monitoring of the care provided in the centre. This included a range of audits completed at both local level and by the provider. The provider also ensured that there were policies and procedures in place to provide guidance for delivering safe care and support.

Overall, the centre was found to be well managed and effectively monitored to ensure that the centre met residents' needs.

Regulation 16: Training and staff development

A sample of five staff member's training records were reviewed by the inspector. These included both permanent staff and agency staff that worked in the centre. The records reviewed showed that all staff members had the mandatory training completed as required, which included behaviour management, safeguarding and Children First. In addition, site specific training modules identified for the service were completed. These included, human rights training and an information session on Lámh. Further training had been identified to support staff members with residents' changing needs. This demonstrated good monitoring of the service to support staff with the skills to care for residents with more complex needs.

The inspector also reviewed records relating to a sample of five staff members' supervision meetings with their line manager, which were completed and planned in line with the provider's policy.

Judgment: Compliant

Regulation 23: Governance and management

The inspection was facilitated by the staff nurse and a person in charge from another location that was providing cover during the person in charge's absence. These arrangements appeared to be effective in ensuring continuity of the care and support provided. The management team were found to have the capacity and capability to ensure that a safe and high quality service was provided to residents. The centre was found to be resourced with the numbers and skill mix of staff as outlined in the statement of purpose. The centre was responsive to the changing needs of residents. For example, following a review of staffing, night time staffing levels had increased to meet residents' changing needs. In addition, plans for addressing future needs were in progress, such as the installation of over head hoists.

The oversight and monitoring systems in place included a suite of audits carried out by the local management team.The inspector reviewed the audits for 2025 where it could be seen that these audits were carried out as outlined in the schedule. Furthermore, these audits were found to be effective in identifying actions for ensuring that a person-centred and safe service was provided. This included regular auditing of; safeguarding, staff awareness of safeguarding, residents' finances, personal plans, restrictive practices, medication, and complaints.

In addition, the provider ensured that unannounced visits were completed every six months, from which a report with an associated action plan was developed. Actions from the audits were collated into a quality improvement plan which was monitored regularly to ensure completion. The provider ensured that an annual review of the quality and safety of care in the service was undertaken. However, the following required improvements;

- While consultation was noted to have occurred with residents' representatives, it was unclear how residents were consulted as part of the review of the service and it wasn't clear about how their feedback given in questionnaires were included in this report to drive quality improvement.

Judgment: Substantially compliant

Quality and safety

Tús Nua was found to provide high quality, person-centred care to residents that ensured their safety and protection. Comprehensive assessments were completed on the health, personal and social care needs of residents. Support plans were then developed based on each residents' individual needs. Staff spoken were knowledgeable about residents' needs and how to best to support them.

An holistic approach to residents' care was evident through the care plans reviewed. Residents' needs and risks to their wellbeing, safety and protection were kept under ongoing review. Residents' safety and protection were further promoted through trending of incidents, staff training and discussions at team and residents' meetings about safeguarding.

In summary, the care and support provided to residents living in Tús Nua was found to be person-centred, safe and under ongoing review to ensure that it continued to meet residents' individual needs.

Regulation 10: Communication

The inspector reviewed three residents' personal care plans and found that all residents had communication assessments, care plans and a 'communication dictionary' in place. These plans provided guidance to staff on how to support residents with their communication preferences. Staff could be seen communicating with residents through their preferred communication methods. Residents had access to multidisciplinary team (MDT) supports, such as speech and language therapists, to further support with communication.

Various methods of communication were used with residents in line with their assessed needs, such as pictures, visual schedules, verbal communication and objects of reference. Staff were facilitated to attend information sessions in alternative forms of communication, such as Lámh. There were notices on display throughout the house which included the relevant Lámh signs. In addition, the centre supported the ongoing learning and competence of staff in using Lámh signs, by having monthly signs that were posted up in the kitchen for all to see and use. One resident was reported to be trialling a new application on a technological device to enhance their communication. This had commenced in day services and was due to be used in their home also after the trial period.

Residents were supported to understand various topics through the use of easy-to-read documents that were discussed with them through weekly residents' meetings. Residents had access to televisions, technological devices, mobile phones and the Internet in line with their preferences. Residents were supported to maintain communication with friends, family and their local community, such as a local priest.

Judgment: Compliant

Regulation 17: Premises

The home and garden were clean, well maintained and beautifully decorated creating a warm and homely atmosphere. Residents had spacious bedrooms, where they could store their personal belongings safely. Some residents had en-suite facilities. Residents had individual aids and appliances as required.

The kitchen included cooking equipment and appliances, where residents could prepare meals and bake as required. There was a games room adjacent to the house, which also included a room for laundry facilities and a toilet. The games room contained comfortable furniture and various games and activities, such as table football, a pool table and darts board. This room had been enhanced since the last inspection by HIQA with the addition of double doors at the front which brightened the room.

Overall, the premises was designed and laid out to meet residents' needs. The home contained rooms where residents could relax by themselves if they chose to, or where they could share spaces for socialising and having visitors.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that there were good systems in place for the assessment and ongoing monitoring of risks that could impact on residents' wellbeing and protection. This was evident through the inspector's review of the service risk management documentation, residents' assessments of needs, care plans and management audits.

The inspector reviewed three residents' assessments of needs and associated care plans which included an assessment of individual risks that could impact on their safety and wellbeing. Risks were found to be identified and assessed, with control measures in place to mitigate the risk of harm to residents. These were found to be kept under ongoing review. Examples of risks assessed included, support required with finances, behaviour related risks and healthcare needs, such as the risk of falls.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three residents' assessments of needs, care plans and minutes of Annual Review meetings. The inspector found that residents were protected and supported to have the best possible health and wellbeing. Care needs and support plans were kept under ongoing review so that any change could be identified promptly. Residents' needs and risks to their wellbeing, safety and protection were kept under ongoing review. Staff spoken with appeared knowledgeable about residents' needs and how to best to support them.

A collaborative approach to care was also evident, where residents, members of the MDT and residents' representatives were involved in reviews of the care and support provided. As mentioned previously one resident's health was declining. The inspector found that their care and support was kept under ongoing review and support plans updated as required. Staff spoken with were knowledgeable about residents' needs, including changes that were occurring. The inspector was informed that there were plans to provide information sessions to staff members, and to give information to residents, about the progression of one resident's needs, in order to support them as their needs may change in the future.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the policies and procedures that the provider had for behaviour management and for restrictive practices, which were readily available to

staff in the centre. They provided clear guidance about the roles and responsibilities of staff members, management and the MDT.

The inspector reviewed three behaviour support plans that were in place. These were found to be comprehensive and provided clear guidance to staff members in how to support residents with any distress. Staff spoken with were knowledgeable about the behaviour support needs of residents. Support plans were developed with input from the relevant MDT and were kept under ongoing review. It was clear to the inspector through a review of the support plans and through discussions with staff members, that every effort was made to establish the causes of behaviours displayed by residents. This promoted an individualised approach to care recognising and respecting the individual needs and feelings of each resident.

Restrictive practices used in the centre were found to be clearly assessed, and included MDT input. They were kept under ongoing review to ensure that they were the least restrictive measure for the shortest duration. The protocols and assessments included clear rationale for their use. Records of their use were available. The inspector reviewed two months records (May and June 2025) for one restrictive practice that was in place affecting one resident. The records included the duration and rationale for use. This demonstrated good monitoring of restrictive practices to ensure that they were used only as a last resort and for the shortest time. This also allowed for trends to be identified and reviewed. These interventions were also discussed at residents' annual review meetings with residents and their representatives.

It was clear to the inspector that every effort was made to reduce restrictions where the risks were weighed up against residents' rights. For example, since the last inspection by HIQA, one restriction regarding a locked cupboard was removed as the risks were deemed low. In addition, the use of a wind chime at the front door was implemented due to risks of one resident leaving the centre. This was reviewed as the least restrictive option, rather than using a lock on the door. Residents were consulted about this and the impact on all residents' was reviewed and assessed.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed the policies and procedures that the provider had in place for safeguarding vulnerable adults and for the provision of intimate and personal care. These were available to staff in the centre and found to be up to date. Posters and notices were observed on display in the home about safeguarding, rights and advocacy.

Training records reviewed by the inspector showed that all staff received training in safeguarding. The induction programme for new staff included safeguarding arrangements. One staff spoken with who commenced in the centre earlier in the

year, said that they received a comprehensive induction before starting in the centre. The inspector spoke with three staff members about safeguarding arrangements. Staff spoken with were aware of the safeguarding procedures and what to do in the event of protection concerns. Staff members said that they could raise any concerns that they had about the residents' care and safety to the management team. The management team monitored staff members' knowledge about safeguarding through 'Safeguarding Awareness audits' that were completed each month. The inspector saw records for 2025 that were included in the audit folder. In addition, the inspector reviewed various meeting notes held during 2025, where it could be seen that discussions on safeguarding were had at various staff team and management meetings.

Residents' protection was also promoted through person-centred care plans for the provision of personal care, three of which were reviewed by the inspector. In addition, residents were supported to understanding about safeguarding through discussions at residents' meetings.

The inspector reviewed the safeguarding folder maintained in the centre. Where incidents of possible protection concerns occurred, the procedures were followed in line with the provider's policy. Furthermore, it was clear that learning from incidents were discussed, so as to reduce the risks of similar incidents from occurring.

Judgment: Compliant

Regulation 9: Residents' rights

A human rights based approach was evident in the centre through the language used in the care and support plans. For example, the inspector observed in the three behaviour support plans reviewed that each plan outlined the importance of human rights and included the FREDA (fairness, respect, equality, dignity and autonomy) principles. In addition, individualised care and respect for residents' choices and individuality were observed through the interactions between staff and residents on the day.

The inspector reviewed a sample of residents' meeting notes for 2025, where it could be seen that residents were consulted and empowered to make choices in their day-to-day lives. Residents' faith and individual interests were promoted. For example, residents were reported to enjoy regular visits from a priest, and it was noted that some residents liked to attend religious ceremonies, while others preferred not to. These choices were respected. In addition, staff members spoke about how non-verbal residents made choices or indicated if they were upset or unhappy about something. For example, one resident was observed to vocalise loudly at times. Staff spoke about this and about the strategies that they use to try to address the cause of this. The increase in noise could have an impact on other residents' quiet enjoyment of their home should they chose to spend time together. Staff spoken with were aware of this. They spoke about how they would identify if

other residents were impacted, through their communications. All staff said that they felt that there did not appear to be any impact on others at this time, but that it was something they were aware of and would continue to monitor non-verbal communications in order to support all.
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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tús Nua OSV-0007773

Inspection ID: MON-0047502

Date of inspection: 10/07/2025

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

Outline how you are going to come into compliance with Regulation 23: Governance and management:
To ensure compliance with Regulation 23: Governance and Management the following actions have been undertaken;

• The Registered Provider will ensure that discussion and consultation with all residents and inclusion of their feedback is documented clearly in the annual review reports going forward and this has been communicated to staff participating in these visits. (Completed 30/07/2025)

• The Registered Provider has actively sought the input of residents and their chosen representatives during the review process, who can be the resident's family representative, communication partner or assisted decision maker. This review process ensures that all residents perspectives are considered when assessing the quality of care and identifying areas for improvement (Completed 30/07/2025)

• The person in charge has ensured all easy read documentation is in place to discuss the visits of the registered provider and actions post inspections to ensure the delivery of a quality driven service. (Completed 30/07/2025)

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)(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	30/07/2025