



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

Issued by the Chief Inspector

Name of designated centre:	Borough House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	05 January 2026
Centre ID:	OSV-0007822
Fieldwork ID:	MON-0049052

About the designated centre

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

Borough House is a designated centre operated by Nua Healthcare Services Limited. The centre can cater for the needs of up to four male and female residents, who are over the age of 18 years and who have a disability. The centre is located on the outskirts of a large town in Co. Laois comprising of one bungalow dwelling, where residents have their own en-suite bedroom and communal access to a sitting room, kitchen and dining area, conservatory, utility, staff office and bathroom. A large garden space is also available for residents to use, at the front and rear of the centre. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

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

I

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 5 January 2026	09:45hrs to 14:30hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an announced inspection carried out to assess the provider's compliance with the regulations, so as to inform a registration renewal decision. This was a positive inspection, which found many examples of where care and support was delivered to a high standard. The day was facilitated by the person in charge and the deputy person in charge. The inspector also got to meet with some of the staff on duty, and with two of the residents that lived in this centre.

The centre comprised of one bungalow house, located on the outskirts of a town in Co. Laois, and was home to four male adults. Each resident had their own en-suite bedroom, a shared bathroom, kitchen, conservatory, sitting room, utility, and there also was a staff office. There was a well-maintained garden to the front and back of the property, for residents to use as they wished. The centre was maintained to a high-standard, was very clean, and nicely furnished.

Upon the inspector's arrival, there was a very calm, pleasant, and homely atmosphere in this centre. Due to a nationwide weather alert on this day of this inspection, this had impacted residents' normal daily routine, and three of them were taking advantage of this and were having a lie on in bed. The fourth resident was up and about, and briefly greeted the inspector when she arrived. Later on in the day, the inspector did get to sit and speak for a short period with another one of the residents. They told of how they had just returned back to the centre after a two week break visiting family over the Christmas period, which they had really enjoyed. They spoke of their weekly attendance at a national learning centre, where they took part in various education programmes. They were relaxing in the kitchen area at the time, and were listening to music on their phone, and spoke for a short period about the headphones they used, so that they could do so quietly in this communal area, without impacting anyone else in the vicinity. Another resident also met briefly with the inspector, showing a tattoo they recently had gotten of one of their favourite soccer players. This resident engaged with the person in charge about their plans for the day, and about the update on a new television that was being sourced for the sitting room. Another one of these residents often went out and about in the community independent of staff support, and the provider had risk management arrangement in place to allow them to safely do so. This resident did just that over the course of the day, and liked having the independence and autonomy to do so. Although the fourth resident was present in the centre, due to their behavioural presentation, the inspector didn't get to meet with them.

Three of these residents had lived together for a number of years, while the fourth resident had transitioned in recent months. All got on well together, with no negative peer-to-peer interactions having occurred. Their care and support needs predominately were in relation to their social care, some required support with their health care relating to epilepsy and weight management, and others required specific behavioural support. In response to their assessed needs, two of these

residents did require one-to-one staff support during waking hours, and this was consistently provided for them. For the purpose of this report, it is important to note that a few days prior to this inspection, some incidents had occurred which identified new risks associated with one particular resident's care and support arrangements. These incidents had been promptly responded to by the provider, who was in the process of the final stages of re-assessing this resident's needs, and were updating all associated support documentation. This very recent change in the resident's care and support arrangements was well-known by all staff, all new interim control measures had been clearly communicated to them, and there was robust oversight being maintained by local management to ensure these were being implemented.

These residents liked to remain active and were often out and about with the support of staff. Typically, during the week they each had their own routine, with some attending education centres, one had a part-time job at a garden centre, and others were supported by staff to access other facilities within the locality. Along with this, they were also quite socially active, having all attended a gala ball ahead of Christmas. One resident had recently joined Special Olympics and attended this weekly, others liked to play tennis, went shopping, had meals out, went down around the local town, and had regular take-away nights together. Positive risk taking was also promoted, with the provider putting provisions in place to support one of these residents to access the community independent of staff support. They each had access to mobile phones, wifi, and television. They also had good family involvement and they all spent time with family over Christmas.

There was a well-established staff team in this centre, who were well supported by the local management structure. The provider recognised the requirements for a consistency in care for these four residents, and had ensured staffing arrangements were often revised to ensure this. There was at all times managerial support provided to this centre, both by the local management arrangement and on-call cover. Overall, this was a very positive inspection, where the provider was found to be very responsive to risk, to the assessed needs of these residents, and had ensured robust systems were in place to ensure a good standard of care delivery was sustained.

The specific findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

Since the last inspection, the provider had sustained a good quality and safe service, with this inspection again finding them in full compliance with the regulations.

The person in charge held the overall responsibility for this service, and were supported in doing so by their deputy person in charge and line manager. They held regular meetings with their staff team to discuss residents' care and support

arrangements, with these meetings also giving staff the opportunity to bring up any other matters directly with members of local management. The person in charge also maintained frequent contact with their line manager around operational matters, and had an escalation pathway available to them to bring any concerns to the immediate attention of senior management.

Due to the particular assessed needs of these four residents, consistency in staffing levels to ensure continuity of care was paramount. A well-established staff team was in place, with minimal requirement for relief staff. Staff working in this centre had supported these residents for quite a period of time, and were very familiar with their assessed needs. Where residents were assessed as requiring one-to-one staff support, this was consistency provided. Due to incidents that had occurred very recent to this inspection, the provider had revised staffing levels, and at the time of this inspection, was in the process of increasing night-time staffing, in response to these incidents.

Effective oversight arrangements had led to regular monitoring of the safe delivery of care to residents in this centre. This was largely attributed to the regular managerial presence at the centre, provision of on-call arrangements, and effective internal communication processes. In addition to this, regular audits were being carried out that ensured certain aspects of this service were subject to on-going review. Six monthly provider-led visits were also being conducted, which extensively looked at many other care and support arrangements, with clear time bound plans put in place to address any areas that required further improvement.

Registration Regulation 5: Application for registration or renewal of registration

Prior to this inspection, the provider had satisfactorily submitted an application to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time role and was regularly present at the centre to meet with residents and their staff team. They had good knowledge of the residents' assessed needs, and of the operational needs of the service delivered to them. They were supported in their role by their staff team, line manager, and deputy person in charge. They did have responsibility for another designated centre operated by this provider, and current governance and management arrangements gave them the capacity to ensure this centre was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangement for this centre was subject to on-going review, which ensured that there was at all times a suitable number and skill-mix of staff to meet the assessed needs of residents. Where additional staffing resources were required, the provider had arrangements in place for this. Some residents were assessed as requiring one-to-one staff support during day-time hours, and this was consistently provided.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training was maintained under regular review, with all staff having up-to-date training in the areas they required, at the time of this inspection. Where refresher training was required, this was scheduled accordingly by the person in charge. All staff were also subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced to meet the assessed needs of all residents. There was a well-established local management team in place, which provided good and consistent oversight of the quality and safety of care delivered within this service. Regular staff team meetings were occurring, along with management team meetings, which ensured good internal communication between staff, and local and senior management. Six monthly provider-led visits were occurring in line with the requirements of the regulations. The report from the last visit conducted was reviewed by the inspector, which had reviewed many aspects of this service. Where improvements had been identified, there was a time bound action plan to address these.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available at the centre, which contained all information as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place for the reporting of all incidents, and had ensured notification of these to the Chief Inspector of Social Services, as and when required by the regulations.

Judgment: Compliant

Quality and safety

This was very much a resident-led service, that ensured the appropriate resources and supports were in place to meet the assessed needs of residents. Residents were consulted daily about how they wanted to spend their time, attended meetings around the running of their home, and were treated with respect and dignity around their personal choices for their care and support arrangements.

Effective assessment and personal planning arrangements had resulted in residents' needs' being often reviewed, and these being well-documented to guide staff practice. Where changes to residents' needs were identified, there was good multi-disciplinary involvement in the review of any changes that were needed to their daily care and support arrangements. Personal goal setting was encouraged, with residents being supported by a nominated key-worker to identify the best way to ensure residents achieved their chosen goals.

Due to the particular assessed needs of these four residents, behavioural support was a fundamental aspect of the care required within this service. There was regular and effective behavioural specialist input, residents' had clear behaviour support plans in place, and all behavioural related incidents that did occur were quickly reported and reviewed. Good arrangements were also found to be in place in relation to restrictive practice management. These were also subject to on-going review, to ensure the least restrictive practice was at all times used.

As earlier stated in this report, incidents had occurred a few days before this inspection, which the provider was in the process of responding to. These incidents had resulted in new risks being identified for a resident, and the provider had taken timely action in relation to these. They had implemented new control measures,

ensured all staff were made aware of these, and local management were maintaining oversight of their effective implementation. Additional input from behavioural support had also been sought, and at the time of this inspection, the provider was in the process of updating all risk management and personal planning documentation, with the newly recommended care and support arrangements for this resident.

Fire safety was regularly overseen by the person in charge, who ensured all fire safety precautions were effectively implemented by staff. Fire drills were often conducted, with a recent fire drill identifying some issues pertaining to one resident's response to the evacuation. Local management were very aware of this, and had responded by scheduling a further drill to be conducted the week of this inspection. This centre had also experienced some on-going maintenance issues with particular fire doors, with further issues observed in relation to these on the day of inspection. The person in charge quickly responded to this, and also informed that in light of the on-going maintenance issues experienced with regards to these, they had escalated the issue to senior management and plans were in place for a full review of fire containment arrangements to be completed.

Overall, this was a service that was responsive to residents' assessed needs and to any new risk identified, ensuring that residents were at all times kept safe, and that they enjoyed a good quality of service.

Regulation 13: General welfare and development

There were multiple opportunities provided for these residents to engage in activities that were meaningful to them. Some also attended local learning centres where they were involved in various education programmes, while others held part-time employment which they were supported with. Maintaining relationships with families and friends was also encouraged, with many of these residents having spent time with them over the Christmas period. Trialling of new activities for each resident was also promoted, with adequate transport and staffing arrangements at all times in place to facilitate residents with a good quality of social care.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of one bungalow dwelling, which was suitably laid out and designed to meet the assessed needs of these residents. The house was well-maintained, clean, and nicely furnished. Where maintenance and repair works were required from time to time, the provider had adequate arrangements in place for staff to report this to be quickly rectified.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide available at the centre, which contained all information as required by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a good incident reporting culture in this centre, which aided in the timely identification of new risk. There was also good communication between staff and local management about all incidents, coupled with the regular presence of management at the centre, which also assisted in the quick identification of any new risk. In response to some incidents which had occurred recent to the inspection, the provider had taken prompt action in relation to these, to ensure the safety of the resident involved. Risk assessments were regularly updated, and any new control measures were quickly communication to all staff.

At the time of this inspection, the provider was in the process of revising and updating all associated risk assessments relating to these recent incidents, and was also in the process of fully reviewing the risk register, so as to better support the person in charge in their on-going monitoring of the specific operational risks associated with this service.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire precautions in place, to include, fire detection systems, all staff had up-to-date training in fire safety, there was a centre specific fire procedure in place, all fire exits were maintained clear, and daily fire safety checks were being carried out by staff. In addition, fire drills were regularly occurring with the provider intending to conduct a further drill on the week this inspection was conducted.

In recent times, there had been a number of incidents reported relating to fire containment, following it being identified by staff that some fire doors were not closing properly. On the day of this inspection, this was again identified by the person in charge and promptly reported to maintenance who attended the centre to

address. This issue had been escalated by the person in charge to senior management, with the view for a extensive review of all fire doors to be conducted in this centre, on foot of the incidents that had occurred. In the interim, the person in charge was maintaining the function of these doors under very regular review, with all staff aware of the additional interim fire containment checks that were to be adhered to.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' assessments and personal plans were regularly updated and reviewed by staff. Where required, these reviews also included the support of relevant allied health professionals. Personal goal setting was carried out with each resident, with some being supported with money management skills, others had goals related to their education and employment status, with some having goals in relation to acquiring new hobbies. A key worker system was in place for this, with a named staff member assigned to ensure each resident was suitably supported to attain their chosen goals.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had suitable arrangements in place to support these residents. There was good involvement of multi-disciplinary professionals in the review of residents' health care, with clear risk assessments and personal plans in place to guide staff around this aspect of residents' care and support. At the time of this inspection, the main aspects of health care required by some residents were in relation to weight management and epilepsy. Since the last inspection, a review of epilepsy related protocols had been undertaken, and were found to provide clearer guidance to staff in relation to this. Although residents health care needs were minimal in this centre, this was consistently maintained under very regular review by staff and local management.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were effective systems in place to support residents with assessed behavioural support needs. Very recent to this inspection, there had been an increase in the number and severity of behavioural related incidents, which the provider was in the process of responding to. Prompt action had been taken to implement immediate control measures, all staff had been made informed of these changes, and the input and review of behavioural support specialist had also been sought, with their recommendations immediately implemented. At the time of this inspection, behaviour support plans and risk assessments were in the process of being updated to reflect recent changes, and were due to be made available for staff review by the close of the inspection.

There were a number of environmental restrictive practices in use in this centre, which were implemented in response to identified risks. These were working well in maintaining residents safe, and were also subject to on-going multi-disciplinary review.

Judgment: Compliant

Regulation 8: Protection

There were protocols in place to guide staff on how to identify, report, respond to, and monitor any concerns relating to the safety and welfare of these residents. All staff had received up-to-date training in safeguarding, and there was a designated safeguarding officer assigned to this centre to review any such incidents. At the time of this inspection, there were no active safeguarding concerns in this centre.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

I