



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:	Unannounced
Date of inspection:	26 May 2025
Centre ID:	OSV-0007822
Fieldwork ID:	MON-0046548

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 an intellectual 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 bathrooms. 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
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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
Monday 26 May 2025	09:00hrs to 13:45hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to assess the provider's compliance with the regulations. The day was facilitated by the director of operations, the deputy person in charge, and was later attended by the person in charge. The inspector also had the opportunity to meet with the shift lead, with a number of staff who were on duty, and also with one of the residents that lived in this centre. The last inspection of this service in January 2023 found the provider was in full-compliance with the regulations. Since then, oversight arrangements had ensured good standards of care were sustained for this centre, with the provider found to be again in full-compliance with all regulations, upon this inspection.

This centre was home to four residents, all of whom had lived together for quite a period of time. However, in the months prior to this inspection, there were a number of safeguarding related incidents which had occurred, resulting from negative peer-to-peer interactions. These were reviewed and escalated to senior management, where it was identified that there were some compatibility issues emerging in this centre. These safeguarding concerns were responded to by an increase in staffing arrangements, and a review was conducted of how residents interacted together when they were all at home, so as to minimise the likelihood of re-occurrence. In addition to this, there was a long-term plan put in place, which included the transition of a resident from this centre. At the time of this inspection, this transition was a few days from happening, and there was clear plans in place to ensure this went smoothly for the resident involved.

Upon the inspector's arrival, they were greeted by the deputy person in charge, and by one of the residents. Two of these residents had already left for the day to attend their adult learning centres, and there was another resident who was having a lie on in bed. This resident held part-time employment and liked to rest on in bed on the mornings when they weren't working. The resident whom the inspector did meet with, made a cup of tea for the inspector, and invited the inspector to come in to see their bedroom, which was also home to their pet rabbit. They told the inspector about how they cared for their pet, and had multiple storage and display areas for their personal belongings. They had posters of tv programmes and films which they liked proudly displayed on their walls. This was the resident who was moving to another service in the coming days, and they told the inspector they had visited their new home on numerous occasions, were looking forward to the move, and were in the process of packing the remainder of their personal belongings in preparation for their transition. Due to their assessed needs, they did require specific positive behaviour support, and had a certain number of staff allocated to support them each day. Over the course of this inspection, staff were observed to be very attentive to this resident, and communicated clearly with them, when implementing recommended positive behavioural support guidelines.

The centre comprised of one bungalow house, located on the outskirts of a town in Co. Laois. The residents each had their own bedroom, had communal use of a

sensory room, conservatory, kitchen and dining area, utility, and bathrooms. There was also a large and well-maintained garden area to both the front and rear of the property, and there was a staff office for staff use in the centre. In response to the health care needs of one of these residents, they had a service dog who had their own enclosed and secure area in the garden, and this resident with the support of staff, cared for their pet daily. The residents often used the sensory room to play computer games or just to spend time in to relax. The provision of black out blinds had been made to this room for residents to use if they wish, and there was also comfortable couches and chairs in this room. Overall, the centre was well-maintained, clean and provided a comfortable living environment for the residents who lived there.

The residents had their needs regularly re-assessed, and the care and support that they required primarily related to their social care, some required on-going positive behaviour support, there were residents with an assessed health care need, and there were also safeguarding and supervision arrangements that were required to be consistently implemented, so as to ensure residents' safety and welfare was maintained. Some were also assessed as requiring a specific level of staff support, and the provider had ensured that the centre adequately resourced with staff so as to consistently provide this. Each of these residents liked to live an active lifestyle, and they all had many interests. They often went to the cinema, liked to go shopping, went for walks, a number of them had recently attended a games festival. During a recent spell of good weather, one resident told the inspector that they had attended a garden barbeque and had also taken day-trips to the beach. Some of them had also decided to take a short break together, and were planning to head to Co.Kerry for a few nights over the summer months. There also was a resident who often accessed the community independent of staff support, and the provider had risk-assessed for this, to ensure arrangements were in place to ensure this resident was safe when doing so.

There was a well-established staff team in this centre, and due to the specific needs that these residents had, the person in charge ensured that when additional staff support was required, that it was only relief staff who were familiar with the service and the needs of the residents, who were allocated to provide this cover. Of the staff who met with the inspector, the each spoke confidently about the care and support that these residents required, particularly in relation to positive behaviour support, and also with regards to the active safeguarding arrangements that were in place at the time of this inspection. As well as interacting daily with residents about how they wanted to spend their time, weekly resident forum meetings were held with all residents, and staff used the information gathered from these meetings to inform the planning of residents' social outings and mealtime menu options.

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

Capacity and capability

The provider had ensured suitable persons were appointed to manage and run this centre. There were very clear lines of responsibility and accountability, and the governance structure for this centre enabled consistent managerial oversight of the delivery of care. The provider had also ensured the centre was adequately resourced to meet the needs of all four residents, and when additional resources were required, there was a system in place for this to be raised with the provider.

The person in charge had responsibility for this centre, and regularly visited to meet the residents and with their staff team. The had good knowledge of the residents' assessed needs, and of the operational needs of the service delivered to them. Along with their staff team, a deputy person in charge and shift lead both reported to the person in charge, and maintained oversight arrangements in between the person in charge's visits to the centre. There were also regular staff team meetings occurring to discuss residents' care and support arrangements, and the person in charge maintained frequent contact with their line manager about operational matters. The provider also had weekly governance meetings, which were attended by some members of management from this service, and when any issues were arising, these were brought to the attention of senior management at these meetings. This had worked particularly well in relation to responding to safeguarding incidents, which will be discussed further under quality and safety.

The number and skill-mix of staff working in this centre was in direct response to the assessed needs of the residents. Due to behavioural support and safeguarding arrangements required in this centre, the staffing arrangement was subject to on-going review. There was good oversight of staff training needs, and when refresher training was due, this was scheduled.

The provider had conducted a six monthly visit to the centre in recent months, and was scheduled to conduct a further visit in the weeks after this inspection. The report from the last visit was reviewed by the inspector was found to focus on relevant areas of care and support specific to what residents received, and a time bound plan was put in place to address areas that were identified for improvement. Along with the number of audits that were being completed, the regular communication between local and senior management, was fundamental to monitoring for the quality and safety of care in this centre. There was a timely and effective response to when incidents and issues arose, and as earlier stated, due to the regular presence of members of management at this centre, this played a large role in ensuring oversight of any new measures that needed to be implemented, in response to the needs of the residents and of the service delivered to them.

Regulation 14: Persons in charge

The person in charge held a full-time position and regularly visited the centre each week to meet with residents and their staff team. They were supported in their role by the deputy person in charge, a shift leader, their line manager and staff team in the running and management of this centre. They did have responsibility for another

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, ensuring a suitable number and skill-mix of staff were on duty both day and night to support residents. There was a familiar staff team in place, and when additional staff support was required from time to time, the person in charge ensured that only relief staff who knew the needs of the residents, were allocated to provide this cover. There was a well-maintained staff roster in place, which clearly identified the full name of each staff member and their start and finish times worked.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured all staff had the training that they required to carry out their role. When refresher training was required, this was scheduled 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 that there was a well-established management structure in place for this centre, and that the centre was resourced to meet the assessed needs of the residents. There were clear internal communication systems, where staff team meetings were regularly occurring, and the person in charge also maintained frequent contact with their line manager about operational matters. There was also a weekly governance meeting that was attended by members of management, and any issues arising in this service were brought to the attention of senior management at this meeting. Six monthly provider-led visits were conducting in line with the requirements of the regulations and where improvements were found, time bound action plans were put in place to address these.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were notified to the Chief Inspector of Social Services, as and when required.

Judgment: Compliant

Quality and safety

This was a service that was responsive to the assessed needs of the residents, and ensured the arrangements and supports that they required were made available to them. As earlier mentioned, due to safeguarding and behavioural support incidents that had previously occurred, there was a significant emphasis placed in this centre on ensuring these aspects of the service were well-monitored and governed.

Safeguarding arrangements formed a large part of the daily care that was provided to these residents. In response to a number of negative peer-to-peer incidents that had been reported, the provider had been responsive to this by reviewing residents' staff support arrangements, while also reviewing how residents interacted when all four were at home. Although these arrangements for the most part had proved effective, there were some incidents that did still occur from time-to-time. However, these were of significantly lower impact, and due to the change made to the staffing arrangement, this meant that staff were available to immediately intercept and de-escalate the incident from posing in any negative impact to the residents involved. The trending of the safeguarding incidents which had occurred resulted in the provider identifying the potential for compatibility issues in this service. In response to this, they put a long-term plan in place for the transition of a resident to another service. At the time of this inspection, this resident was scheduled to move in a few days time. As earlier mentioned, the inspector did have the chance to speak with this resident, who was well aware of , and happy about the plan in place for them, and was looking forward to settling into their new home. Of the staff whom met with the inspector, they were all well aware of the safeguarding concerns in this centre, and of the specific measures that were to be consistently implemented to maintain residents' safe.

There was good input from a behaviour support therapist into the arrangements in place for residents who required positive behavioural support interventions. Staff were well aware of the specific behavioural support interventions that were to be implemented in response to behaviours of concern, and at the time of this inspection, some behaviour support plans were in the process of review to input better clarity about some of these specific interventions. There were also good

practices found in relation to restrictive practice management, which again was an aspect of this service well-monitored by the person in charge.

The inspector did get to speak with one of the residents about their involvement in fire drills. They told exactly what they would do if the fire alarm sounded, and knew where all the fire exits were located within the centre. There was a schedule of fire drills that was adhered to, with the records of those completed assuring staff could evacuate residents in a timely manner. Subsequent to this inspection, there was a minimum staffing fire drill also scheduled to occur. Staff regularly completed fire safety checks, with a recent check having identified an issue with a fire door. This had been reported, with a member of maintenance attending the centre before close of the inspection to rectify the issue.

Overall, there were other good examples of care and support also found to residents' assessment and personal planning arrangements, and in relation to the quality of social care provided, with residents very often supported by staff to get out and about. The timely response from the provider in relation to the behavioural and safeguarding incidents in this centre had demonstrated their ability to effectively apply their own risk management processes, which resulted in better and safer care for residents, for the interim period of where they continued to remain to live together.

Regulation 13: General welfare and development

The provider had ensured that these residents had regular opportunities to engage in activities that they enjoyed, some held part-time employment, while others attended adult education and learning centres. There was due regard given to the personal interests of each resident, and staff ensured that residents were consulted about how they wanted to spend their free time. The provider had ensured sufficient staff were on duty each day to bring residents out and about, and had also ensured adequate transport arrangements had been made available for them to do so.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of one bungalow house, located on the outskirts of a town in Co. Laois. Each resident had their own bedroom, they had communal use of a sensory room, conservatory, kitchen and dining area, bathrooms, and utility. There was also a staff office, and a well-maintained garden to the front and rear of the property. The centre was clean, comfortably furnished and well-maintained. Where the premises required any repair or maintenance works, there was a system in place for staff to report this to be rectified.

Judgment: Compliant

Regulation 18: Food and nutrition

The provider had ensured that each resident was offered a choice at mealtime of what they wanted to eat, and meal planning was often a topic discussed with residents at their weekly residents' forum. At the time of this inspection, no resident required a modified diet, but staff did support residents to make healthy food choices, as part of the care provided in this centre. There was a full fitted kitchen where staff prepared residents' meals for them, and residents were also supported to eat out, if they so wished.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk management system in place, and any new measures required in response to new risks were communicated to staff. Following a number of incidents which had occurred in this centre, relating to behavioural support and safeguarding, the provider had quickly responded to these, put effective measures in place, and maintained very regular oversight of the the management of these specific risks. There were a number of risk assessments in place to support the risk management activities that were in place in response to both resident specific and organisational specific risks. A number of these were reviewed by the inspector over the course of this inspection, where it was observed that some would benefit from additional review, so as to ensure these included some of the specific measures that the provider had in place, particularly in relation to changes made to staffing levels and supervision arrangements. This was brought to the attention of those facilitating this inspection, who were putting place in place to conduct this review following this inspection.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, to include, detection and containment systems, there were multiple clear fire exits in the centre, there was emergency lighting throughout, regular fire safety checks were occurring, and all staff had received up-to-date fire safety training. In addition, there were waking staff on duty each night which meant that should a fire occur, staff were available to

quickly respond. Regular fire drills were occurring, and the records of these demonstrated that staff could support these residents to evacuate this centre in a timely fashion.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had a system in place to ensure that residents' needs were re-assessed on a regular basis. Personal plans were then developed to provide guidance to staff on how to support each resident with their individual assessed needs. The re-assessment of residents care involved multi-disciplinary support, as and when required. Personal goal setting was also carried out with each resident, with named staff allocated to support them with achieving their chosen goals.

Judgment: Compliant

Regulation 6: Health care

Where residents were assessed with health care needs, the provider had arrangements in place to ensure they received the care and support that they required. There were a number of allied health care professionals available to this service to review residents' health care arrangements, as and when required. Staff who spoke with the inspector were very clear on the specific assessed health care needs that some residents had, and on their role in supporting them. Over the course of the inspection, a number of personal plans and protocols were reviewed by the inspector and it was observed that a protocol relating to the administration of emergency medicine would benefit from additional review to provide better clarity to staff. This was brought to the attention of those facilitating the inspection who were putting arrangements in place for these clarifications to be included into this protocol.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behavioural support was supported in this centre through regular reviews of residents' behaviour support plans, behavioural related incidents were reported and reviewed to inform meetings with the centre's behavioural support specialist, and good communication was maintained between all staff when changes to residents'

behavioural support interventions occurred.

There were a number of restrictive practices that were in use in this centre, some of which were in place in response to residents' safety needs, while others were in place in response to residents' behavioural support. These were subject to regular multi-disciplinary review, and the frequency and appropriateness of their use was routinely monitored by the person in charge.

Judgment: Compliant

Regulation 8: Protection

Safeguarding arrangements were clearly set out in this centre, with all staff having up-to-date training in safeguarding, safeguarding relating incidents were reported and responded to quickly, and were escalated to senior management, as and when required. At the time of this inspection, there was a safeguarding plan in place, which was developed on foot of negative peer to peer interactions. Additional safeguarding measures were put in place, and the adherence to these was overseen daily by members of management. Safeguarding was also a topic of conversation that was carried out with each resident as part of their key-working sessions with staff.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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