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:	Tus Nua
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	23 February 2026
Centre ID:	OSV-0008146
Fieldwork ID:	MON-0049689

About the designated centre

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

Tus Nua provides full-time residential care to three residents and part-time care to one resident. The centre is a newly constructed bungalow in a housing estate located on the edge of a large town. The centre provides care and support for persons with both mild and moderate Intellectual Disability, with additional medical and social care needs. Residents require low to medium support services in terms of residential care and are supported by a defined complement of staff which includes a Staff Nurse and Health Care Assistants under the supervision of a Clinical Nurse Manager 2. Health Care Assistants arrive on duty at 16.00hrs going off duty at 09.00hrs Monday to Friday. Health Care Assistants provide sleepover support at night. The Centre is staffed all day on Saturdays and Sundays. Residents are supported by Health Care Assistants during intervals of non-attendance to day services.

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
Monday 23 February 2026	10:45hrs to 16:05hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

This inspection was an unannounced focused inspection to review the arrangements the provider had in place to ensure compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013) and the National Standards for Adult Safeguarding (2019). It followed a regulatory notice issued by the Chief Inspector of Social Services in June 2024 in which the safeguarding of residents was outlined as one of the most important responsibilities of a designated centre and fundamental to the provision of high quality care and support. Furthermore, that safeguarding is more than the prevention of abuse, but a holistic approach that promotes people's human rights and empowers them to exercise choice and control over their lives. The service was person-centred and responsive to the changing needs of residents. There were strong governance and oversight arrangements to ensure that the safety of residents was promoted. The rights of residents were respected but some improvement was required to ensure that residents were fully supported to understand their financial affairs.

The centre was a large bungalow in a housing estate. It was near to a town centre with shops, cafes and restaurants. Each resident had their own bedroom with an en-suite bathroom. The centre had a kitchen-dining room, sitting room, and utility room. There was also a staff sleepover bedroom, staff office, sluice room and storage rooms. The house was warm, bright and nicely decorated. It was tastefully furnished and very comfortable. The person in charge reported that works were underway to install security cameras outside the building and that there were plans to repaint the centre when these works were complete. The house was fully accessible. There was level access at all doors into the centre and internally. The doorways and hallway in the centre were wide and the rooms were spacious.

This centre was home to four residents. Three residents lived in the centre on a full-time basis. One resident spent a number of nights in their family home during the week. Residents in this centre required some support with their activities of daily living and personal care. All residents required the support of staff when accessing the community. Residents attended day services a number of days per week. Each resident was supported to spend at least one day at home every week with one-to-one staff. This gave residents the opportunity to enjoy meals out, shopping trips, day trips or some downtime in the centre.

The health needs of residents in this centre had changed over recent months. In response, the provider ensured input from members of the multidisciplinary team and provided additional staff training so that residents received the appropriate supports. The changing needs of residents had resulted in some negative interactions between residents and an increase in the incidents reported to the Chief Inspector of Social Services. The provider had followed the necessary procedures in

relation to these incidents and implemented measures to reduce the likelihood of a recurrence.

The inspector had the opportunity to meet with two residents. A third resident did not wish to meet with the inspector and this was respected. The residents who met with the inspector said that they were happy in their home. They said that they liked their fellow residents and that they were friends. They said that the staff were kind and nice. Residents said that they would be happy to raise any issues or complaints with the staff or with the person in charge. One resident spoke about an incident that they had raised with the person in charge. The person in charge and resident talked about how this issue had been resolved.

The inspector observed staff interacting with residents in a comfortable manner. Staff greeted residents when they returned to the centre from their day services. Residents chatted with staff telling them what had happened during the day. Staff and residents were observed sharing jokes and this created a welcoming and homely atmosphere in the centre.

In addition to the person in charge, the inspector had the opportunity to meet with one staff member. This member of staff gave specific examples of the steps that were taken to reduce the risk of negative interactions between residents. The examples were in line with the information recorded in residents' behaviour support plans. The staff member spoke about the system used to offer choices to residents through the weekly residents' meetings and how these choices were respected. The staff member also gave examples of when residents changed their mind about an activity and how this was supported by staff. The staff member was knowledgeable on the steps that should be taken if a safeguarding incident occurred. This was in line with the provider's policy and information contained within residents' risk assessments.

The next two sections of this report present the inspection findings regarding the governance and management in the centre, and how this impacts the quality and safety of the service provided.

Capacity and capability

The provider had systems for the oversight of the quality of the service. This included audits of systems used to safeguard residents. Any incidents that occurred in the centre were recorded and escalated appropriately. The provider's own policies and procedures in relation to the management of safeguarding incidents was followed. This meant that incidents were reviewed and measures put in place to avoid a recurrence.

The provider was responsive to the changing needs of the residents. This was reflected in the planned changes to staffing arrangements in the centre and the

bespoke training that staff completed. Residents were supported by a familiar team of staff who had received training in modules that were relevant to the care and support of residents. This included modules in safeguarding, communication supports, human rights and open disclosure.

Regulation 15: Staffing

The staffing arrangements were in line with the needs of residents. This meant that the required number of staff with the correct skill-mix was on duty at all times.

The inspector reviewed the staff rosters from 22 December 2025 to the day of inspection. This showed that the centre was staffed with the appropriate number of staff at all times. The staff team was consistent. Planned and unplanned leave was covered by regular agency staff. This meant that the staff were familiar to the residents.

The inspector reviewed the audit of staff files that had been completed by the person in charge in 2025. This audit identified if any staff files were missing documents as outlined under the regulations and an action plan to ensure that the provider obtained the necessary documents. These actions were completed. In addition, the inspector reviewed two staff files. These contained the necessary documents outlined under the regulations.

The person in charge reported that an additional four members of staff were going to be recruited for the centre. This was to move the service from sleepover staff to waking night staff. It was in response to the expected changes to the supports required by residents based on their assessed health needs. This showed the provider to be proactive to ensure that the staffing arrangements could continue to meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had training in modules that were suited to the needs of residents. This included modules that provided knowledge and skills to staff in relation to safeguarding residents.

The inspector reviewed the training records in the centre. These indicated that staff had up-to-date training in safeguarding. Staff had also received training in other modules that were relevant to the protection of residents; for example, training in human rights-based care, open disclosure, and training relating to the national consent policy.

The provider had also provided additional bespoke training to staff in response to the changing needs of residents and incidents that had occurred in the centre. A training module in supporting residents with their communication was completed in December 2025 and a module in behaviour support was completed in January 2026. This meant that staff were given additional knowledge and skills to support residents to reduce the likelihood of negative interactions and safeguarding incidents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had systems to ensure that the quality of the service was monitored and that safeguarding procedures were implemented fully.

The inspector reviewed the audits that were completed by the person in charge in the centre in 2025. These included audits that monitored areas relating to the safeguarding of residents and residents' rights. Staff knowledge about safeguarding procedures was monitored on a monthly basis. Open safeguarding plans were reviewed quarterly. The residents' finances were audited routinely to ensure that all residents' monies and spending could be accounted for. Any restrictive practices in the centre were reviewed quarterly. The audit of residents' care plans also included a review of information for staff relating to safeguarding, residents' finances, restrictive practices and risk management. This meant that the provider had a comprehensive overview of the day-to-day systems in place to ensure that residents were protected from abuse and that their rights were respected.

The inspector reviewed the most recent audit of the management of resident's finances. This audit reflected the new procedures that had been introduced following a safeguarding incident in the centre in the previous months. The new procedures strengthened the safeguarding arrangements in the centre and provided enhanced oversight of the systems used to store and manage the residents' monies.

Incidents in the centre were recorded, escalated and reviewed. The inspector reviewed the monthly incident trending reports completed by the person in charge in 2025. These included safeguarding incidents and the records showed times when the person in charge had identified that additional measures were needed to strengthen safeguarding arrangements.

Judgment: Compliant

Quality and safety

The service in this centre was person-centred and of a good quality. Residents received the necessary supports to meet their health, social and personal care needs. This included specific supports for resident to understand information that was presented to them and to express their needs, preferences and wishes.

Risks to residents were identified and measures put in place to reduce those risks. This included specific measures to safeguard residents and reduce negative interactions between residents.

The rights of residents were promoted. Residents were offered choices in relation to their daily lives. Some improvement was required to ensure that residents were fully supported to make decisions about their finances.

Regulation 10: Communication

The provider ensured that residents were supported to communicate their needs and wishes. Residents were supported to understand the choices offered to them and to express their preferences.

The inspector reviewed the care plans for two residents. These were developed within the previous 12 months, regularly reviewed and gave clear guidance to staff on the supports required by residents in relation to their communication. In addition, where one residents' communication needs were changing, the provider had referred the resident to a speech and language therapist for an assessment. This had taken place in June 2025. The inspector noted that recommendations from this assessment were implemented in the centre. These included the use of a visual schedule and the development of a communication passport. This meant that residents received the necessary supports to understand information presented to them and make informed choices in their daily lives. It also meant that residents were supported to express their needs, wishes and preferences.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems for the identification, assessment and management of risk in this centre. This meant that the provider had identified any safeguarding risks to residents and had specified ways to reduce that risk. It also meant that staff were given clear information to implement strategies to protect residents from abuse. Clear risk assessment gave a point of reference to the provider against which they could audit the service to ensure that all safeguarding strategies were implemented.

The inspector reviewed the risk assessments that had been developed for two residents. The risk assessments were comprehensive and mirrored the findings from the residents' assessments of need. They had been developed within the previous 12 months and were regularly updated. They gave clear information to staff on how to reduce risks to residents and signposted staff to relevant documents; for example, behaviour support plans. Some risk assessments related to specific safeguarding risks. These assessments gave clear guidance to staff on the steps that should be taken in these instances and the inspector noted that the assessments aligned with the provider's procedures in relation to the reporting of safeguarding incidents.

The inspector reviewed the risk register for the centre. This related to risks that presented in the service as a whole. The risk register contained risk assessments related to the safeguarding of residents and again, signposted staff to relevant policies and documents. The inspector noted that the control measures outlined in these risk assessments to protect residents from abuse were implemented in the centre; for example, all staff had up-to-date training in safeguarding and had Garda vetting.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider completed an assessment of the residents' health, personal and social care needs.

The inspector reviewed the records of two residents and found that a comprehensive assessment of the residents' health, social and personal care needs had been completed within the previous 12 months. The assessments identified the level of support required by the resident to meet their needs. Based on the assessments, care plans had been written to guide staff on how to support the residents. These care plans were regularly reviewed and kept up to date. An annual review of the residents' personal plan had been completed within the previous 12 months. This review included the residents' views. The previous year's goals were reviewed and new targets set for the year ahead.

The consent of the residents in relation to the development of their personal plans had been sought in advance of their annual review meeting. The document that recorded this consent outlined how the information was presented to the resident and how the staff member could be assured that the resident understood it.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider ensured that the residents received necessary supports in relation to their behaviour.

The inspector reviewed the behaviour support plans that had been developed for two residents. These plans were recently developed by a clinical psychologist. The plans clearly outlined the steps that should be taken to support residents to manage their behaviour. These plans directed staff to follow the provider's established safeguarding procedures.

A number of restrictive practices were in use in the centre. These were introduced to support residents with their changing health needs. The inspector reviewed the restrictive practice protocols and found that they gave clear guidance to staff on when and how the restrictions should be implemented. They were monitored to ensure that they were the least restrictive practice in use for the shortest duration of time.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to protect residents from the risk of abuse.

As outlined in the opening section of this report, the needs of some residents in this centre had changed in recent months. These changes had resulted in an increase in negative interactions between residents and an increase in the number of reported safeguarding incidents to the Chief Inspector. The provider's response to these incidents was reviewed by the inspector. This included a review of incident reports, safeguarding plans, minutes of multidisciplinary team meetings and risk assessments that had been completed in 2025. The inspector noted that the provider responded appropriately to all incidents. All incidents were reported and escalated in line with the provider's policy. Where required, external agencies were informed of relevant safeguarding incidents. The provider was responsive in all correspondence with the national safeguarding team and submitted formal safeguarding plans, as needed. The provider implemented systems to reduce the likelihood of negative interactions between residents. This included the development of behaviour support plans and a review of staffing arrangements.

Judgment: Compliant

Regulation 9: Residents' rights

The provider promoted the rights of residents through offering choices and respecting the residents' decisions. Some improvement was required to ensure that residents were fully supported in relation to their finances.

The inspector reviewed the minutes of the residents' meetings that had taken place in January and February 2026. These meetings happened weekly and the inspector noted that residents were offered choices at these meetings in relation to their social activities and meals. The meetings also provided information to residents about safeguarding, advocacy services, and their rights. As outlined previously, the consent of residents was sought and documented in relation to the development of residents' personal plans.

The inspector noted that the importance of offering choices to residents was documented in residents' care plans. For example, for one resident, a care plan relating to the resident's recreation noted that the resident should be offered choices and that their choices should be respected, including the right to refuse any activities.

Residents were supported to make choices about their finances. The inspector reviewed an easy-to-read document for one resident relating to their savings. This document outlined the concept of having savings and that the resident could choose how to spend this money. However, residents in this centre were not provided with regular statements relating to their savings. Therefore, the residents did not have all of the information needed to make decisions about their personal finances.

Judgment: Substantially 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	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	Substantially compliant

Compliance Plan for Tus Nua OSV-0008146

Inspection ID: MON-0049689

Date of inspection: 23/02/2026

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 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: - The Person in Charge has ensured that all residents with savings accounts managed by the centre have received individual financial statements detailing account balances and transactions. Date completed: 24/02/2026 - The Person in Charge has implemented a structured system to ensure that quarterly statements are generated and provided to the residents to ensure that they are aware of what savings they have accrued. Date completed: 24/02/2026 - The person in charge will ensure that copies of all statements issued will be securely retained in residents' financial records. Date completed: 24/02/2026 - The Person in Charge will ensure that all residents are supported in understanding their financial statements and what it means for them to enable them to make an informed decision in relation to their finances. Date completed: 24/02/2026	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	24/02/2026