



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

Issued by the Chief Inspector

Name of designated centre:	Heather House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	27 August 2025
Centre ID:	OSV-0008202
Fieldwork ID:	MON-0047991

About the designated centre

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

Heather house is a residential Service is a service run by Nua healthcare services. The centre is located near a town in Co. Mayo and provides residential care for up to five male and female residents who are over the age of 18 years and have an intellectual disability. The centre comprises of one premises with a self contained apartment attached, which provides residents with their own bedroom and bathroom, shared communal areas and garden space. Transport arrangements are in place to ensure residents have regular opportunities to access the community and local amenities. 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:	5
--	---

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 27 August 2025	14:00hrs to 19:45hrs	Catherine Glynn	Lead
Thursday 28 August 2025	10:00hrs to 13:00hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's arrangements in response to information received by the Chief Inspector of Social Services relating to the providers governance and oversight of Heather House. The inspector reviewed the care and support practices at the centre, which related to the information received about repeated incidents between residents living in the centre. The inspector found that overall good practices were in place at the centre ensuring the safety and wellbeing of residents, with further plans in place to add additional improvements, which is discussed later in the report.

As part of the inspection, the inspector met with the person in charge from another centre, the director of operations, team leader, and staff on duty who were supporting residents during the inspection. Initially, the team leader and acting person in charge facilitated the inspection until the arrival of a director of operations who was available and in close proximity to the centre, although this centre was not currently under their remit. Immediately, one resident enquired if the inspector had signed the visitors book and were happy when they checked and saw the inspectors name written down and was offered the inspector's identification. He then shook the inspector's hand and and went with staff. happy the inspector had signed in. Another resident was up and spoke with the inspector seeking reassurance, staff immediately reassured the resident and were observed sitting with them before planning an activity. The inspector was advised that a recent admission was having an unsettled day but staff would advise if a meeting could be facilitated. One resident on day one was away with family enjoying a visit and returned in the evening and met the inspector in the morning of day two . The inspector met all five residents over the course of the inspection and spent time with one resident, the most recent admission, who was involved in incidents in the centre. Shortly after arrival, the inspector was advised that the recent admission resident wished to meet them. The inspector was supported by the team leader, and they met this resident for 30 minutes. During this time the resident spoke about their services and supports they were receiving. Throughout the conversation, the resident was reassured in line with their current behaviour support plan guidelines. At the start of the meeting, this resident was walking around, wearing sunglasses and was annoyed in their presentation. By the end of the meeting, the resident agreed to remove their glasses, smiled and was relaxed as they were listened to. The inspector then left this resident to continue with the inspection.

From speaking with the team leader, managers, and staff team, it was clear that many measures were in place to care and support residents in line with their assessed needs, while also ensuring that all residents benefited from a good quality of life that was person-centred. On both days of the inspection, it was clear that all residents were assisted to understand and manage their schedules effectively. Each resident had assigned staff and enjoyed individualised programmes. Residents had weekly meetings as well as individual time to plan their activities. This was a daily exercise due to residents' assessed needs. The inspector noted that staff were

engaging warmly with residents throughout the inspection and were very mindful of their interactions with residents as outlined in their behaviour support plans and assessed needs.

This centre was a home based service, residents had the flexibility to take part in abilities of their choice at times that suited them or around their home visits and family meetings. From the inspector's arrival, it was clear that residents started their day at their own pace and were facilitated to get up at times that suited them. The inspector met with all of the residents for varying times during the inspection. Residents had varying communication ability, but it was clear that staff had the knowledge and skills to support each resident appropriately, in line with their assessed needs and preferred way.

In summary, the inspector found that residents' safety and social care activities were paramount to all systems and arrangements the provider had put in place in Heather house. Oversight systems were in place and effective to ensure the quality and safety of care provided was monitored effectively. Residents were clearly supported and encouraged to choose how to spend their time and they were involved as much as possible in the running of their home based on their needs and abilities.

The next two sections of the report present the findings in relation to governance and management in the centre, and how it protected residents from harm and promoted their rights and quality of life.

Capacity and capability

This risk inspection was carried out in response to a number of significant notifications received by the Chief Inspector of Social Services. The centre was last inspected in October 2024 as part of registration renewal application. This inspection found that the provider had effective governance and management systems and effective structures for the oversight and direction of care for residents in the centre.

The provider had appropriate governance systems and structures in place to ensure effective oversight, monitoring and direction of care for residents living in the centre. The inspector noted that on reviewing the pathway of incidents that had occurred, the provider showed a clear response at each step of the increase in events but also prioritised the quality of the service in place for this new admission. Management and the staff team all acknowledged that the service was becoming established and familiar with the new admission's care and support needs in the centre.

The provider had robust arrangements in place to monitor all incidents effectively which ensured that all relevant notifications were identified, responded to, and reported appropriately in a timely manner as required by the regulations. The inspector noted that all necessary multidisciplinary supports had been provided in response to all incidents and remained ongoing at the time of the inspection to ensure appropriate and effective supports were in place for a resident, and the staff team.

From a review of staff training records for January to July 2025, mandatory training was up-to-date for staff. New staff were required to complete online training before commencement followed by face-to-face training. Training was under regular review by the management team and training department to ensure all staff had the required skills, knowledge and awareness as required by the regulations to support residents appropriately.

Regulation 15: Staffing

From conversations with staff members, it was clear to the inspector that consistency of care and support was a priority for residents living in this centre. The inspector found that the staffing roster was well maintained, and no gaps were evident due to residents' assessed needs. In addition, the team leaders would step away from administration duties and work front line as required.

The inspector reviewed staffing rosters from 26 of May to 29 of June 2025. Consistency was maintained at all times for the residents in line with their assessed needs. Due to the high support needs for residents in Heather house, the management team ensured that a core staff team was maintained to ensure the quality of care and support was maintained at all times.

The inspector reviewed staff meetings from January to June 2025 and noted that they were occurring as scheduled in line with local policy, and a record of all staff attending was maintained. A set agenda was provided to staff and an opportunity to raise additional areas for discussion. Staff spoken with during the inspection were clear that management was available formally and informally when required, and that they were approachable.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that all staff who worked in the centre had received appropriate training to equip them to provide suitable care and support to the residents in line with their assessed needs.

The inspector reviewed staff training records from January to June 2025, which showed that staff had received training in all mandatory training, for example, fire training, positive behaviour support, medication management and health and safety. Additional courses were provided to staff online by the organisation, such as human rights, infection control, and intimate care.

Management showed the inspector the supervision schedule for 2025. This indicated that the person in charge and team leader were completing supervisions with all staff in line with local policy. The support was provided formally and informally in the centre by the management team allocated to the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality, safe service to residents living in Heather House.

The inspector found that care practices at the centre were subject to regular review by the provider, person in charge, or by a nominated staff member through a range of audits. The provider had completed an annual review of the quality and safety of care provided in this centre for 2024. The inspector reviewed a sample of audits for January to June 2025, including staffing, policies and procedures, risk management, training, and health and safety. Audits showed a high level of compliance at the centre, and where improvements were identified, a clear action plan was in place to address them, including suitable completion dates.

There were clear lines of accountability in the centre. Staff knew who to contact should any issues arise. Information was shared at team meetings and through a communication book. Team meetings were completed as scheduled, and the inspector reviewed minutes of meetings from December 2024 to May 2025. Meeting records showed discussions on specific issues relating to residents' care and compatibility issues relating to recent incidents/accidents as well as staffing, such as the weekly roster and leave arrangements.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaints procedure in place in Heather House.

Complaint management arrangements at the centre ensured that complaints and concerns were dealt with in an appropriate and responsive manner. In addition, each complaint was dealt with effectively and efficiently, but also used as an opportunity for learning.

A review of complaints in the centre for 2025 showed that there were active complaints on the day of the inspection. These complaints related to noise caused by a resident knocking on a fellow resident's windows, due to behavioural issues. This was under review by the management and safeguarding team, and a clear plan was in place to address this issue effectively. Learning from this event was shared with the staff team and was monitored by the local management.

Judgment: Compliant

Quality and safety

Overall, the provider showed a good level of compliance with the regulations relating to the quality and safety of care and support, while ensuring that a person-centred service was in place for all residents in Heather house.

The management team was very focused on ensuring that residents received individualised care, promoting community involvement and maintaining contact with family and friends. This included home-based activities, access to social activities such as swimming, bowling and eating out with staff support.

Review meetings took place annually, at which residents' support needs for the coming year was planned. Residents' goals and plans were supported by staff and family. The personal planning process in place ensured that residents' social, health and developmental needs and preferences were identified and the appropriate supports were put in place to ensure these goals were met.

Residents' safety was promoted at the centre through a range of safeguarding procedures to both identify and mitigate against any possible risks to residents' well-being.

Regulation 26: Risk management procedures

The provider had effective systems in place for the identification, assessment and management of risks in the centre, including a system for responding to emergencies.

The risk register for the centre was currently subject to regular review due to the assessed needs of a recent admission. It incorporated identified risks associated

with residents' needs, such as aggression, absconding, medication, and behavioural issues with clear and comprehensive control measures implemented, which reflected team and management discussions. This response showed a consistent approach to safeguarding residents from harm and meeting their individual needs.

Accident and incident records in the centre from January 2025 were reviewed, and the inspector noted that they clearly showed details of any incidents and the response completed to safeguard residents from harm. The response also included all recommendations and learning reflected in the updated risk assessments, resident care plans and minutes of team meetings. This ensured a consistent approach by staff to support the residents appropriately.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plan assessments ensured that residents' needs were clearly identified and supports were in place to provide a consistent approach to residents' care.

The inspector reviewed three personal plans, linked to recent incidents that had occurred in the centre. The plans showed that they were comprehensive, detailed, and reflected residents' needs such as healthcare, social activities, and behaviours that challenge. Personal plans were regularly reviewed for example, following an update from the multi-disciplinary professionals involved in the care and support of residents.

Annual reviews had been completed to review the effectiveness of the personal plans for each of the residents, with input from their representatives, staff team and all assigned multidisciplinary professionals. Staff spoken with at the centre outlined that the regular reviews and updating of personal plans ensured their knowledge was up-to-date and that consistent care was provided to meet residents' needs in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that comprehensive and detailed behaviour support plans were in place for residents, including the regular review of recommended restrictive practices that showed that residents' assessed needs were consistently supported in Heather house.

The inspector reviewed three behaviour support plans and associated protocols for residents. Support plans were developed in conjunction with a behaviour support specialist and detailed the behaviours to be supported and strategies to be used by staff proactively and following an incident. Support plans were subject to regular review and discussions at team meetings to ensure they were effective and that staff practices were consistent.

Due to the support needs required by each resident at the centre a range of restrictive practices were in place. This included locked doors and gates into the centre, and individualised garden space where required. Records reviewed showed that each practice was reviewed to ensure its effectiveness and that staff were adhering to each practice recommended by multidisciplinary staff. Records also showed that each practice in place was reviewed to ensure they were effective and that no alternative was suitable at the time of the review. The provider showed they monitored each practice to ensure that they were in place for the least amount of time required. For example, a resident who had lived in a self contained apartment now shared with other residents in the main house with no issues.

Judgment: Compliant

Regulation 8: Protection

The provider had appropriate safeguarding arrangements in place at the centre at the time of the inspection, which ensured that residents were protected from the risk of abuse.

The inspector reviewed previous incidents relating to safeguarding from abuse at the centre and there were active issues on the day of the inspection. Records relating to a safeguarding incident from August and early September 2025 clearly showed that the incident was reported to senior management and the local safeguarding team. A comprehensive interim safeguarding plan was in place and implemented, subject to regular review to assess its effectiveness, and correspondence from the local safeguarding team reflected their assurance with the measures implemented by the provider.

Residents were also supported in this area through regular staff training as reflected in records reviewed from January to June 2025. This showed that staff had up-to-date knowledge on how to identify and report different types of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents were supported to exercise their rights at the centre.

On review of training records for 2025, staff at the centre had completed human rights training which had increased their knowledge and enhanced awareness across the staff team. This was evident through observations of staff member's interactions with residents at the centre which were respectful and focused on providing choice to each of the residents residing in Heather house, such as activities for the day.

Residents were supported on a daily basis to choose individualised activities and this was further enhanced through weekly house meetings at the centre for 2025. Records reviewed from May to August 2025 showed that residents were supported through all aspects of needs to make choices and express personal preferences where possible and appropriate.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
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