



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

Issued by the Chief Inspector

Name of designated centre:	Clara Falls
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	20 January 2026
Centre ID:	OSV-0008524
Fieldwork ID:	MON-0040459

About the designated centre

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

In this designated centre 24 hour support and care can be provided to two residents with disabilities and who over the age of 18 years. The service can support residents with an intellectual disability and a range of needs including physical and mobility needs. The maximum number of residents that can be accommodated is two. The house is staffed at all times and generally there are four staff members on duty by day and by night. The person in charge is responsible for the day-to-day management and oversight of the service. In addition to the support provided by the person in charge and the staff team, residents have access as needed to the providers multi-disciplinary team such as psychology, psychiatry, occupational therapy and, speech and language therapy. The house is a bungalow located on its own spacious site in a rural but populated area. Each resident is provided with their own large self-contained area of the house with access to an en-suite bedroom, living and dining area and direct access to their own secure outdoor area. Centralised facilities include a main kitchen, visitors room, staff office, additional toilet facilities and laundry.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Tuesday 20 January 2026	10:30hrs to 15:45hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

Residents who lived in this centre had a good quality of life, had choices in their daily lives, and were involved in activities that they enjoyed. The person in charge and staff were very focused on ensuring that a person-centred service was delivered to residents. Throughout the inspection, the inspector found that residents' needs were supported by staff in a person-centred way.

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met with residents who lived in the centre and observed how they lived. The inspector also met with the person who was deputising for the person in charge, three staff on duty, and viewed a range of documentation and processes.

The inspector had the opportunity to meet both residents during the course of the inspection. On the inspector's arrival at the centre, the person in charge confirmed that residents had been consulted about the inspection, that staff had explained why it was taking place, and that residents had been shown pictures of the inspector in advance in preparation for the inspection. One resident brought the inspector to see their bedroom straight away and indicated that they were very happy with this room, while the other resident was busy and had no objection to the inspector seeing their room later in the day. On the morning of the inspection, one resident was having nail care, was smiling and appeared happy and relaxed with this activity. The other resident was doing a table top puzzle and appeared to be very focused on, and enjoying, this activity. Later, while one resident had gone out to a day service activity, the other resident watched a music reel of their favourite band and had fun dancing to the music with staff.

Residents had flexibility around how they spent their days, and had options of spending time in the centre, attending day service, or doing activities in the community. Each resident had an individualised service within the centre and had their own allocated staff and transport. This enabled each resident to live their lives as they wished with the required level of staff support. One resident liked to attend day service activities, while the other preferred a home based service, and both of these options were being supported. Activities that residents enjoyed included going for countryside and beach walks, computers technology, board games and puzzles, baking, outings to places of interest, music and home visits. Residents also took part in community based activities such as having meals out, going to the cinema, and personal shopping.

It was clear, from a walk around the centre, that safe and comfortable accommodation was provided, which suited the needs of residents. The centre consisted of one spacious house which was situated in a rural area but close to a town. Each resident had their own self-contained accommodation which included

cooking facilities. There was also a separate shared kitchen and laundry facilities. These arrangements ensured that residents could enjoy privacy and could spend time alone as they wished. Both residents' accommodation was well-equipped, and comfortably furnished. Each resident's bedroom and living area was personalised and decorated in line with their interests and wishes. The inspector saw that the style of decor in each bedroom was different, and both bedrooms reflected the individuality of the resident. There was adequate storage for residents' clothing and belongings in each bedroom.

In summary, based on what the inspector read, observed and discussed, this service was person-centered, with staff ensuring that the individuality and rights of the residents were respected and promoted. The provider ensured that it had the necessary arrangements in place to ensure that the service was planned, delivered, managed and overseen to ensure a good quality service was provided.

The next two sections of this report will discuss the governance and management arrangements of the designated centre and how these ensured and assured the quality and safety of the service provided for the residents.

Capacity and capability

The findings from this inspection indicated that the provider was delivering a good quality service, which was focused on residents' needs and preferences. This inspection indicated good compliance with the regulations reviewed.

The provider had developed a clearly defined management structure and this was described in statement of purpose. There was a suitably qualified and experienced person in charge to manage the centre, and they were supported by a deputy person in charge and a shift lead manager. The management team worked together to support the residents' care, welfare and human rights. Arrangements were in place to manage the centre when the person in charge was absent and these arrangements were in place, and were effective on the day of inspection. The person who deputised for the person in charge was present during the inspection, they knew the service well and were knowledgeable of residents' needs. Throughout this report, this person will be referred to as the person in charge.

The provider had systems in place to ensure that the service was safe and suitable for residents. The service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided. This included unannounced audits which were carried out every six months by the provider and an annual review of the service. These audits identified any areas where improvement was required. The centre was suitably resourced to ensure the effective delivery of care and support to residents.

Documents required by the regulations were made available for the inspector to view. Documents viewed included financial records, audits, and personal planning and healthcare records, and a residents' guide. There was a statement of purpose which gave a clear description of the service and met the requirements of the regulations.

The provider had ensured that adequate resources were in place to ensure the effective delivery of care and support to residents. These resources included the provision of safe and comfortable accommodation and furnishing, transport, sufficient staff to support residents and access to facilities such as Wi-Fi and televisions. The provider had also ensured that residents and their property were suitable insured.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation and information required for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services. An inspector read this documentation and found that it had been suitably submitted. This ensured that the required information available to the Chief Inspector to assess the fitness of the provider and to inform the registration renewal decision.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a person in charge of the designated centre. The role of the person in charge was full-time. An inspector read the information supplied to the Chief Inspector in relation to the person in charge and this indicated that they had the required qualifications and experience for this role. As the person in charge was absent on the day of inspection, the person who deputised for them was present throughout the inspection. They were very knowledgeable regarding the individual needs of each resident who lived in the centre, and also knowledgeable of their regulatory responsibilities. It was clear that they were very familiar with the running of the service and was well known to residents and the staff team.

Judgment: Compliant

Regulation 22: Insurance

There were arrangements in place to ensure that the residents and their property were suitably insured.

An inspector viewed insurance documentation which had been supplied to the Chief Inspector by the provider as part of the registration renewal process. This documentation confirmed that the residents and their property were insured against personal injury and third party damage.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance arrangements in place to ensure that the centre was well managed and that a high standard of care, support and safety was being provided to residents.

The provider had auditing systems in place to oversee the quality and safety of the service. These included unannounced audits by the provider which were carried out every six months, and an annual review of the quality and safety of care and support of residents. The inspector viewed these audits, all of which showed a high level of compliance. Any areas that required improvement had been identified in action plans and were being addressed.

An organisational structure with clear lines of authority had been established to manage the centre. There were effective arrangements in place to support staff when the person in charge was not on duty. These arrangements were effective, as on the day of inspection, the person on charge was not available and person who deputised for them, who was based in the centre, was available to facilitate the inspection.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, access to Wi-Fi, television, and adequate staffing levels to support residents. Two staff were available to support each resident as required.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose had been prepared for the service, and it was available to view in the centre. While the statement of purpose was very informative, it required minor amendment.

The inspector read the statement of purpose and found that it met most of the requirements of the regulations, and was being reviewed annually by the person in charge. However, some of the required information was not clearly stated and required to be reviewed and updated. As the statement was informative and generally suitable, this did not have any negative impact on residents who lived in the centre.

The person in charge committed to updating the statement of purpose and to making an updated version available to the Chief Inspector.

Judgment: Compliant

Quality and safety

Based on the findings of this inspection, there was a high level of compliance with regulations relating to the quality and safety of care delivered to residents who lived in the centre. The person in charge, and staff were very focused on ensuring the safety, community involvement and general welfare of residents. The inspector found that residents were supported to live lifestyles of their choice, and to take part in activities that they enjoyed. There was a good personal planning process in place to ensure that residents' needs were being assessed and appropriately managed. Residents' rights and autonomy were being well supported.

Comfortable accommodation was provided for residents. The centre consisted of two self-contained units within one house in a rural area. This accommodation suited the needs of residents, and was clean, comfortable and well maintained. Residents' bedrooms were personalised to each person's taste. The units had kitchens where residents could be involved in food preparation if they liked to. Residents also had use of a larger, well equipped central kitchen to use if they preferred. Laundry facilities were also provided. There were large gardens where residents could spend time outdoors. Each resident had use of separate transport to access their preferred activities

As the centre was staffed throughout the day, residents had choices around how they would spend their days. Residents could take part in their preferred activities in their homes, at day service and in the community. During the inspection, the inspector found that residents' needs were supported by staff in a person-centred way. Residents were involved in a range of activities such as attending day service activities, shopping, day trips, dancing, walking, with family and friends and going out for something to eat.

Comprehensive assessments of the health, personal and social care needs of each resident had been carried out and were recorded. Individualised personal plans had been developed for residents based on these assessments and plans were in place to ensure that these need were being met. Personal planning information and plans

of care were clear and informative. The provider had ensured that residents had access to medical and healthcare services and that they received a good level of healthcare. Residents' nutritional needs were well met and residents had choice around meals, food preparation and grocery shopping.

The residents' human rights were being well supported by staff and by the provider's systems. Throughout the inspection, the inspector found that residents' needs were supported by staff in a person-centred way. Staff supported residents' involvement in community activity and also supported them to keep in contact with their families. An advocacy system was available to residents and this had recently been used to support a resident to manage an issue external to the service. Information was supplied to residents through ongoing interaction with staff and the management team. Suitable communication techniques were being used to achieve this and the inspector observed that staff were familiar with these processes. The provider had systems in place for the oversight of the residents' financial expenditure and management. However, this required review to clearly establish what healthcare expenditure was the responsibility of the resident, to ensure that a resident's money was being spent appropriately.

Regulation 10: Communication

The provider had arrangements in place which ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.

Residents who lived in the centre required support with communication, and they were being suitably supported. The inspector read the communication support plans for both residents. These plans were clear and informative, and had been developed with multidisciplinary involvement. The plans provided a range of information to guide staff, such as information about the resident's likes, dislikes and preferences, and use of supports such as using real objects, objects of reference and plain English. Throughout the inspection, the inspector saw how staff communicated with residents in line with their communication needs. For example, a member of staff showed the inspector a communication application that one of the residents had started using on their tablet. There was an up-to-date communication policy to guide practice.

Judgment: Compliant

Regulation 12: Personal possessions

There were systems in place for the secure management of residents' finances and personal property within the centre. Management of residents' personal expenditure

on recommended health interventions required review to establish if it was being appropriately managed in line with residents' rights, and the provider's processes.

The provider had strong systems in place for oversight, recording and checking of residents' personal expenditure. The inspector viewed these systems and saw that receipts were being maintained for all residents' expenditures. The inspector also saw that expenditures were being clearly and accurately logged and that records and balances were being checked daily.

The inspector viewed records of expenditure which showed that a resident who lived in the centre had access to their own money for their daily spending needs, and that this resident was free to spend on items that they enjoyed such a clothes, activities, dining out and take-away meals.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of the residents. The centre was clean, comfortable and well maintained throughout.

The centre was a large house in which there was separate individualised accommodation for each resident. During a walk around the centre, the inspector saw that both units were well maintained, clean and comfortably decorated, and there were gardens surrounding the building. There was a central kitchen that both residents could share, in addition to kitchen areas in each apartments. Residents also had access to laundry facilities in an external building at the rear of the centre.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being supported.

The centre had a well equipped kitchen where food could be stored and prepared in hygienic conditions, and each resident also had a kitchen space in their apartment. The inspector saw that the main kitchen was stocked with supplies of fresh and frozen foods, as well as having a supply of dry goods. Residents' dietary needs had been assessed with multidisciplinary involvement and the required special nutrition processes were being supported. Residents' food preferences had been established through the personal planning process. These arrangements ensured that residents had meals that suited their assessed needs and preferences.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that information was provided to residents.

A residents' guide had been developed to provide information to residents. This guide had been supplied to the Chief Inspector of Social Services as part of the registration renewal process. The inspector read this guide and found that it met the requirement of the regulations. Other information that was relevant to residents was provided in the centre. This included sharing information about topics such as activities that were on in the local area, human rights and safeguarding information, and photos to identify the designated safeguarding officer. Information sharing took place through accessible communication techniques and weekly key worker sessions with residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a suitable personal planning process to ensure that residents' needs were being identified and met.

Assessments of the health, personal and social care needs of residents had been carried out and individualised personal care plans had been developed for each resident. The inspector viewed residents' personal plans and found that multidisciplinary involvement had been provided as required. Meaningful personal goals had been developed for residents and the inspector saw that progress in achieving these goals was being recorded. Both long-term goals and short-term monthly goals had been identified for residents.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare was provided for each resident, and residents were supported to lead healthy lifestyles.

The inspector viewed the healthcare plans for both residents and found that their health needs had been assessed and they had good access to a range of healthcare services, such as general practitioners and medical consultants. The inspector saw

that multidisciplinary support such as occupational therapy, psychology, and speech and language therapy and nursing support was available through the provider. Plans of care for good health had been developed for residents based on each person's assessed needs. The person in charge confirmed that both residents had access to general practitioners in the local community. Referrals for national health screening programmes were arranged as appropriate. One resident was not eligible for any such programmes, while the other resident had attended a screening when invited. Staff were also supporting and monitoring various aspects of health to ensure that residents remained healthy. For example, residents' weights, blood pressure, and daily sleep patterns were being monitored.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges.

The inspector saw that there were procedures to support residents to manage behaviours of concern, which enabled them to live their lives as safely and comfortably as possible. The inspector viewed the support plans that had been developed for a resident who required support to manage their behaviours. These plans were clear and up to date. Residents had access to the provider's multidisciplinary team which included behaviour support and psychology specialists who worked with and supported residents as required. The centre was adequately staffed to ensure that each resident had individualised support at all times. Staff who spoke with the inspector were very clear about the behavior management strategies that were in place to support each resident. There was limited use of restrictive practice in the centre, and the person in charge explained work which had taken place to remove a restrictive action which had previously been in place in a resident's apartment.

Judgment: Compliant

Regulation 9: Residents' rights

There were good systems in place to support residents' human rights. The provider had ensured that residents' human rights were supported and that residents had freedom to exercise choice and control in their daily lives.

Throughout the inspection, the inspector saw that each resident was being supported in an individualised way to take part in whatever activities or tasks they

wanted to do. Staffing levels in the centre and availability of transport ensured that this could be achieved in line with each resident's preferences.

Staff had established and recorded residents' likes, dislikes and preferences, based on information supplied from residents' families, assessments, observation, and knowledge of each individual. The inspector observed that residents' daily plans were based around these preferences

Residents had comfortable accommodation, which was laid out so that residents could enjoy privacy or time alone as they wished. Residents were also being supported to keep in contact with family and friends and to access the local community.

Residents had access to an advocacy and complaints processes. A resident had accessed the advocacy system to manage an issue external to the service. Residents' spiritual preferences had been established and were supported accordingly. The inspector saw that a resident's financial access was well managed.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant