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:	Maple Grove
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Cavan
Type of inspection:	Unannounced
Date of inspection:	19 January 2026
Centre ID:	OSV-0008571
Fieldwork ID:	MON-0048925

About the designated centre

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

Maple Grove is a full-time residential service that can cater to the needs of up to five residents. The residents are supported twenty-four hours a day.
It is a two-storey detached community house; one resident is supported in an individual self-contained apartment. The remaining residents live in the centre's main part, with four single bedrooms.
The house is in Co Cavan and close to some towns and villages. The house's location means residents can access a wide range of facilities and activities.

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
Monday 19 January 2026	09:30hrs to 16:30hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to ensure ongoing compliance with the regulations. On the day of inspection there were five adults living in the centre. Overall, the inspection found that residents were in receipt of good care and support and found positive examples of how residents were supported to live lives of their choosing.

Improvements were required in medication management in particular, medication storage and excessive stock of PRN (as required) medication beyond what was clinically required. In addition, improvements were required in Governance and Management to ensure the process of audit was effective in bringing about improvements in the centre.

On arrival to the centre, the inspector was greeted by a member of staff who was the assigned shift lead. The staff member showed the inspector around the centre, with the inspector then having the opportunity to meet with residents who were up and preparing for the day. Some residents were still in bed at the time of the inspector's arrival, therefore the inspector met with them later in the day at a time convenient to the resident.

Two residents who lived in the centre had their own self-contained living area and were staffed 2:1. The remaining three residents shared the communal space in the main house which included two living areas, a bathroom, kitchen and laundry room.

Residents were seen coming and going from the kitchen area and conversing with staff throughout the day. Residents were also visited by clinical professionals on the day of inspection. Other residents were seen coming to and from the centre to attend social outings such as walks or drives. Residents were also engaging with devices such as their tablets and phones. When speaking with one resident, they spoke about how they enjoyed baking in the centre and had baked brownies. Other residents attended work placements and/or were seeking further education. Another resident had a keen interest in farming, farming books were provided and were seen to be of value to the resident.

There were high levels of staffing on the day of inspection with two residents receiving 2:1 support and the remaining three residents supported by two staff on the day. the inspector was advised that staff allocated may at times increase to three depending on the needs of the residents. The inspector was informed that there was an overall staffing deficit. The centre managed this through overtime, relief covering or if required staff from neighbouring centres provided support.

The next two sections of the report presents the findings of this inspection in relation to governance and management of this centre and, how the governance

and management arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Overall the inspector found that the registered provider was demonstrating effective governance, leadership and management arrangements in the centre. However, improvements were required to ensure the process of audit was effective in bringing about improvements in the centre. In particular, medication management, as stock control was found to be beyond clinical need and that recommended in the providers own policy. In addition, actions set out by the provider had not been completed.

There were clear lines of authority and accountability within the centre. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

On the day of inspection, there were appropriate staffing levels in place to meet the assessed needs of the residents. From a review of the roster, there was an established staff team in place. While there were vacancies in the staff team, this was being managed to ensure the assessed staffing requirements were provided for the residents with minimal impact on residents.

There was systems in place for the training and development of the staff team, staff spoken to throughout the inspection had the necessary skills and competency to care for residents.

Regulation 15: Staffing

A review of rosters between 1/12/2025 and 31/12/2025 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection. While there were vacancies in the staff team, this was being managed to ensure the assessed staffing requirements were provided for the residents.

For example in order to support the five residents:

- seven staff were on duty each day (where required, 2:1 and or 1:1 staffing support was provided for)
- six staff worked overnight in the centre (live waking nights)

- the person in charge was also working in the centre on two to three days each week.

In addition staff were currently completing their induction and further recruitment was ongoing. The person in charge informed the inspector that the service did not use agency staff. Instead, when required they called on staff from an internal relief panel.

On the day of the inspection, the inspector met with staff members on duty in addition to the person in charge . All staff were seen to be knowledgeable in their roles and residents appeared content in their presence.

Judgment: Compliant

Regulation 16: Training and staff development

From reviewing the training matrix and a random sample of training certificates, the inspector found that staff were provided with the required training to respond to the needs of the residents.

For example staff had training in:

- fire safety
- manual handling
- positive behavioural support/safety intervention techniques
- safeguarding
- infection prevention and control (IPC)
- basic first aid
- food hygiene
- monitoring blood pressure
- safe administration of medication
- risk assessment.

In addition, the person in charge informed the inspector that centre specific training had been completed for staff in relation to specific mental health needs such as eating disorders in order to respond to individual residents assessed needs.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in this service. The person in charge was responsible for the day-to-day management of the centre and they were supported in their role by two shift lead managers.

The provider had systems in place to monitor and audit the service. Six-monthly unannounced visits to the centre had been carried out in April and October 2025. On completion of these audits, an action plan was developed. However, not all actions had been addressed.

For example it had been identified that return medication was not stored in a locked cupboard. While on the day of inspection, no medication was stored in the allocated press for returns , there was no way to lock this cupboard therefore the identified action had not been addressed.

In addition, on review of medication stock and audits, there was a continued over stock of medication beyond clinical indication and that recommended by the providers own policy. Improvement was required in the effective monitoring of medication as discussed further under regulation 29 to ensure safe practices and adherence to best practice.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the person in charge was aware of the requirement to notify specific incidents to the Chief Inspector of Social Services in line with the requirement of the regulations.

The inspector had completed a review of notifications received in advance of this inspection and also completed a review of the provider's accident, incident and near miss records and found that all incidents that required notification had been completed in line with the Regulation.

Judgment: Compliant

Quality and safety

Overall the inspector found that the centre provided a comfortable home that was in good state of repair both internally and externally. The house was suitably designed and equipped to support the residents. It had a homely feel and was clean and warm.

Residents had opportunities to be part of their local community and were supported to do this through person centred planning. They were making decisions about how they wished to spend their time.

From what the inspector observed, speaking with staff team and management, and from the documentation reviewed it was evident that residents were supported through individualised assessment and personal planning. Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals. Hospital appointments were facilitated as required and each resident had a number of healthcare-related plans in place so as to inform and guide practice.

Residents were supported to experience positive mental health and where required, had access to mental health professionals and behavioural support. Allied health professionals were observed visiting the centre on the day of the inspection.

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. Safeguarding concerns had been reported to the national safeguarding team, the Office of Chief Inspector, the police (where required) and residents had access to a team of multi-disciplinary supports as required. Systems were also in place to manage and mitigate risk and support residents safety in the centre.

Regulation 10: Communication

Residents were supported to communicate in accordance with their individual needs and preferences. Preferred methods of communication were clearly documented within residents' personal care plans.

Residents had access to a range of communication resources including portable devices, telephones, televisions and radios.

Staff had regular meetings and or check-ins with the residents where they could communicate, discuss and address any issues they may have in the centre.Staff were observed to demonstrate awareness of, and respect, for each residents preferred communication methods.

The person in charge and two staff members spoken with were able to clearly discuss and describe residents care plans and associated protocols with the inspector.

Judgment: Compliant

Regulation 17: Premises

The centre had been decorated to ensure it was homely in presentation, warm and well maintained. The inspector completed a walk around of the premises and found that there was adequate communal and private space for residents.

The staff team had supported residents to display their personal items and in ensuring that their personal possessions and pictures were available to them. All residents had their own bedroom which were decorated to reflect their individual tastes.

The centre was found to be spacious, bright, well ventilated and very clean.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. The residents had a number of individual risk assessments on file so as to promote their overall safety and wellbeing, where required.

Staff demonstrated a good understanding of the main risks prevalent in the centre and how to manage these risks appropriately.

Risk was found to be responded to and well managed in this centre. Incidents and accidents were being logged and reported through an on-line system which allowed for information sharing and oversight.The inspector reviewed a sample of incidents to date.The provider was responsive and reviewed control measures to mitigate risk.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Improvements were required in medication storage and management in the centre. The inspector found that there was a continued over stock of medication beyond clinical indication and that recommended by the providers own policy. In addition, not all medication was in a labeled container. Regular audits in the centre prompted the review of stock, however there continued to be a significant excess stored in the centre and no action taken to address the overstock.

In addition, as noted previously there was not lockable storage for return medication, despite this being raised in a six monthly audit. On the day of inspection no medication was stored in this cupboard.

These issues reflect inadequate oversight, and failure to comply with best practice guidelines, which could compromise the health and well-being of residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Over the course of the inspection, the inspector reviewed the personal plans and associated care and support plans for a sample of residents. The review found that the plans were reflective of the current and evolving needs of the resident. Some minor discrepancies were identified by the inspector, however these were addressed during the inspection and did not pose a risk to residents. The plans reviewed were informative and practical, providing clear guidance on how best to support each individual.

The inspector observed that staff members were familiar with the content of these plans and demonstrated a strong understanding of each resident's needs. Staff were seen responding appropriately to residents and were able to articulate their support strategies confidently during discussions with the inspector.

These findings indicate that the centre was delivering individualised and responsive care, underpinned by effective planning and staff awareness.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse.

Safeguarding concerns had been reported to the national safeguarding team, the Office of Chief Inspector, the police (where required) and residents had access to a team of multi-disciplinary supports as required. Systems were also in place to manage and mitigate risk and support residents safety in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Maple Grove OSV-0008571

Inspection ID: MON-0048925

Date of inspection: 19/01/2026

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. The Person in Charge will review the recent six-monthly audit report and close all actions identified within. Due date: 31 January 2026 - Completed 2. The Person in Charge (PIC) will review weekly, all medication audits to ensure that they are completed accurately and remedial actions implemented as required. Due date: 31 January 2026 – Completed 3. The PIC will implement a lockable storage unit for the return of medications. Due date: 31 January 2026 – Completed	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: 1. The PIC will ensure the safe return of excess medications to align with the policy. Due date: 31 January 2026 - Completed	

2. The Person in Charge (PIC) will review weekly, all medication audits to ensure that they are completed accurately and remedial actions implemented as required.

Due date: 31 January 2026 – Completed

4. The PIC will implement a lockable storage unit for the return of medications.

Due date: 31 January 2026 – Completed

5. The PIC will ensure, that ordering of medication will be completed giving consideration to the existing stock levels, to ensure no excess medications stored in the Centre.

Due date: 28 February 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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/01/2026
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	28/02/2026

Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.	Substantially Compliant	Yellow	28/02/2026