

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

Issued by the Chief Inspector

Name of designated centre:	Shannon Heights
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	19 June 2025
Centre ID:	OSV-0008680
Fieldwork ID:	MON-0047363

About the designated centre

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

Shannon Heights is a detached two-storey house and a garden room located to the rear of the house located in a housing estate on the outskirts of a city. The centre provides full-time residential care for a maximum of four residents of either gender, over the age of 18, with intellectual disabilities, autism spectrum disorder and mental health issues. Each resident has their own individual bedroom with other rooms in the centre including a kitchen-dining room, a living room, a utility room and bathrooms. Support to residents is provided by the person in charge, a deputy person in charge and assistant support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 19 June 2025	10:20hrs to 16:00hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Feedback from residents during this inspection was largely positive. This included both residents present indicating that they felt safe living in the centre. These residents left the centre for part of the day.

While this centre was registered for four residents, at the time of inspection just two residents were living in this centre. Both of these residents were present when the inspection commenced with one of these residents greeting the inspector along with a staff member when the inspector entered. When asked what the resident would be doing later in the day, the resident informed the inspector that they would be getting a certificate for a course they had completed on healthy eating. The inspector had another opportunity to speak with this resident in the house's living room shortly after his arrival. During this, the resident indicated that they had lived in the centre for 18 months and liked living there.

The resident went onto speak about liking and watching a streaming service on the television in the living room and also watching DVDs in their bedroom. The inspector asked about some of the things that the resident did away from the centre with the resident responding by talking about going shopping and going to a hotel for dinner. In response to further questions from the inspector, the resident indicated that they felt safe living in the centre, that they got on with the other resident living there and that staff were good to them. When asked by the inspector if there was anything that they were unhappy about or if the resident felt that anything could be better in the centre, the resident said that they would like a day in the centre as they had to go shopping every day.

It was further indicated by the resident that they had said this to staff previously and that if there was anything else that they were unhappy with that they could go to the person in charge. In doing so the resident gave the name of the person in charge and smiled when they did so. Later on, when asked, the person in charge and a staff member indicated that this resident could stay in the centre if they wished to do so. While the inspector was speaking with this resident during the initial stages of the inspection, the second resident living in the centre briefly entered the living room to give the first resident a piece of kitchen roll before going to the centre's kitchen-dining room.

Soon after the inspector spoke with this resident in the kitchen-dining room. The resident told the inspector that they were happy living in the centre but missed another resident who used to live there before moving elsewhere. They went on to say that they got on with the other resident living in the centre (and smiled as they mentioned their name) before saying that their peer went home at the weekends. This resident was aware of who the person in charge was and indicated that staff were nice to them. When asked, the resident also stated that they felt safe when in the centre.

During this discussion, this resident did say more to the inspector but he had some difficulty in clearly making out what the resident was saying. The person in charge and the staff member on duty appeared to have no such difficulties based on the inspector's observations. Both residents appeared to be comfortable in the presence of the one front-line staff member that was on duty during the inspection while the person in charge greeted both residents when they arrived after the inspection had commenced. While the inspector was speaking with the person in charge, both of the residents left the centre with the staff member in the centre's vehicle.

Having been gone from the centre for the early afternoon of the inspection, both residents returned in the final hour of the inspection. When they did so, the two residents came into the kitchen-dining room where the inspector was reviewing some documentation (the inspector offered to move at this time but was told by a resident and the person in charge that he was okay to remain where he was). One of the residents showed the inspector the certificate that they had received while away from the centre. The other resident appeared very proud of the first resident for this and congratulated them on this achievement, while also patting them on the shoulder. It was apparent that both residents were very comfortable in one another's presence at this time.

After this one of the residents left the kitchen-dining room while the other made themselves a sandwich and sat with the inspector at the dining table. During this time, the resident indicated that they had had a nice trip away from the centre but did not know what they would be doing later in the day. When the inspector left this room and took the documents he had been reviewing with him, this resident kindly got up and held the door open for this inspector. After completing a feedback meeting for the inspection, the inspector said goodbye to this resident who was still in the kitchen-dining room. The other resident was in their bedroom listening to music at the time and seemed relaxed when the inspector briefly visited their bedroom to say goodbye to them.

In summary, both residents indicated that got one with each other and appeared to be comfortable in one another's presence. Residents also appeared comfortable with the one staff member present and the person in charge. The centre where residents lived was seen to be well presented on the day of inspection.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

No immediate or high concerns were found during this safeguarding focused inspection. However, improvement was needed though relating to staff knowledge in this area.

This centre was first registered by the Chief Inspector of Social Services in December 2023 for a three-year period with no restrictive conditions and the centre received its first inspection in June 2024. At that time, three residents were living in the centre and the assigned person in charge was responsible for that centre only. The June 2024 inspection found an overall good level of compliance with the regulations. Since that inspection, one of three residents present then had moved to another designated centre operated by the provider while the person in charge had become responsible for the same designated centre also. The current inspection was conducted by part of a programme of inspections being conducted by the Chief Inspector that focused on the area of safeguarding. Overall, the current inspection found no immediate or high safeguarding concerns but staff knowledge around safeguarding and some aspects of administration were found to need improvement.

Regulation 16: Training and staff development

Supervision logs provided during this inspection indicated that staff working in this centre were in receipt of formal supervision. Further records seen by the inspector indicated that staff team meetings were taking place regularly in the centre which topics such as incidents, training and safeguarding were discussed. When reviewing notes of one such meeting from March 2025, it was highlighted that staff were to ensure that they were familiar with the provider's a safeguarding policy. This policy gave information on the types of abuse that can occur and how to report any safeguarding concerns. A training matrix provided indicated that all staff working in the centre had completed in-date training in various areas including safeguarding.

Despite the content of the records that were provided during this inspection, it was noticeable that a staff member present during this inspection did not demonstrate a sufficient knowledge of safeguarding. For example:

- The staff member displayed only a limited knowledge of the types of abuse that can occur.
- When asked, the staff member did not describe any indicators of financial abuse.
- The staff member gave different information around who safeguarding concerns were to be reported to that was not consistent with the provider's policy in this in area.

While it was acknowledged that only one front-line member of staff was present on the day of inspection, the information provided indicated that they required refresher training in safeguarding.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were indications during this inspection that there were management and monitoring systems in operation for the centre to help performance manage staff and ensure that residents received a safe and quality service. Such systems included:

- Based on records reviewed for three staff members, such staff received performance appraisal reviews.
- An on-call system was available for staff to seek managerial support if required with information about who was on call for the month of June 2025 on display in the centre's staff office.
- An annual review for the centre, a key regulatory requirement, had been completed for the centre in December 2024 with this annual review reflected in a written report.
- Two provider unannounced visits to the centre, another regulatory requirement, had also been completed in March 2025 and September 2024. Such visits were reflected in written reports and included action plans for addressing any areas for improvement identified by representatives of the provider who conducted such visits.
- Some additional unannounced visits were conducted at night by management of the centre. Records of such visits were also provided to the inspector which indicated that no concerns had been identified during these visits.

While such systems were positively noted, and no immediate or high safeguarding concerns were found during this inspection. Some areas were identified where improved documentation and administration was needed. For example:

- During the initial stages of the inspection, a poster was seen on display in the staff office which indicated the provider as having six designated or safeguarding officers. However, two other documents reviewed in the centre indicated that there was five and four such officers respectively. After the inspector highlighted this to the person in charge, it was notable that the poster initially seen in the staff office had been replaced with a new one which indicated that there were seven designated or safeguarding officers. The documentation reviewed in this regard did not assure that information about the provider's designated or safeguarding officers was being updated in a timely manner.
- One resident present in the centre was subject to a particular legal order. The inspector was informed that a copy of this order was not present in the centre but that relevant directions arising from this order related to the resident's finances were documented in the resident's personal plan. Despite this when reviewing the resident's personal plan, it was noted that the

information documented in this personal plan was different to the information that was given verbally to the inspector.

While such matters did not pose a high risk to residents, they did indicate that aspects of the monitoring of the centre could be improved.

Judgment: Substantially compliant

Quality and safety

Weekly resident forums were taking place but one resident had not attended most of these meetings in recent months. Personal plans were provided for residents with annual reviews of these taking place.

Residents living in this centre were provided with personal plans which had been subject to annual review. Notes of such annual reviews indicated that residents could benefit from a day service with the provider engaging with an external body around this matter. Residents were assigned key-workers (staff members specifically assigned to support residents) who met with residents to discuss matters such as restrictive practices. Limited restrictive practices were in use in the centre but those that were, were subject to regular review based on records provided. Other records reviewed, such as incident reports, and discussions with residents indicated that there were no safeguarding concerns in the centre at the time of inspection. Aside from this, residents' forums were taking place on a weekly basis but no records were provided from recent months that there had been appropriate follow-up with a resident who had not been present at most of these forums.

Regulation 10: Communication

Both residents met during this inspection communicated verbally. While, the inspector did have difficulty in understanding what one of these residents was saying, a staff member on duty and the person in charge appeared to have no such issues. The inspector was informed that the centre was provided with Wi-Fi Internet while media such as television and radio were also seen to be present. Both residents had their own mobile phones. These phones were not smart phone but it was indicated to the inspector that this was by choice of the residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Under this regulation, all residents living in a designated centre should have personal plans in place which are intended to set out the health, personal and social needs of the residents. Taking into account the documentation that was reviewed during this inspection, the following was noted:

- Both residents had personal plans in place which had been reviewed within the previous 12 months.
- These personal plans had been informed by comprehensive assessments of needs with such assessment covering various areas such as residents' health and independence skills.
- As a result, personal plans contained information on how to support such needs and key information related to residents.
- Residents' personal plans were available in accessible format.
- Annual reviews of residents' personal plans had taken place in December 2024.

When reviewing notes of these annual reviews, it was highlighted that both residents could benefit from a day service. When queried, the inspector was informed that neither resident was availing of a full day service at the time of inspection but that the provider was engaging with an external organisation trying to arrange one. It was indicated though that one resident had been attending a mobile continuous learning and development hub operated by the provider. This resident had obtained their certificate in healthy eating from this hub as was highlighted during the inspection. The inspector was informed that the resident would be commencing a further course on independent living through this hub.

Aside from this, this regulation also requires that the designated centre is suitable to meet the needs of residents. The evidence gathered during the June 2024 and the current inspections indicated that the current residents required low support to meet their needs. The inspector was informed though that a baseline assessment for one resident had taken place related to dementia. The resident did not have a confirmed diagnosis of dementia and it was indicated to the inspector that this was to be kept under review. Were this resident to develop dementia, it was possible that they could require a higher level of support to meet their needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Based on observations during this inspection and documentation reviewed, there was limited restrictive practices in use in the centre. For the restrictive practices that were in use, records read indicated that these were subject to quarterly reviews. When reviewing notes of the most recent quarterly review, as completed during June 2025, it was indicated that window restrictors, which had been previously regarded by the provider as being a restrictive practice for this centre, were no

longer being regarded as such. It was indicated that this was due to residents having the ability to open the restrictors on the windows if they wished. When viewing the windows in question, it was seen that this was possible.

Further documentation and discussions, also indicated that there was limited behaviours that challenge in the centre. Some guidance around supporting residents in this area was present in their personal plans if required while training records provided also indicated that staff had completed relevant training in de-escalation and intervention.

Judgment: Compliant

Regulation 8: Protection

Taking into account discussions with a member of staff, discussions with the person in charge, discussions with both residents and documentation reviewed, there were no safeguarding concerns present in the centre at the time of inspection. It was particularly noticeable that both residents reported as feeling safe in the centre with both appearing comfortable with each other and with staff and management present. Since this centre first became registered, no safeguarding notifications had been received from this centre. No incident or allegation of a safeguarding nature was identified from documentation reviewed during this inspection such as incident reports and complaints log. Training records reviewed indicated that all staff had completed relevant training in areas such as intimate care and safeguarding although discussions with one staff member indicated that they needed refresher training in safeguarding. This is addressed under Regulation 16 Staff training and development.

Judgment: Compliant

Regulation 9: Residents' rights

During the June 2024 inspection, it was highlighted that one resident wanted to live in another geographical area. On the current inspection, the inspector was informed during the introduction meeting that this resident had transitioned to another centre in this geographical area during December 2024. From a rights perspective, this was a positive development for the former resident of Shannon Heights. Also during an introduction meeting for this inspection, it was indicated that residents were consulted on a weekly basis through resident forums. The inspector was further informed during the introduction meeting that sometimes, one resident would be away from the centre when these forums occurred but that staff would check in with the resident when they were back in the centre.

Later in the inspection, the inspector read notes of residents' forums for April, May and June 2025. These indicated that such forums were taking place weekly and that matters such as safeguarding, complaints and rights were discussed during them. It was noted though that one resident had only attended one of these meetings during this time period as they were at home. For each of the meetings that they did not attend, there was a recorded action for staff to have a significant conversation with the resident. The inspector requested to review records of such conversations for this period but he was only provided with notes of such conversations up to March 2025. As such the inspector raised this and gave an opportunity for additional records of these conversations to be provided but it was indicated that no other records could be located. As such this did not assure that both residents were being afforded the same opportunities to be consulted with and given information.

It was acknowledged though that further records provided indicated that both residents did participate in one-to-one meetings with their assigned key-worker. Notes of such meeting records for 2025 indicated that matters such as goals and restrictive practices were discussed with residents.

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 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	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 Shannon Heights OSV-0008680

Inspection ID: MON-0047363

Date of inspection: 19/06/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. The Person in Charge (PIC) will ensure all staff complete safeguarding refresher training. In addition, a test of knowledge on Safeguarding will be completed with all Team Members. Due Date: 15 August 2025 2. Safeguarding will be discussed with all Team Members by the PIC at the next monthly team meeting. Due Date: 30 July 2025	
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 (PIC) will ensure all Centre documentation is reviewed and updated for accuracy, including the list of designated safeguarding officers, to maintain clear, consistent and current information. Due Date: 01 August 2025 2. The PIC will review all Individual records to ensure Legal Orders and directions are fully and correctly documented in Personal Plans. Due Date: 20 July 2025	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>1. The Person in Charge (PIC) will ensure that any Individual who misses a forum meeting are followed up with and conversations documented and evidenced to support equal consultation and information sharing. Due Date: 01 August 2025</p> <p>2. The PIC will review and monitor records of these follow up conversations monthly to ensure they are consistently completed and maintained. Due Date: 01 August 2025</p>	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	15/08/2025
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	01/08/2025
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes,	Substantially Compliant	Yellow	01/08/2025

	age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.			
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