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

Issued by the Chief Inspector

Name of designated centre:	Silverwood
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Carlow
Type of inspection:	Unannounced
Date of inspection:	12 January 2026
Centre ID:	OSV-0008805
Fieldwork ID:	MON-0043938

About the designated centre

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

Silverwood is a designated centre operated by Nua Healthcare Services Limited. It provides a community residential service to a maximum of five adults. The centre is a detached two-storey house located in its own grounds. The centre is located in a rural area in Co. Carlow and is a short drive from local amenities. The house consists of five individualised apartments each comprising of a bedroom (en-suite) and kitchen and dining area. In addition, there was an office, a kitchen/dining area and a sitting room. The staff team consists of social care workers and assistant support workers. The staff team are supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 12 January 2026	09:15hrs to 17:00hrs	Sarah Barry	Lead
Monday 12 January 2026	09:15hrs to 17:00hrs	Jennifer Deasy	Support

What residents told us and what inspectors observed

This was an unannounced inspection which was carried out as part of the regulatory monitoring of the centre. It took place over one day and was carried out by two inspectors. Using observations, engagement with residents and staff and reviewing records pertaining to the care and support provided in this centre, the inspector observed that, overall, residents were being provided with person centred care. However, improvements were required under a number of regulations, namely, regulation 16: training and development, regulation 10: communication and regulation 28: fire precautions.

The designated centre comprised of a large two storey house, which had been divided into five separate apartments and a central kitchen/dining area, bathroom and office. Each resident had their own self-contained apartment, which comprised of a bedroom with an en suite bathroom and a living area. Inspectors reviewed four of these apartments, including one which was vacant at the time of inspections. Inspectors did not visit the fifth apartment as the resident living there did not wish to meet with the inspectors.

The house was surrounded by large, well-maintained grounds. The garden had a trampoline and basket swing which inspectors were told that some of the residents enjoyed using. There was an external laundry room and storage shed. There was ample parking available at the centre.

The inspection was facilitated by centre's person in charge. On arrival to the centre, the inspector was greeted by the shift leader, who brought the inspectors on a safety walk and showed the inspectors the fire safety procedures. The designated centre was seen to be very clean and well-maintained.

The centre was home to four residents on the day of the inspection. Over the course of the inspection, the inspectors met briefly with two of the residents. One resident was attending their education institution on the day of the inspection and another resident declined to meet with the inspectors and the inspectors respected their wishes.

The inspectors met with one of the residents who had recently moved to the centre. They were being supported by two staff members and seemed comfortable in their presence. The resident communicated through non-verbal means and did not communicate their experiences on living in the centre. Inspectors saw photographs of the resident working on goals which included going shopping, going out for food and completing their laundry. Inspectors were told that these were significant achievements for this resident in developing their life skills.

Inspectors saw that it was recommended that particular visual supports be used to assist this resident with their communication; however, these visual supports were

not seen to be present in the resident's apartment, and staff spoken with were unfamiliar with them. This is discussed further in the quality and safety section of the report.

Inspectors spoke with two staff members who were supporting the resident who declined to meet with the inspectors. Staff members spoken with were very knowledgeable regarding the resident's assessed needs and their preferences in respect of meeting these needs. Staff members described the training that they had received in managing the resident's health care needs. For example, both staff members described the transmission-based precautions which were implemented to manage an assessed healthcare need for a resident.

Both staff members spoken with had received fire safety training and were aware of the fire management systems for the centre; however, there was a risk identified in that not all residents evacuated during fire drills. It was found, through speaking with staff and reviewing documentation, that enhancements were required to the residents' personal evacuation plans to ensure that staff were informed of measures to be taken in the instance of a resident failing to evacuate during a real emergency. This will be discussed further in the quality and safety section of the report.

Residents engaged in activities of their choice and the inspectors observed that residents were able to make choices on a daily basis about what they did. A review of the resident's daily notes demonstrated that residents were offered choice in their daily activities and their choices were respected by staff.

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 bring delivered to each resident living in the centre.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

Improvements were required in the systems to regularly record and monitor staff training and not all staff had completed training to meet a specific healthcare need of one of the residents.

The provider had implemented management systems to ensure that the service provided to residents was safe and appropriate to their assessed needs. The person in charge had good oversight of the service and ensured that the staff team provided person-centred care to the residents living here.

There was a full staff team in place in the centre at the time of the inspection, with four new staff members commencing work in the centre on the day following the inspection. There was a large staff presence in the centre daily, as was required by the residents' assessed needs.

Regulation 15: Staffing

The inspector found that the centre had sufficient staff in place to meet the needs of the residents. The staff team was led by the person in charge, who was employed on a full-time basis. The staff team was made up of 1.5 social care workers and 23 assistant support workers. There were eight staff on shift during the day and six staff working at night, in a waking night capacity. The person in charge advised that on the day of the inspection the centre has its full staffing complement, with four new staff commencing in the centre the day after the inspection. With these new staff members, there were no vacancies in the staff team.

There were planned and actual rosters in place in the centre. A review of the rosters for January up to and including the date of the inspection and the first week of December demonstrated that the provider and person in charge had ensured that sufficient staffing levels were maintained in the centre during this period.

Judgment: Compliant

Regulation 16: Training and staff development

Improvements were required in the systems used to record and monitor staff training. Inspectors also found that not all staff had completed training required to meet the specific healthcare needs of one resident. On the day of the inspection, the training matrix provided to the inspectors demonstrated that seven staff had not completed training in infection prevention control. This was of concern as one resident had a specific healthcare need which required specific infection control measures to be in place and adhered to by staff. In addition, it showed that five staff had not completed training in Children First.

The day following the inspection, the person in charge submitted written assurances that the training matrix had not been accurate regarding training levels on the staff team. They advised that only one staff member working in the centre had not completed Children First training and that they had completed it that later on the day of the inspection. In relation to the infection prevention training, the matrix was also inaccurate and the correct number who hadn't completed the training was four. These staff members completed the training the day following the inspection. Notwithstanding these assurances and actions taken after the inspection, on the day

of inspection not all staff had completed specific training that ensured that they could meet the resident's individual needs.

Staff members in the centre had completed other training to meet resident's needs. These included:

- Fire safety

- Safeguarding vulnerable adults

- Manual handling

- Safe administration of medication

- Basic first aid

- Providing intimate care

In addition, the majority of staff had completed training in human rights. Some staff had completed training in relation to communication, to include, Lámh and effective communication and active listening with individuals with disabilities.

Staff supervision was completed twice a year, in line with the provider's policy. Supervision of staff members were up to date and was completed by the members of the centre's management team. There was a schedule in place for supervision.

An inspector reviewed the last two supervision records for three staff members. There was a set agenda for these meetings and topics discussed included example of learnings, continuing professional development and agreed actions.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider and the person in charge had ensured that the centre was adequately resourced to deliver effective and person centred care to the residents. There was a full time person in charge in the centre. At the time of this inspection, there was a full staff team in the centre, with four new staff commencing in the centre the day following the inspection.

There was a clearly defined management structure and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The inspectors spoke with staff members, the shift leader and the person in charge over the course of the day. All were informed of their individual roles and responsibilities and of how to escalate concerns through the management systems.

The shift leader was in receipt of formal supervision from the person in charge. They described the managers of the centre as being very open and transparent. The person in charge had regular meetings with the director of operations and also received their own supervision and support.

An inspector reviewed the last six monthly audits from February and August 2025. These audits were comprehensive and detailed. They clearly identified risks in the centre and identified actions to be taken to address these. For example, it was identified on the August audit that there were issues with fire evacuations and recommended that residents' evacuation plan be amended.

There was an annual provider review of the quality and safety of care and support in the centre, which had been completed in June 2025. This contained input from stakeholders involved in the centre and the service received compliments from resident's families on the care provided to their family members.

There was a centre specific emergency plan in place which included arrangements for loss of power and/or heating and in the event of adverse weather conditions such as flooding. The centre had a generator and one of the inspectors spoke with a member of the provider's maintenance team who was on site during the day of the inspection. They advised that they checked the generator weekly and demonstrated its use to a member of the staff team each week. This was observed occurring during the inspection.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre. Overall, the residents enjoyed a safe and good quality service. However, improvements were required under regulation 10: communication and regulation 28: fire precautions.

Of the resident's files reviewed on this inspection, the inspectors found that each had a comprehensive and up-to-date individual assessment of their health and social care needs.

The registered provider ensured the designated centre was designed and arranged to align with the service's aims and objectives, as well as the number and assessed needs of all residents.

There were effective arrangements in place to provide positive behaviour support to residents with assessed needs in this area. Restrictive practices, which were in place

in the centre, were regularly monitored and submitted to the Office of the Chief Inspector in line with legislation

There were appropriate systems in place in the centre to detect, contain and extinguish fires. However, residents' personal evacuation plans required review to ensure they included actions to be taken should residents refuse to evacuate in the event of an emergency.

Improvements were required in relation to the residents' communication support plans to ensure that all of the required communication supports were in place and being used in a meaningful manner.

The service had put in place safeguarding measures to promote and protect residents' human rights and their health and wellbeing, as well as empowering residents to protect themselves.

Regulation 10: Communication

Two residents living in the centre had assessed communication support needs. These residents had received support from a relevant multidisciplinary therapist, and staff members had received training in how to meet residents' communication needs; for example, ten staff members had received training in Lámh (a manual sign system). Inspectors were told that most staff had initially received this training; however, with staff turnover, the number qualified had reduced to ten. Inspectors were told that there were plans in place to deliver further training to new staff.

One of the resident's positive behaviour support plan detailed specific communication supports required to support the resident; however, inspectors were told by staff that two of these visual supports (an interactive visual schedule and a bank of social stories) were not used. The inspector was told that the staff team had found that different methods (a printed daily schedule and a tablet device with photographs) worked better for the resident. The resident's support plan required updating to reflect these changes.

Additionally, there were two other communication supports recommended which the inspectors could not review on the day of inspection. These included a "now, next, then" board and a visual schedule to assist with intimate care. The inspectors were told that these had been brought with the resident on an outing; however, a staff member spoken with, who worked with the resident, was unfamiliar with these visual supports. A review was required to ensure that all of the required communication supports were in place and being used in a meaningful manner.

Judgment: Substantially compliant

Regulation 17: Premises

The registered provider ensured that layout of the centre within the designated centre was designed and arranged to align with the service's aims and objectives, as well as the number and assessed needs of all residents. The centre was very well-maintained, clean and appropriately decorated.

Each resident had their own self-contained apartment. There was a number of restrictive practices in place which limited the residents' access to parts of the designated centre. Residents could not access each other apartments and central areas of the house. These restrictions were implemented as control measures for risks posed by residents' assessed needs.

As mentioned above, the inspectors visited four of the five apartments within the centre. The resident residing in the fifth apartment did not wish for the inspectors to visit with them. The apartments the inspectors did visit were designed and decorated in line with the resident's preferences. For example, one resident had a lot of action figures and these were displayed throughout their apartment. Another resident kept their two pets in their apartment.

Judgment: Compliant

Regulation 28: Fire precautions

There were appropriate systems in place in the centre to detect, contain and extinguish fires. These included a fire alarm system, fire doors with automatic door closers, emergency lighting and fire extinguishers. Servicing records showed that these were regularly serviced and maintained in good working order.

Staff members had received fire safety training. Regular fire drills were completed with the residents; however, the records of these showed that there was an ongoing issue with non-compliance with fire drills. It was seen that at least one resident failed to evacuate across five fire drills held in the centre since August 2025.

The inspectors reviewed residents' personal evacuation plans and saw that they did not include specific measures to be taken should residents fail to evacuate in the event of an actual emergency. Staff members spoken with were not informed of any additional measures to be taken. The inspectors saw that this risk had also been identified in the provider's own six monthly audit in August 2025 and the action required remained outstanding.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Inspectors reviewed two of the residents' files in detail on the day of inspection. Each resident had an up-to-date and comprehensive individual assessment of their health and social care needs. These assessments were informed by relevant multidisciplinary professionals. Comprehensive care plans were implemented in respect of each assessed need. These were written in a person centred manner and clearly reflected residents' preferences in respect of their care and support.

Residents had goals in place which were in line with their interests and aimed to develop their skills. A review of one of the resident's goals demonstrated that there had been some difficulties achieving the goal, which were outside of the resident's and the provider's control. Staff had continued to support and build the resident's skills in this area while awaiting the outcome so the resident would be further prepared on the actuation of the goal. The goal had been completed in the month prior to the inspection and this was a very good outcome for the resident.

Another resident had made significant process with their goals in the short time they had been living in the centre. This was evidenced in their activities and they had photos displayed in their living area of their achievements.

Judgment: Compliant

Regulation 7: Positive behavioural support

Inspectors saw that there were a high number of restrictive practices in place in the centre. These were implemented in order to control for risks posed by residents' assessed needs. A log was maintained of all restrictive practices. The frequency and duration of use was recorded and monitored, and inspectors saw that residents' positive behaviour support plans provided guidance on how to ensure that restrictive practices were implemented for the shortest duration possible. Efforts were made to reduce to eliminate restrictive practices when they were no longer required. For example, one restrictive practice had been recently eliminated and a second restrictive practice was under review at the time of inspection.

Inspectors saw that residents were informed of their human rights and of the impact of restrictive practices on their rights through keyworking meetings.

Residents' had positive behaviour support plans on their files. These were written in a person-centred and rights-informed manner. They detailed proactive strategies in order to support residents to have a good day and to reduce the likelihood of behaviours of concern occurring. These included ensuring that residents' communication and sensory needs were being met. Reactive strategies were also detailed to guide staff in assisting residents in managing their behaviour. There was clear guidance provided for staff on the use of safety interventions; for example,

one resident’s positive behaviour support pan detailed that a particular safety intervention could only be used as a last resort.

Judgment: Compliant

Regulation 8: Protection

The service had put in place safeguarding measures to promote and protect residents’ human rights and their health and wellbeing, as well as empowering residents to protect themselves. Where allegations of abuse arose in the designated centre, there was evidence of the person in charge escalating these concerns to the provider's designated officer, in line with the provider's policy.

Each residents’ file contained an up-to-date intimate care plan which described how staff should support residents in this area while also ensuring that residents’ dignity and privacy were respected.

All staff in this centre had received training in Safeguarding Vulnerable Adults. Two staff members spoken with were informed of their safeguarding roles and responsibilities and of how to escalate safeguarding concerns through the management systems. Inspectors also observed staff members engage with residents in a kind and respectful manner during the day.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Silverwood OSV-0008805

Inspection ID: MON-0043938

Date of inspection: 12/01/2026

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 16: Training and staff development</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 16: Training and staff development:

1. The Person in Charge (PIC) will complete a full review of the Centre training matrix to ensure all staff have completed all mandatory training.

2. The PIC and a member of the Training Department will ensure the training matrix is updated regularly to accurately reflect the completed training pertaining to the Centre.</td></tr>
<tr><td>Regulation 10: Communication</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 10: Communication:

1. The Person in Charge (PIC) in conjunction with the Behaviour Specialist and Speech and Language Therapist will review the communication supports in place for an Individual and the effectiveness of same and make amendments to the Personal Plan.

2. The PIC will ensure the updated Personal Plan is discussed at the next team meeting to ensure staff are familiar with the support in place and can implement these effectively and consistently.</td></tr>
<tr><td>Regulation 28: Fire precautions</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. The Person in Charge (PIC) will conduct a full review of Personal Emergency Evacuation Plans (PEEPs) for all Individuals to ensure the specific measures to be taken should an Individual fail to evacuate in the event of an actual emergency are documented.</td></tr>
</table>

2. The PIC will complete key working sessions with Individuals on the importance of Fire Safety and evacuation procedures in place to support them.

3. The PIC will ensure the updated Personal Emergency Evacuation Plans (PEEPs) are discussed in the team meeting to ensure staff are knowledgeable of the measures to be taken should an Individual fail to evacuate in the event of an actual emergency.

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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	30/03/2026
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	30/03/2026
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the	Substantially Compliant	Yellow	30/03/2026

	designated centre and bringing them to safe locations.			