



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

Issued by the Chief Inspector

Name of designated centre:	Arra-Vale
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	19 February 2025
Centre ID:	OSV-0008855
Fieldwork ID:	MON-0044948

About the designated centre

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

Arra-Vale is a designated centre operated by Nua Healthcare Services Limited. The designated centre provides community residential services to four adults with a disability. The designated centre comprises of detached two-storey house located on its own grounds. The house consists of a kitchen/dining room, living room, sitting room, utility room, four resident bedrooms with en-suite, office and a number of shared bathrooms. The designated centre is located in a rural setting, a short distance away from a village in Co. Tipperary. The centre is staffed by the person in charge, social care leader, social care workers and assistant support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Wednesday 19 February 2025	09:35hrs to 17:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was a short-term announced inspection conducted to monitor ongoing compliance with the regulations. This inspection was completed by one inspector over one day.

This designated centre was registered in September 2024 and provides a community residential service to four adults with a disability. This was the first inspection of this designated centre since three adults moved into the house. At the time of the inspection, the provider was in the process of admitting a fourth resident. The inspector had the opportunity to meet with the three residents living in the centre and speak with four staff members on the day of the inspection. The person in charge was on leave on the day of the inspection and the inspection was facilitated by the director of operations.

On the morning of the inspection, the inspector was informed that one resident had already left to attend an appointment. A second resident welcomed the inspector and was observed interacting with the staff team as breakfast was being prepared and they planned their day. The resident told the inspector about their interests in nails and which TV shows they liked. They showed the inspector their bedroom and which was personalised and decorated in line with their preferences. Later in the morning, the resident left the centre to access the community. The third resident chose to spend time in their bedroom in the morning and this was respected.

In the afternoon, the first resident returned from their appointment. The inspector spoke briefly with them in the open plan kitchen-dining room as they played a video game. They appeared comfortable in the house and in the presence of the staff team. The second resident returned from accessing the community and were observed enjoying some food they had purchased. The third resident met with the inspector in the dining area. They showed the inspector their room and spoke of their interests in nails, movies and music. Overall, the residents communicated with the inspector that they were comfortable in the service and the staff team were observed supporting the residents in an appropriate and caring manner.

The inspector carried out a walk-through of the centre. The centre was a detached two storey house located in its own grounds. The ground floor consists of kitchen-dining room, living area, utility room, office, two resident bedrooms with en-suite. The first floor consists of two resident bedrooms with en-suite and a sitting area. The resident bedrooms were decorated in line with their preferences and taste. For example, bedrooms were decorated with posters, pictures and personal belongings.

Overall, based on what the residents communicated with the inspector and what was observed, the residents received good quality care and support.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place

impacted on the quality and safety of the service being delivered.

Capacity and capability

The designated centre was registered in September 2024 and this was the first inspection. Overall, there was a defined management structure in place which ensured that the service provided was safe, consistent and appropriate to residents' needs. On the day of inspection, there was appropriate staffing arrangements in place to meet the assessed needs of the residents.

The centre was managed by a full-time, suitably experienced person in charge. The person in charge was responsible for one other designated centre and was supported to carry out their role by shift-lead managers. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the unannounced six-monthly visits which identified areas of good practice, areas for improvement and developed actions plans in response.

There was an establishing staff team in place which ensured continuity of care and support to the residents. From a review of the roster, the inspector found that there were appropriate staffing arrangements in place. Throughout the inspection, the staff team were observed treating and speaking with the residents in a dignified and caring manner. There were appropriate systems in place for the training and development of the staff team to ensure they had up-to-date skills and knowledge to support the residents.

Regulation 15: Staffing

The person in charge maintained a planned and actual staffing roster. The inspector reviewed a sample of the roster and found that there was an establishing staff team in place which ensured continuity of care and support to the residents. From a review of staffing rosters, it was demonstrable that appropriate staffing levels and skill-mix were in place to meet the assessed needs of the residents. For example, during the day the three residents were supported by five staff. At night, the three residents were supported by two waking night staff. Throughout the inspection, the staff team were observed treating and speaking with the residents in a dignified and caring manner.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, it was evident that the staff team in the centre had up-to-date training in areas including safeguarding, manual handling, safe administration of medication and de-escalation and intervention techniques. This meant that the staff team had up to date knowledge and skills to support the residents.

A staff supervision system was in place and the staff team in this centre took part in formal supervision. The inspector reviewed a sample of the supervision records which demonstrated that the staff team received regular supervision in line with the provider's policy.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was responsible for one other designated centre and was supported in their role by shift lead managers. The person in charge reported to the Director of Operations, who in turn reported to the Senior Director of Operations.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents' needs. The quality assurance audits included a recent six-monthly provider visit. The audits identified areas of good practice, areas for improvement and action plans were developed in response. For example, the recent provider six-monthly audit identified an area for additional training and plans in place to schedule same.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which included all the information as required in Schedule 1 of the regulations. This is an important governance document that details the service to be provided in the centre and details any charges that may be applied.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had a system in place for the recording, management and review of incidents in the centre. The inspector reviewed a sample of the incidents occurring in the centre for the preceding year and found that the Chief Inspector of Social Services was notified of all incidents as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the service provided person-centred care and support to the residents in a homely environment.

The inspector reviewed the residents' personal files which contained a comprehensive assessment of the residents' personal, social and health needs. The personal support plans reviewed were found to be up to date and to suitably guide the staff team in supporting the residents with their assessed needs. The residents communicated with the inspector that they were comfortable in this centre and were observed to be content in the presence of the staff team.

There were suitable systems in place for fire safety management. These included suitable fire safety equipment and the completion of regular fire drills. While a night-time fire drill had yet to be completed, the provider had plans in place to undertake a night-time drill.

Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of the residents. The centre was a detached two-storey house located in its own grounds. The ground floor consists of kitchen-dining room, living area, utility room, office, two resident bedrooms with en-suite. The first floor consists of two resident bedrooms with en-suite and a sitting area.

Overall, the designated centre was decorated in a homely manner and well maintained. The resident bedrooms were decorated in line with their preferences and taste.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire evacuation drills taking place in the centre since it opened in September 2024. A night-time/hour of darkness drill had yet to be completed. This was self-identified by the provider and plans were in place to complete a night-time drill shortly following the inspection.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had appropriate systems in place for the receipt, storage and administration of medications. The inspector found that medication practices in this centre were held to a good standard. There was secure storage in place for medication. There were appropriate systems in place to store and manage Schedule 2 medication. All staff were trained in the safe administration of medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the three residents' personal files. Each resident had a comprehensive assessment which identified the residents health, social and personal needs. This assessment informed the residents' personal plans to guide the staff team in supporting residents' with identified needs and supports. The inspector found that the person plans were up to date and reflected the care and support arrangements in place.

At the time of the inspection, none of the residents were attending a formal day service and were supported with activities through the staff team in the centre. The residents had recently moved into their home and the inspector was informed that the residents were exploring the local area and the arrangements for day services, education and or work.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and positive behaviour support guidelines were in place, as required. There was evidence that residents were supported to access psychology and psychiatry as required.

There were systems in place to identify, manage and review the use of restrictive practices. At the time of the inspection, there were a number of restrictive practices in use in the designated centre. From a review of records, it was evident that restrictive practices had been reviewed to ensure they were proportionate to the identified risk and the least restrictive. There was evidence of consideration to reduce or remove restrictive practices as appropriate.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to safeguard the residents. There was evidence that incidents were appropriately reviewed, managed and responded to. All staff had up-to-date safeguarding training and staff spoken with demonstrated appropriate knowledge on the systems for reporting a concern. The residents communicated that they were content in the service and observed to be comfortable in their home.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant