



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

Issued by the Chief Inspector

Name of designated centre:	Hazelwood
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	07 January 2026
Centre ID:	OSV-0009001
Fieldwork ID:	MON-0049120

About the designated centre

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

Hazelwood is a designated centre that provides 24 hour care to adults with intellectual disabilities and autism, both male and female from 18 years of age and upwards. The number of individuals to be accommodated in Hazelwood will not exceed six. The centre will look after the specific healthcare and dietary requirements of all individuals. The Hazelwood staff team use a social model of care and which endeavours to provide supports in all aspects of care. The premises is a two-storey detached property. The ground floor consists of a kitchen/dining area, laundry, a lobby, a sitting room, staff office and a living/dining room. There is also a standalone apartment on this level which contains a living/dining area and kitchenette, a bedroom and an en-suite bathroom. The centre has two separate stairways and an elevator to the first floor of the property. The first floor comprises of four en-suite resident bedrooms, along with another standalone apartment. Large landscaped gardens and parking areas surround the house.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 7 January 2026	09:30hrs to 17:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out by one inspector to assess the provider's regulatory compliance and to review safeguarding measures in place. Overall the residents were found to be well cared for and had a good quality of life.

This was the centre's first inspection since registration. There were four residents living in the centre, however one resident was in hospital on the day of inspection and therefore the inspector did not meet with them. The inspector had the opportunity to meet and speak with the three residents present in the centre throughout the course of the day.

The inspector completed a walk around the centre at the beginning of the day and this was facilitated by the person in charge. Some residents were still in bed at this time and therefore their rooms were visited later in the day so as not to disturb them.

The premises was very large and well presented and maintained. The building is a large two-storey detached property. The ground floor consists of a kitchen/dining area, laundry, a lobby, a sitting room, staff office and a living/dining room. There is also a standalone apartment on this level which contains a living/dining area and kitchenette, a bedroom and an en-suite bathroom. The centre has two separate stairways and an elevator to the first floor of the property. The first floor comprises of four en-suite resident bedrooms, along with another standalone apartment. Large landscaped gardens and parking areas surround the house.

There were a number of restrictive practices in place throughout the centre such as locked doors and presses. These were in place due to identified risks and supporting risk management documentation evidenced rationale for their use.

The inspector met with one resident in their room once they were ready for the day. The resident was listening to and producing music independently with the equipment they had in their bedroom which included a computer, computer programs, a microphone, a sound system and instruments. The resident spoke with the inspector and told them they were doing very well when asked. The resident spoke about their time in the centre so far and their hopes to move back closer to their home place. The inspector had noted a poly-tunnel outside and the resident spoke about the gardening they had done out there and vegetables they had planted.

The inspector met with a second resident as they were getting ready to head out for a walk. They then planned to go out to lunch in the local town with another resident and staff. The resident had just gotten a new writing desk in their room and showed the inspector this. The resident said that they enjoyed writing and were looking forward to using their new desk. The resident communicated that they liked the

staff working with them and the residents they lived with when asked by the inspector.

A large sheltered smoking area was observed to the side of the property and this was observed to be used by residents across the day of inspection.

There were fire doors in place throughout the centre, as required by fire safety regulations. The inspector noted that some of these banged very loudly during the course of the day, including during times when residents remained in bed in the morning.

The inspector met with the third resident living in the centre later in the afternoon in their standalone apartment. They were relaxing in their living room when the inspector met with them and the inspector sat with them and asked them if they liked their new home. The resident responded "fine". The resident spoke briefly about some personal pictures in their room and about times gone by. They appeared comfortable and at ease in their home and with the staff supporting them.

The residents were supported by a regular staff team. A number of familiar and kind interactions between staff and residents were observed by the inspector. The residents all had well maintained plans of care in place and staff spoken with were knowledgeable regarding the residents' individual needs and preferences. The residents were receiving a wraparound daily activation service in line with their assessed needs, potential risks and the residents' own preferences. Two service vehicles were available to the residents.

The smell of home cooking was noted in the centre in the afternoon and the inspector observed one resident cooking in the kitchen. The resident told the inspector that they loved cooking and they were preparing a stew for their dinner.

In general, the inspector found that the residents were enjoying their time living in the centre so far. Their home was clean, bright and well maintained, they had a familiar staff team and there were ample choices of activities available to them every day. There were no complaints communicated with the inspector on the day of inspection. Inspection findings found that overall compliance levels were good in the centre. Some improvements were required in the area of managing safeguarding concerns as detailed under Regulation 8.

The next two sections of the report present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of residents' care and support.

Capacity and capability

Overall, there were clear management and oversight systems in place to ensure that the service provided in Hazelwood was suitably monitored. The inspector found that the residents living in the centre were receiving good quality care and support.

From a review of the roster, it was demonstrable that there were sufficient staffing numbers in place to meet the assessed needs of the residents. However, as discussed under Regulation 15, it was not always clear what level of nursing supports were required in the centre.

The provider had systems in place to monitor the quality and safety of the care and support provided such as six-monthly provider visits and local audits, reviews and checks. Through a review of documentation, discussion with staff members, management and interactions with the residents, the inspector found that the provider's systems were effective and appropriately self-identifying areas in need of improvements.

Regulation 15: Staffing

There were high staffing levels in place in the designated centre in line with the assessed needs of residents and to ensure that residents were safeguarded.

The centre used a social model of care and nursing supports were also available. Residents also had access to a clinical team within the service which included occupational therapy, speech and language therapy, psychology, psychiatry and behaviour specialists.

The inspector reviewed the staff rota and found that this was well maintained and reflective of staff on duty during the day and night. There were regular relief staff available to fill any vacant shifts when required.

Some residents presented with healthcare needs and as discussed, nursing support was available in the centre at times. However, the levels of nursing care required in the centre was not clear in supporting documentation. For example, levels of nursing support were not set out in the whole time equivalent of staff in the centre's statement of purpose. If nurses were rostered to work, they were not identified as nurses on the centre's staff rota. The residents' assessment of need did not clearly indicate if they required nursing support.

The inspector had the opportunity to speak one to one with three staff members and two members of management during the course of the inspection day. All were found to be knowledgeable regarding the residents' needs and were person-centred in their approach to care.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A programme of staff training was in place which ensured all staff were suitably qualified to meet the residents' needs and to provide safe effective care.

Staff had completed training in areas such as Manual Handling, Safeguarding, Infection Control, Medication Management, Fire safety, Behaviour Management and Human Rights. All training and refresher training was up-to-date and staff training needs were regularly reviewed and further refresher training was scheduled when required.

One-to-one formal supervision was completed with all staff and the person in charge twice every year as per the service policy.

Judgment: Compliant

Regulation 23: Governance and management

There was a full-time person in charge in the centre who shared their role with one other designated centre. The second centre was situated adjacent to Hazelwood and the person in charge divided their time equally between the two centres. The centre was also supported by an area manager. Both the person in charge and the area manager were present throughout the inspection day.

A number of audits and reviews took place within the centre to monitor the quality of care and support provided. A six monthly unannounced audit had taken place in December 2025 over two days in the centre. The review had also included an online audit of resident records. This was found to be a comprehensive review of the centre's levels of compliance with specific regulations. Where non-compliance was identified, an appropriate action plan was developed and addressed. No annual review had taken place yet in the centre as the service was not yet open a year. A weekly report was shared by the person in charge with the regional manager. This included a review of staffing, medication, finances, safeguarding and adverse incidents within the centre. This ensured there was appropriate oversight over key areas of care and support, including safeguarding.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety systems in place were ensuring for the most part that the service provided appropriate and safe care and support to the residents. The provider had safeguarding systems and pathways in place. However, the inspector found that two recent incidents were not sufficiently screened following their occurrence. This is detailed further under Regulation 8.

The inspector reviewed a number of areas to determine the quality and safety of care and support including personal plans, the residents' communication profiles, accidents and incidents, risk management documentation, staff rotas, training records, safeguarding incidents and behavioural support plans.

The inspector spoke with the residents and the staff working with them and completed a walk around the designated centre. The provider had ensured that the premises was in a good state of repair and was suitable to meet the needs of the residents living in the designated centre. The residents were observed to be content and comfortable in their new home and in the presence of the staff team.

Regulation 10: Communication

For the most part, residents used verbal methods to communicate their thoughts and engaged with the inspector verbally on the day of inspection.

Residents all had communication passports on file and these detailed some alternative methods of communication for one residents and detailed important information about the residents such as likes and dislikes. Care plans in place also included communication strategies.

The inspector observed a number of interactions between staff and residents on the day of inspection and these were found to be respectful, familiar and in line with the resident's communication needs.

Judgment: Compliant

Regulation 17: Premises

The premises was very large and well presented and maintained. The centre was designed and laid out to meet the needs of the residents and to ensure their safety. Potential mobility needs had been considered when developing the service and the provider had installed an elevator to the first floor of the property when renovating the property.

The centre is a large two-storey detached property. The ground floor consisted of a kitchen/dining area, laundry, a lobby, a sitting room, staff office and a living/dining

room. There was also a standalone apartment on this level which contained a living/dining area and kitchenette, a bedroom and an en-suite bathroom. The first floor comprised of four en-suite resident bedrooms, along with another standalone apartment. Large landscaped gardens and parking areas surrounded the house. Residents had personalised their spaces with pictures, photos and personal belongings .

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place in the centre for the assessment and management of risk, including safeguarding risks. There was a service risk policy and this was regularly reviewed and guided risk management practices in the centre. The premises was in a good state of repair and environmental risks had been considered to keep the residents safe.

The residents had a number of individual risk assessment management plans on file to support their overall safety and well being. Some restrictive practices were in use in the centre and rationale for their usage was clearly outlined in individual risk assessments and subject to regular review.

The residents had a personal emergency evacuation plan (PEEP) in place and this highlighted the residents' support needs in the event of an unplanned emergency evacuation.

There was a service risk register in place which identified environmental risks and health and safety measures in the centre were regularly audited and reviewed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had up-to-date assessments of need and personal plans in place which guided the provision of care and support. The assessment of need reviewed the residents' support requirements, however it did not clearly indicate if they required nursing supports as detailed further under Regulation 15.

The service provided was designed to meet the residents' needs and to keep the residents safe at all times. Recommendations from healthcare professionals and behavioural support specialists were also integrated into the residents' plans of care.

The residents did not regularly attend a formal day service. Activation for residents was provided through individualised supports and was led by the residents' needs

and choices. Two service vehicles were available to the residents daily to facilitate preferred activities. They regularly enjoyed trips and meals out, playing music, gardening, cooking, family visits, shopping and walks. Personal outcomes and goals were regularly reviewed and updated with the residents. At the time of inspection, most residents were working towards adapting to their new home and adding personal touches to their new living environment.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some residents presented with behaviours of concern and these were managed well in the centre. Residents had access to a range of multi-disciplinary professionals for behavioural support within the service such as a behavioural support specialist, psychology and psychiatry.

Residents had personalised behavioural support plans in place with proactive and reactive support strategies in place and these were subject to regular review. Staff spoken with were familiar with these strategies. There were systems to ensure behavioural incidents were reported and reviewed.

A number of restrictive practices were in use in the centre. Each resident's individual risk management plans in place which outlined clear rationale for the use of any restrictive practices. A restrictive practice log was maintained to record any use of a restrictive practice. All restrictive practices were reviewed on a quarterly basis with the centre's management team and a behavioural specialist.

Judgment: Compliant

Regulation 8: Protection

The residents appeared happy living in the centre on the day of inspection. The residents were receiving a wraparound daily activation service in line with their assessed needs, potential risks and the residents' own preferences. The residents had a personalised plan of care in place which included intimate care plans which were subject to regular review.

All staff had completed up-to-date training in the safeguarding and protection of vulnerable adults. Details of safeguarding contacts such as the designated safeguarding officer was prominently displayed in the centre. Staff spoken with were aware of safeguarding risks and the pathways in place to escalate a safeguarding concern if they arose.

The inspector reviewed safeguarding incidents in the centre and found that two recent incidents were not sufficiently screened following their occurrence. One incident had been reviewed, screened and risk rated as low risk with grounds for concern found. However, the inspector was unclear as to how this incident was considered low risk. Furthermore, a second incident reviewed by the inspector had not been considered a safeguarding incident by the staff reviewing the incident. Therefore it had not been reported in line with National Policy and best practice.

Notwithstanding the above, the inspector was satisfied that following both incidents, appropriate safeguards were in place to protect the residents, such as high staffing levels and environmental changes. There was a centre specific safeguarding plan in the centre to safeguard all residents.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents rights were respected in Hazelwood. Care and support provided appeared to be led by the residents and the residents were supported to exercise their choice on a daily basis. This was seen in examples reviewed of the residents' daily activation schedules and meal options where choice and control was offered to them.

All staff had completed training in a Human Rights based approach to care and staff spoken with appeared person-centred in their care practices. Service User Forums occurred weekly with the residents and these were used as an opportunity to discuss the residents preferred activities for the week ahead, along with discussing the residents views on the service provided to them. All three residents communicated with the inspector that they were satisfied with the service provided to them since their admission to 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hazelwood OSV-0009001

Inspection ID: MON-0049120

Date of inspection: 07/01/2026

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ol style="list-style-type: none"> The Person in Charge will review the current Statement of purpose and ensure the nursing hours are clearly documented within the staffing section. Completed: 07 January 2026 The Person in Charge will conduct a full review of all Individual's care plans and ensure where nursing supports are required, that this is reflective in the respective care plans. Due Date: 13 March 2026 The Person in Charge will ensure that the Job Title of team members rostered on shift is clearly indicated on the daily/nightly handover document. Due Date: 31 March 2026 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ol style="list-style-type: none"> The Person in Charge with the support from the Designated Officer, clearly outlines the rationale for risk-ratings following receipt of any formal safeguarding plan. Due Date: 31 March 2026 The Person in Charge will provide feedback to the Designated Officer and request that a referral regarding the referred to incident is submitted to the local HSE Safeguarding 	

and Protection Team.

Completed: 02 March 2026

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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 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	31/03/2026
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	31/03/2026