Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Forest View
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	28 January 2026
Centre ID:	OSV-0009064
Fieldwork ID:	MON-0047849

About the designated centre

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

Forest View is a detached, single-storey property with a lower ground floor, where the living area is distributed over the ground floor. The ground floor consists of an entrance lobby, hall, kitchen, sunroom, laundry/utility room, and accessible WC. The house is located in a rural setting in Co. Westmeath. It is a full-time residential service that is staffed on a twenty-four-hour basis.

There are three supported living environments on the ground floor. Supported living environment 01 consists of a bedroom with an en-suite and a living/dining/kitchen.

Supported living environment 02 contains a bedroom with an en-suite and a living/dining/kitchen.

Supported living environment 03 has a bedroom with an en-suite and a living/dining/kitchen . The lower ground floor is used for storage. The property is surrounded by large, landscaped gardens.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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
Wednesday 28 January 2026	09:00hrs to 16:45hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This was the first inspection completed in this service since it opened in August 2025. The provider was notified of the inspection the day before it took place.

The findings from the inspection were overall positive; the residents were receiving bespoke services. The provider and the staff team were proactively taking steps to meet the needs of all residents.

There were some areas that required improvement. These focused on the training needs of the staff team, and there was also a need for some improvement in staff members' knowledge regarding the management of challenging behaviours. These issues will be discussed in more detail later in the report.

On arrival at the residents' home, the inspector was greeted by the person in charge. The person in charge showed the inspector around the large home. The premises had been modified to meet the residents needs in advance of them moving in and the inspector found it to be clean and well presented.

Each resident had their own apartment within the house and at the time of the inspection, the residents did not interact with each other. Instead, residents had set times each day when they accessed the main house; for example, during the inspection, two of the residents ate in the main kitchen at separate times. The residents' apartment doors had keypad-activated locks that restricted access to the main house to their allocated times.

While this practice was restrictive, it was deemed necessary at the time of the inspection due to the current residents' presentation and the potential negative impact they could have on each other if they were to share the same environment. The inspector visited all three apartments and found them appropriate and equipped with suitable facilities for the residents.

During the inspection, the inspector met with two of the three residents. One of the residents was undergoing an assessment at the time, and the inspector did not want to interrupt this process.

The first resident met with the inspector after breakfast. The resident, along with their two staff members, sat and chatted with the inspector. The resident expressed dissatisfaction with their current living situation and wished to move. They spoke of wanting to live with other people and not liking the house they currently lived in. The resident also spoke negatively about aspects of the care they received, but then apologised to staff for doing so.

The resident spoke to the inspector about their plan for the day. The resident was due to go shopping with staff members and was excited about this. The resident

then showed the inspector around their apartment. They spoke about a number of topics, including TV programmes and some topics that could cause them distress or agitation. Staff members were observed de-escalating these moments and encouraging the resident to speak about other topics. During the interactions, the inspector observed the resident to be at ease in the company of the staff members and to laugh and joke with them.

The resident was observed speaking with the person in charge upon arrival and upon returning from their outing. The resident interacted with the person in charge in a positive manner and was heard laughing and joking with staff.

The second resident was introduced to the inspector in the kitchen area. The resident again appeared comfortable in their interactions with the staff team supporting them. The resident was smiling and appeared happy. The resident had limited verbal communication skills; the inspector said hello, but the resident preferred to interact with the staff members supporting them. The inspector met with the resident later in their apartment, and the resident again chose not to engage, which was respected.

During the inspection, the inspector conducted an appraisal of a large volume of information on how the service was managed and the care and support provided to residents. The group of residents presented with complex needs and varying levels of ability. The review of information identified that the residents were receiving a bespoke service and that the provider and staff team were still in the early stages of developing relationships with the residents and creating care and support plans to meet their evolving needs.

A review of adverse incident logs over the previous two months identified that two of the three residents had been involved in challenging incidents. In particular, one resident had experienced a challenging period in which incidents increased, placing themselves and others at risk both at home and when accessing the community. The inspector found, upon reviewing the records, that the staff members had followed the guidelines for managing challenging incidents and had provided care while maintaining the resident's safety.

The provider's assessments of the residents' needs identified that they required high levels of staff support. Each of the three residents received support from two staff members on a twenty-four-hour basis, meaning that six staff were rostered each day and six staff completed night duties. The high staff presence was listed as the primary control measure for managing risk to residents. Some residents had disrupted sleep patterns, requiring direct staff support during the night.

Observations during the inspection and the review of records demonstrated that the residents were supported to engage in a range of activities outside of their home. There were numerous examples of positive risk-taking by the staff team, meaning that despite the risk of adverse incidents, residents were supported to participate in everyday activities outside their home. The staff team encouraged residents to engage in courses and activities. One of the residents had recently begun a course; staff were encouraging physical activity for two residents, and one resident was

being prepared to re-engage in a pastime they previously enjoyed. The inspector found that the staff team respected the residents' wishes and communicated with them appropriately. For example, in some cases, visual aids and social stories were used to prepare residents for events or activities.

During the course of the inspection, the inspector met with five of the six staff members. The staff members were asked to demonstrate their knowledge regarding the residents they were supporting on the day, as well as their knowledge of the other two residents. Following these discussions, the inspector was satisfied that overall, the staff had a strong knowledge of the needs of the residents. One area did require improvement, related to two staff members giving responses on how they would manage adverse incidents that were not in line with the residents' behaviour support plans. This was discussed with the person in charge during the inspection.

Overall, the inspection found that residents were receiving personalised care and support, with staff demonstrating a commitment to meeting individual needs. The premises were well-maintained and provided appropriate facilities for each resident. While the overall findings were positive, some areas for improvement were identified, particularly regarding staff training and consistency in managing challenging behaviours. These issues are addressed in detail within the report.

Capacity and capability

The inspector reviewed the provider's governance and management arrangements and found them overall appropriate. As discussed earlier in the report, there were some areas that required improvement. The review of training records identified that none of the staff team had completed training in three areas. Another area of concern was that some staff, when questioned on the management of behaviours of concern, gave responses that were not in line with the residents' behaviour support plan. There was therefore a need to improve staff training and the performance management of the staff team.

The inspector reviewed other aspects of the staffing arrangements and found that safe staffing levels were maintained and that a consistent staff team was in place.

In summary, the inspection process found that the provider ensured governance and management arrangements were, for the most part, effective. There was room for improvement in some areas, but the inspector found that the residents were receiving specialised support tailored to their needs.

Regulation 15: Staffing

The inspector found that suitable staffing arrangements were in place. This was established following a review of a sample of staffing rosters, interviews with staff members, and an examination of Schedule 2 documents for a selection of staff.

A review of the current roster, along with a two-week period in November 2025, showed that safe staffing levels were consistently maintained. It was also noted that the service benefits from a stable, consistent staff team that supports continuity of care for residents.

In preparation for the inspection, the inspector reviewed notifications submitted by the person in charge regarding adverse incidents within the service. Common themes emerged during this review, and the inspector subsequently asked staff members questions relating to these areas.

The inspector met with five of the six staff members and sought their understanding of the following topics:

- how residents are supported at night
- staff members' understanding of their role in managing challenging behaviours
- staff members' role in assessing and managing risks
- how adverse incidents occurring in the community were managed
- staff members' understanding of safeguarding responsibilities and reporting structures.

As outlined in the opening section of this report, staff demonstrated appropriate knowledge of residents' needs and the supports in place to meet them. However, one area requiring attention was identified in that some staff provided responses that were not aligned with a resident's behaviour support plan when asked how to manage a challenging incident in the community. This was of particular concern given that one resident has experienced several incidents while spending time outside the service. Consistency in staff approach is essential, and this matter will be addressed under Regulation :16 Training and staff development.

The inspector also reviewed a sample of staff information. Two staff files belonging to on-duty staff members were examined. The inspector found that the provider had ensured all information required under Schedule 2 of the Regulations had been obtained and was available for review.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed staff training records and confirmed that improvements were required.

When reviewing training records, the inspector found no evidence that 8 staff had completed Children First training. All staff are required to complete this training before working with residents.

During the review of residents' information, it was discovered that two out of the three residents were at risk related to eating. One resident was specifically identified as at risk of choking. On the day of the inspection, while reviewing the training records, the inspector found that only 7 of 24 staff members had completed the Feeding, Eating, Drinking, and Swallowing training provided by a speech and language therapist. After the inspection, the provider reported that an additional 8 staff members had completed the training, bringing the total to 15 of 24 staff members with the required training. While this reflects an improvement, further enhancements were still necessary.

As discussed in the opening section of the report, two of the residents primarily communicated nonverbally. The inspector, while reviewing records, found that 10 staff members had not completed training on the communication needs of these residents. This was required to be addressed to ensure that all staff members have the necessary skills to communicate effectively with each resident.

The inspector found that the provider had ensured training was completed in the following areas:

- safeguarding for vulnerable adults
- managing behaviours of concern
- safe administration of medication
- infection prevention and control
- human rights.

When speaking with staff members, one staff member stated that additional training provided on managing behaviours of concern had been beneficial and had helped them to understand residents' behaviour and provide appropriate support.

As discussed under regulation 15, the inspector found that some staff members' knowledge of managing challenging incidents needed improvement. While training had been provided to the staff team, there was a need to ensure that staff fully understood their role in supporting the residents.

In summary, the inspector found that greater focus is needed on the staff team's training to ensure they have the required knowledge to support residents in accordance with their support plans.

Judgment: Not compliant

Regulation 23: Governance and management

The inspector reviewed the provider's governance and management arrangements and found that improvements were required to ensure the training needs of staff members were adequately addressed and that staff were receiving appropriate support for their professional development. While these issues have been addressed under Regulation 16, the provider and the person in charge must enhance their oversight of staff training and development needs.

In contrast, the inspector found that the provider had systems in place that effectively monitored other areas. For example, the inspector reviewed a sample of audits completed in December, which focused on the following areas:

- residents' general welfare and development
- assessment of the residents' needs
- healthcare
- positive behaviour support
- safeguarding.

The inspector reviewed these audits and found that they identified areas requiring improvement. Action plans were developed following the audits, and there was evidence that the person in charge was addressing these actions.

The person in charge was also completing weekly audits in the following areas:

- residents medication
- health and safety
- finance
- weekly house checks.

The provider also ensured that the required unannounced visits to the service by a provider representative were completed, and that a report was furnished following each visit. These reports focused on the safety and quality of care and support provided to residents, and included plans to address any concerns regarding the standard of care and support.

One visit has taken place since the service opened, occurring over two days in December 2025. The inspector found that the audit identified several areas requiring improvement, mainly relating to information presentation and record-keeping. An action plan was developed. As part of the inspection process, the inspector followed up on these actions and found that they had been addressed or were in progress, demonstrating an effective response to monitoring practices and a focus on service improvement for residents.

In summary, the inspector found that the governance and management systems were delivering a high standard of service for residents. However, staff training and performance management require improvement. Overall, governance and management arrangements were found to be appropriate.

Judgment: Compliant

Regulation 31: Notification of incidents

As part of the inspector's preparation for the inspection, they reviewed the notifications submitted by the provider. The inspection also involved studying the provider's restrictive practices and adverse incidents. This review showed that, per the regulations, the person in charge had submitted the necessary notifications for review by the Office of the Chief Inspector.

Judgment: Compliant

Quality and safety

The inspection concluded that residents were receiving a bespoke service designed to meet their needs. Assessments of residents' needs had been completed, informing the development of their care and support plans. The inspector reviewed samples of these plans and found them to be well written and reflective of the residents' needs.

Key areas, including risk management, premises, communication, safeguarding, and behaviour support, were examined and found to be compliant with regulatory requirements.

In summary, residents received appropriate care and support.

Regulation 10: Communication

The inspector found that steps were being taken to support residents with their communication. Communication passports had been developed for two of the residents. The inspector also found that a detailed review of one of the residents' communication skills had been included in their behaviour support plan.

During the course of the inspection, the inspector observed the residents to be at ease in their interactions, and the staff team was able to interpret the non-verbal communication of one of the residents.

When visiting one of the residents' apartments, the inspector found that, as per the resident's plan, visual aids such as sentence boards and daily planners were available for the resident to use. One of the staff members, when speaking to the

inspector, mentioned how the resident was now engaging in the planning process with staff and identifying activities they would like to participate in.

As mentioned earlier, there was a need for all staff to complete communication training specific to two of the residents. This issue has been addressed under Regulation 16: Training and Staff Development.

Judgment: Compliant

Regulation 17: Premises

The inspector found the premises to be clean, tidy, and well-presented. The provider had modified the premises to ensure that they met the needs of the current residents. Each resident had their own apartment within the building, and the inspector found these to be suitable.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that appropriate risk management strategies were being employed. This conclusion was reached following the review of two residents' risk management plans, an appraisal of the risk assessments and also a study of adverse incidents which had occurred over the previous two months

The risk management plans were linked to residents' care plans, needs assessments, and behaviour support plans. Upon reviewing the risk control measures implemented to maintain resident safety, the inspector found that, while some measures were restrictive, they were proportionate to the level of risk and necessary to ensure resident safety.

The inspector observed that the staff team assessed risks daily and responded effectively to the residents' behaviours. There was evidence that staff employed positive risk-taking strategies, ensuring residents had opportunities for positive outcomes.

The high level of staffing day and night was identified as an important risk control measure. The inspector, when reviewing the adverse incidents, found that they were occurring regularly. Some of these incidents placed the residents and those supporting them at risk of injury. The review of the incidents found that the staff members were overall managing these incidents and supporting the residents, and maintaining the residents' and their safety. Physical interventions had been used to manage risk. The inspector found that these interventions had been used

appropriately and in line with best practice, meaning they had been implemented for the shortest possible duration and had effectively managed the risk.

This section highlights the effective risk management strategies in place at the service. The inspector found that risk assessments and control measures were thorough, proportionate, and appropriately linked to residents' individual plans. Staff demonstrated daily risk awareness and positive risk-taking to maximise resident outcomes. Although incidents occurred regularly, staff managed them well, and interventions were used in line with best practice to keep residents and staff safe.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found that the provider had effective systems in place to support the ongoing assessment and review of residents' needs in line with Regulation 5. The inspector reviewed two of the residents' information and found that up-to-date personal plans had been developed, reflecting their assessed health, social, and behavioural support needs.

The personal plans reviewed were detailed, person-centred, and clearly guided staff on how best to support each resident in accordance with their preferences and identified goals.

Inspectors also noted that multidisciplinary involvement was occurring where necessary. As stated earlier in the report, the provider sought to respond to residents' changing needs. For example, additional training was provided to staff as needed. Overall, the provider and staff team were found to be responding to the regularly changing needs of some residents.

Overall, the provider demonstrated a commitment to delivering individualised supports through well-maintained and responsive personal planning processes.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that the provider had effective measures in place to promote positive behavioural support. The inspector reviewed two of the residents' behaviour support plans, which were located in their personal plan documents.

The plans were clearly written, regularly reviewed, and informed by appropriate multidisciplinary input. These plans provided clear guidance to staff on proactive and reactive strategies tailored to each resident.

As part of the information review, the inspector reviewed adverse incidents that had occurred in the service over the previous two months. Incidents had occurred on a regular basis. The severity of some of these incidents was intense, with residents engaging in property damage and physical aggression towards themselves and others. The inspector reviewed the recorded staff responses and found them appropriate, and that the staff team had cared for and supported the residents in calming down.

Physical interventions had been utilised at times to maintain the safety of the residents. When speaking with staff members, they explained the reasons for implementing the physical interventions, the level of intervention, and how long the interventions lasted. Discussions with the staff members assured that if physical interventions were used, they were used for the shortest duration possible.

Some staff members, however, did not give responses in line with a resident's behaviour support plan regarding the management of a challenging incident in the community. As stated, this was an area that needed to be improved, as incidents had occurred outside of the designated centre on a number of occasions. This issue has been addressed under Regulation 16.

Judgment: Compliant

Regulation 8: Protection

Inspectors reviewed the systems in place to ensure that residents were safeguarded from all forms of abuse. The review found that appropriate safeguarding measures were in place within the designated centre.

Staff members had received training in adult safeguarding, but, as mentioned, the training records available on the day did not demonstrate that all staff had completed Children First training, which is required. This issue has been addressed under Regulation 16.

The inspector found that, when reviewing information in which safeguarding concerns had arisen, the person in charge responded in a manner consistent with best practice. The inspector reviewed evidence that investigations had been conducted and that relevant statutory bodies had been notified in accordance with regulatory requirements.

An inspector spoke with a staff member about safeguarding practices. The staff member demonstrated appropriate knowledge and could tell the inspector about

safeguarding issues that had arisen in the service and the steps being taken to maintain resident safety.

and four staff members were interviewed regarding the management and reporting of safeguarding concerns. Each staff member demonstrated appropriate knowledge and understanding of safeguarding procedures.

When safeguarding concerns arose, the person in charge responded in a manner consistent with best practice. Inspectors reviewed evidence that investigations had been conducted and that relevant statutory bodies had been notified in accordance with regulatory requirements.

These findings indicate that the provider has implemented effective safeguarding systems and that staff are well informed and responsive in ensuring residents' protection and welfare.

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	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Forest View OSV-0009064

Inspection ID: MON-0047849

Date of inspection: 28/01/2026

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 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

1. The Person in Charge (PIC) will conduct a full audit of the Centre Specific Training Matrix for Forest View capturing all Team Members, listing mandatory training and resident-specific requirements to ensure that no Team Member without Mandatory Training, including Children's First can rostered independently.

2. The PIC shall ensure that the identified Team Members lacking Children First training will complete e-learning or in-person sessions. The remaining Team Members requiring FEDS training and individual-specific communication training will attend SALT-led sessions, with post-training competence checklists completed.

Note: A behaviour specialist will deliver scenario-based training ensuring all Team Member responses align with behaviour support plans, particularly for responding to incidents, followed by competence testing.

3. The PIC will implement weekly training matrix reviews with escalation of any outstanding gaps to the Nua's Training Department for scheduling. Training and competence will become a standing item on monthly Team Meetings.

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.	Not Compliant	Orange	24/04/2026