



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

Issued by the Chief Inspector

Name of designated centre:	Lindon
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	17 February 2026
Centre ID:	OSV-0009072
Fieldwork ID:	MON-0048103

About the designated centre

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

The statement of purpose describes the services as providing a home to three adult residents both male and female, with intellectual disabilities. The premises is a spacious, detached two story house on the outskirts of a busy town in Co.Tipperary. All three residents have their own bedrooms along with separate living spaces and bathrooms. The staff team supporting residents are a mix of social care workers and support workers. A number of multi-disciplinary supports are also available to the residents within the service such as occupational therapy, behavioural support, speech and language therapy, psychology and psychiatry. Local amenities include shops, restaurants, clubs, walks and GAA grounds.

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
Tuesday 17 February 2026	09:10hrs to 16:30hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This was the first inspection of the centre since it was registered. This unannounced inspection was carried out by one inspector to assess the provider's regulatory compliance with regulations. Overall high levels of compliance were found in the centre, with compliance noted in all areas of the specific regulations reviewed.

There were three residents living in the centre on the day of inspection and the inspector had the opportunity to meet with two of the residents during the course of the day. One resident was away from the centre for the full day and the inspector did not have the opportunity to meet with them before the close of the inspection.

The inspector completed a walk around the centre at the start of the inspection day. The premises was a spacious, detached two storey house on the outskirts of a busy town in Co. Tipperary. All three residents had their own bedrooms along with separate living spaces, kitchenettes and bathrooms. The inspector met with one resident during this walkaround and they showed the inspector their personal space which they appeared very happy with. The resident showed the inspector some family photos. Personal items and pictures were noted around the apartment. The resident was finishing getting ready for the day ahead and they said goodbye to the inspector after chatting for a while.

The inspector visited the home on Pancake Tuesday and observed staff preparing pancakes in the morning for the residents to enjoy. One resident was observed enjoying their pancakes in the centre kitchen later in the morning and the smells of pancakes were noted in the home.

The inspector had the opportunity to meet with a second resident in their individual apartment in the afternoon. Two staff members were supporting the resident at this time. The inspector sat with the resident and the resident made a joke about GAA. It was communicated verbally by the resident that they were happy to have moved back closer to their hometown. However, when asked if they liked the house and staff, the resident responded "not really". It was noted then that the resident was experiencing a low mood and staff offered kind reassurances to the resident at this time.

The residents were supported by a team of familiar staff. The team were supported by a person in charge and a deputy team leader, both were regularly present in the centre. Staff spoken with were familiar with the residents' needs and preferences and knew who to speak with to raise a concern or issue. A number of multi-disciplinary supports were also available to the residents within the service such as occupational therapy, behavioural support, speech and language therapy, psychology and psychiatry. A service behavioural therapist was also present on the

day of inspection and they spoke with the inspector about systems and strategies in place to support residents with behavioural expressions of need.

Residents experienced access to regular key working sessions. It was evident that they were regularly consulted regarding their choices in areas such as their activation schedules, menu options, social goals, personal plans of care and future planning. Residents experienced weekly meetings with staff where options within these areas were discussed. All residents attended scheduled daily activation Monday to Friday. And residents were seen coming and going to different activities throughout the inspection day. A service vehicle was available to each resident in the home.

Later in the day a resident was seen returning to their home in the afternoon after attending a dance class and they came to the staff office to say hello to the person in charge. The resident was going to get their dinner and happily told the inspector and staff that they had gone to the shop after their class.

Overall, residents appeared to be well supported in Lindon and were happy since moving to their new home. High levels of compliance were found in the regulations reviewed and there were robust management and oversight systems in place.

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

This was the centres first inspection and the inspector found that to date, the provider was demonstrating the capacity and capability to provide a safe and effective service to the residents living in Lindon since their move to the centre.

There was a clear management structure in the centre which was outlined in the centre statement of purpose. The person in charge was present in the centre regularly and was supported by a full time team leader. The centre was fully staffed in line with the statement of purpose. The inspector was assured that residents were in receipt of continuity of care and support in line with their own preferences and assessed needs

Regulation 15: Staffing

The centre was fully staffed in line with the centre statement of purpose. The staff team were a mix of social care workers and assistant support workers. The inspector

reviewed a sample of staff rosters for a period of three months and was assured that the residents were in receipt of continuity of care and support in line with their own preferences and assessed needs. The inspector found that staff working on the day of inspection were accurately reflected on the staff roster. Staff spoken with had good knowledge regarding the residents and their individual needs.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were completing training and refresher training in mandatory areas such as fire safety, manual handling, infection control, medication management and safeguarding. Staff had also completed training in line with residents' needs in areas such as first aid and behavioural support. The person in charge and the provider's training department were regularly reviewing staff training needs and scheduled further staff training when required.

A staff supervision schedule was in place and this took place with a line manager once per year. The inspector found that these had occurred once since the centres opening six months previously. The inspector reviewed a sample of four supervision records on the day of inspection. A probation and appraisal schedule was also in place for any new staff working in the service.

Judgment: Compliant

Regulation 19: Directory of residents

The service had established a directory of residents since registration. This was available and to hand on the day of inspection and was an accurate reflection of the residents residing in the designated centre and contained all information set out in Schedule 3.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in the centre which was outlined in the centre statement of purpose. There was a person in charge in place and they were regularly present in the designated centre. The person in charge shared their role with one other designated centre and divided their time evenly between the two

services. The person in charge was also supported by a deputy team leader in the centre. The inspector found that the person in charge was knowledgeable regarding the needs of the residents and the general running of the designated centre. A regional manager also supported the centre. An on-call management system was in place for staff to contact outside of regular working hours, should the need arise.

There were clear oversight systems in place, such as regular audits and reviews, and these were appropriately identifying areas in need of improvements in the service. Management were completing six monthly unannounced audits in the centre. The first six monthly audit had taken place in the week prior to the inspection, and the report for this was made available the inspector in the afternoon. The inspector found that this was appropriately self-identifying areas in need of improvements and had clear action plans and timelines for completion identified. An annual review had not yet been completed as the centre had not been open for one year at the time of inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The centres statement of purpose was reviewed on the day of inspection. This contained the required information set out in Schedule 1 such as the registration details, support needs in the centre and staffing arrangements and had been updated as required since the centres registration.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of incident reports and completed a walk around the premises. They found that the person in charge had ensured that the Chief Inspector of Social Services was notified of the required incidents in the centre in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector reviewed a number of areas to determine the quality and safety of care provided, including a review of premises, risk management, individual assessments and personal plans, protection and fire safety. The residents were found to be in receipt of individualised care and support, relative to their needs and associated risks. Plans clearly outlined the supports the residents required. The residents were being supported to develop and achieve their goals.

Overall, the inspector found that residents were safe. Quality assurance methods were ensuring that the centre had appropriate risk management and fire safety arrangements in place.

Regulation 13: General welfare and development

Residents were all provided with appropriate care and support in accordance with their assessed needs and capabilities. All three residents had good access to recreation facilities and all residents had individual daily planners. These included both attending day services and individualised daily activities such as walks, classes, therapeutic interventions, meals out, family visits, shopping and drives. Trips to the local GAA club and local matches were being explored for one resident as this was a particular area of interest for them.

Residents experienced regular key working sessions and had meetings monthly with staff. It was evident that they were regularly consulted regarding their choices in areas such as their activation schedules, menu options, social goals, personal plan of care and future planning.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises was maintained to a high standard and suitable to meet the assessed needs of the residents. The premises was a spacious detached two storey house on the outskirts of a busy town in Co. Tipperary. All three residents had their own bedrooms along with separate living spaces, kitchenettes and bathrooms. Communal areas were also situated around the house, such as a living room and a kitchen. One room in the house was used as a staff office and the first floor also had a utility room and there was a downstairs bathroom. Prior to registration, works had been completed to the property to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy was found to meet regulatory requirements. The centre's risk register and residents' individual risk management plans were reviewed and these were found to be reflective of the presenting risks such as risks associated with transport, community access and money management. A number of restrictive practices were in use in the centre and the residents' corresponding risk management documentation evidenced clear rationale for their use. A log was maintained of any accidents or incidents occurring within the centre and a reporting system was in place when these occurred.

Centre specific environmental risks had been considered and mitigating measures had been implemented when required. The inspector reviewed a sample of incident reports and completed a walk around the premises. They found that the provider and person in charge had ensured that all actual and potential risks had been considered when delivering care and support to the residents living in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, the inspector found that the provider had ensured there were appropriate fire safety systems in the centre. A walkaround the centre found that there were appropriate detection systems, containment, emergency lighting, and fire fighting equipment. Equipment was all serviced and checked by a qualified fire safety specialist. Daily and weekly fire safety checks were being completed by staff.

The centre's evacuation procedures were prominently displayed in the centre. Staff and residents were completing monthly fire drill evacuations. These simulated both day and night time conditions and demonstrated that the centre could be evacuated in an efficient manner in the event of a fire. The most recent night time drill had not included one resident living in the centre, however it was noted that this resident had not yet been admitted to the service when this drill occurred. The person in charge had noted that a night time drill to include this resident was scheduled in the coming weeks.

Residents had personal emergency evacuation plans in place. These were subject to regular review and included pictures of the residents and their support requirements with regards to mobility needs, communication needs and fire safety awareness, aligned with current fire safety guidance.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found that the designated centre was suitable for the purposes of meeting the assessed needs of each resident. All residents had comprehensive assessments of need and individual plans of care in place. These appropriately reflected the residents' health, personal and social needs and supports required for activities of daily living. A twelve week follow up assessment had been completed with the residents following their admission and personal plans had been updated to reflect any changing needs during this time. Personal plans were comprehensive and reflected residents' most current needs in areas including the residents' circle of support, environmental needs, health and wellness, behavioural needs, and medication management. Residents had individual social goals in place that they were working towards achieving. Some of these included days trips and improving independent living skills.

All residents attended scheduled daily activation Monday to Friday and residents were seen coming and going to different activities throughout the inspection day. A service vehicle was available to each resident in the home.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents presented with some behaviours that challenge. Residents had behavioural support plans in place and these were subject to regular review, were descriptive and guided staff on de-escalation and intervention techniques.

Specialist behavioural supports were available to the residents within the service and these included behavioural therapy, psychiatry and psychology. Therapeutic interventions such as play therapy, art therapy and music therapy were also available services within the service provider. A service behavioural therapist was also available to residents and was present in the centre on the day of inspection. They spoke with the inspector about systems and strategies in place to support residents with behavioural expressions of need. The behavioural therapist had delivered in-house training to staff working in the centre to support one resident for example with individualised supports.

Some restrictive practices were noted in use in the centre due to identified risks and behaviours. Evidence of a reduction in the use of one restrictive practice used in the centre was noted over the previous months since admission to the centre.

The centre maintained a restrictive practice register. Restrictive practice review meetings were held every three months with the management team, staff team and

behavioural specialists and these included a full review of all restrictive practices in use in the centre.

Judgment: Compliant

Regulation 8: Protection

There were appropriate measures in place in the designated centre to safeguard residents. There were no open safeguarding concerns on the day of inspection. Safeguarding incidents had been minimal since the centre opening. Residents had individual support plans in place for their intimate and personal care. Safeguarding and advocacy were regularly discussed at residents' weekly meetings.

Staff spoken with were familiar with who to raise a concern with should a safeguarding concern arise. All staff had up-to-date training in the Safeguarding and protection of vulnerable adults. Any safeguarding concerns were treated in a serious and timely manner and in line with national policy.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant