



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

Issued by the Chief Inspector

Name of designated centre:	The Reeks
Name of provider:	St John of God Community Services CLG
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	02 March 2026
Centre ID:	OSV-0002905
Fieldwork ID:	MON-0049738

About the designated centre

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

The service is based on a large campus in proximity to a rural village. The service is currently registered to provide residential care for up to 17 residents with moderate or severe intellectual disability. Services are also provided to residents with dual diagnosis and significant medical conditions. Adults both male and female are supported in the designated centre. Two of the residents currently avail of shared care/respice service, with a maximum of one adult attending this service at any given time. Many of the residents have lived in the designated centre since they were young children. Accommodation is provided in three separate houses. All accommodation is at ground floor level. All residents have their own bedrooms when availing of services in the designated centre. Communal spaces in each unit include sitting room, dining room, kitchen and bathroom facilities. There are additional facilities including a swimming pool located on the campus. The staff team comprised of nurses, social care workers and care assistants providing support to residents. The designated centre is closed to future external admissions.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17
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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
Monday 2 March 2026	09:30hrs to 17:00hrs	Kerrie OHalloran	Lead
Tuesday 3 March 2026	09:10hrs to 13:50hrs	Kerrie OHalloran	Lead

What residents told us and what inspectors observed

This inspection was an unannounced focused regulatory inspection to review the arrangements the provider had in place to ensure compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013) and the National Standards for Adult Safeguarding (2019). Safeguarding of residents is an important responsibility of a designated centre and fundamental to the provision of high quality care and support. The inspection was completed by one inspector of social services over the course of two days. Overall, the inspection had positive findings and good compliance with the regulations. While matters arising under Regulation 9: Residents' rights continued to be ongoing for the provider, they were continuing to progress this for some residents to move to their new home in the community. This will be discussed later in the report.

The Reeks provides full time residential care for sixteen residents with an intellectual disability, along with a shared care/respice service for two adults at alternative times. The designated centre consists of three houses all located on a campus setting. Each resident has their own bedroom with communal areas such as kitchen, living room, dining room and sun rooms. On the day of the inspection there were sixteen residents in the designated centre, between the three houses.

Over the course of the inspection the inspector had the opportunity to meet eleven of the residents. The inspector also met nine staff members, which included household staff, care staff, nursing staff. The inspector met with the person in charge of the centre, two clinical nurse managers and the residential service programme manager. During the inspection, the inspector had the opportunity to engage with some of the residents and observe them as they went about their day. Meeting some residents was brief as they were relaxing, watching programmes of interest, completing table top activities, preparing or returning from an outing or activity. The inspector had the opportunity to visit all three houses.

Residents had varying communication support needs and used speech such as words, vocalisations, gestures, facial expressions, pictures and body language to communicate. On the first day of the inspection, the inspector visited one of the houses. They observed and spoke to three staff members and four residents that were in the living room. The atmosphere was very relaxed and homely, residents appeared to be content and happy in each other's company. Staff were very familiar with residents communication needs. For example, the inspector observed a staff communicating with a resident, the resident appeared to smile, vocalise and have fun with the staff member.

On the second day of the inspection, the inspector visited the other two houses. In the first house residents were up and ready for their day ahead or preparing for their day ahead. Staff informed the inspector of the plans and activities the residents had for the day. Some residents had left to attend swimming, while others were

looking forward to going later in the morning. The residents appeared very happy and content. The inspector met one resident who returned to their home for a short period of time as they were going to their day service. The staff discussed with the inspector about how they support the resident with their plans for the day with a communication board. This was later seen by the inspector to be in place.

The inspector visited the second house after this. One resident was present with a staff member completing some table top activities. The staff discussed how the resident enjoys doing this and that they had plans for the day. Staff discussed how residents are supported to make choices about their day and the activities they would like to complete.

The inspector reviewed a sample of residents' support plans which included activities residents enjoy. From this it was seen that residents were engaging in their local community on a regular basis. For example, residents were going shopping, using local service such as restaurants, cafes, equine therapy, meeting and spending time with family and friends, bowling and cinema. Resident also enjoyed various activities in their home and on the evening of one of the inspection days residents in all three houses had the choice to attend music therapy.

Staff were observed to respect residents' privacy in their home. They were observed to knock on residents' bedroom doors before entering. Staff that spoke with the inspector focused on the residents and their achievements and aspirations. Staff were observed to inform residents with choice regarding their day, for example, the inspector heard a staff member asking a resident if they would like to go for a walk now or later in the day.

In summary, it was evident that residents living in this centre were comfortable and content in their home and were taking part in activities they found meaningful in their home and in their local community. Overall the designated centre had good compliance with the regulations reviewed on this inspection.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This section of the report describes the governance and management arrangements and how effective these were in ensuring a good quality and safe service.

The provider had governance and management arrangements in place. There were clear lines of responsibility and accountability. A person in charge was in place for the designated centre and was employed on a full time basis. The person in charge was aware of their responsibilities and had very good knowledge of the residents

and their assessed needs. An on-call governance system was in place for the designated centre during times the person in charge was not on duty. The centre is also supported by two clinical nurse managers, who were again very knowledgeable of the residents living there.

The provider had employed staff who had the necessary skills and expertise to support residents, such as nursing staff, social care workers and care staff. The provider supported staff to be aware of their roles and responsibilities in relation to the care and support they provide for residents. For example, staff spoken with were aware and had good knowledge of behaviour support plans in place and feeding, eating drinking support plans in place for residents. Staff were also supported through annual appraisals.

Overall, this inspection found that arrangements were in place to ensure that residents received care and support that was person-centred.

Regulation 15: Staffing

The provider had ensured that the staff numbers and skill mix were in line with the assessed needs of the residents and appropriate to meet the safeguarding needs of residents. The inspector reviewed a sample of rosters from January to March 2026.

There were sufficient numbers of staff to meet the needs of the residents both day and night. The roster reviewed showed that the planned numbers and skill mix of staff was maintained and that there was a consistent staff team who were known to the residents. At the time of the inspection, the centre had two vacancies, this was being covered by staff team in place or regular agency staff. This ensured residents were familiar with the staff on duty to support them and continuity of care was being supported. This was important to the residents living in the designated centre.

The inspector met nine staff members, two clinical nurse managers and person in charge. They were found to be knowledgeable in their role and the support needs of residents. They were also familiar and knowledgeable in questions relating to safeguarding of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff members had access to appropriate training. The inspector reviewed the training matrix for staff working in the designated centre. Where a staff required refresher training they had been identified

and scheduled with upcoming training. It was noted that the following trainings had been completed;

- Fire safety
- Safeguarding
- Children's First
- Manual Handling
- Human Rights
- Safe administration of medications.

The person in charge had ensured that staff were appropriately supervised. The inspector reviewed the matrix in place which identified all staff were being supervised. The clinical nurse managers also completed reviews with the staff team to outline goals and achievements they would like to complete for the year as a team. The inspector reviewed a sample of probation's which had occurred for new staff who had been inducted into the designated centre and these were seen to be completed.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management arrangements in place to govern the centre and to ensure the provision of a good quality, safe service and to ensure that residents were safeguarded. The provider had ensured that the designated centre was resourced in terms of staffing and other resources to ensure the effective delivery of care and support in line with the assessed needs of the residents.

The inspector reviewed the annual review for the designated centre which was completed in 2024. Resident's and families views had also been sought as part of this audit and were included. The provider was in the process of completing the centres annual review for 2025. The inspector reviewed some questionnaires that had been received from families in February 2026 and these reported a high level of satisfaction with the service.

The inspector reviewed the complaints and compliments log for the designated centre. The inspector reviewed one complaint which had been received in 2025 and this was seen to be closed and fully recorded. Nine compliments were reviewed by the inspector which had all been received in 2025.

The provider had a system in place to complete six-monthly unannounced audits as required by the regulations. An inspector reviewed the audit which had been

completed in January 2026. The person in charge ensured they had systems in place for the monitoring of actions and compliance within the centre. The inspector reviewed an action plan tracker. This tracker clearly identified actions from the provider's annual review, six-month unannounced audits and Health Information and Quality Authority inspections. This tracker had identified the ongoing action for the ongoing work being completed to support residents to move to a community house.

The inspector reviewed the minutes of the team meetings for the designated centre for 2025. It was seen that team meetings were consistently taking place on a regular basis. These meetings were seen to discuss a range of items such as, safeguarding, complaints and incidents.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents living in the designated centre. This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality.

Residents had support and risk assessments in place which had considered their safety and safeguarding. Restrictive practices were in place in the designated centre and were seen to be regularly reviewed.

During this inspection, the inspector found that the residents had a good quality of life and were supported to have choice regarding their daily activities. Residents were supported by staff to achieve goals and aspirations.

Overall this inspection found that resident were supported to have a meaningful and good quality life. Some review is required under Regulation 9: Residents rights to ensure that the residents who wish to transition to a community house are supported with this. Over the past number of years the provider has been actively working on progressing a community house which four residents from this designated centre will transition to if they wish. The house was purchased in 2023 and due to factors outside of the control of the provider this remains ongoing. The provider has a clear plan in place to support the residents to move to their new home, such as residents have visited the house and the inspector was provided with evidence that plans are being actively progressed. However, due to the delays that have taken place this has been significantly delayed for the residents.

Regulation 10: Communication

Residents were kept informed of the supports available to them in a manner that was meeting their communication needs and preferences. Staff were observed to be aware of resident's specific communication preferences and were responsive to requests made by residents both verbally and non-verbally. The inspector observed many examples of this throughout the inspection. This included visual displays to support residents with their planned activities and the staff on duty. Staff were overheard telling a resident about their plans for the day and what was happening next.

From a review of the residents' personal plans, residents had their communication needs assessed. Residents had communication passports in their care plan which described how residents communicated and highlighted how staff should support residents communication.

Where an assessed need had been identified, residents had access to speech and language therapy. Recommendations made were available in residents support plans. These recommendations were clear and informative for staff, and support residents feeding, eating and drinking support plans. Staff spoke to an inspector about these recommendations.

There were visual signs to support with fire evacuation. Easy-to-read documents were available to residents and discussed at residents meetings.

From the personal plans reviewed, residents had communication dictionaries developed in their personal plan, this clearly identified how a resident may express or communicate different feelings or choices and how staff should support and respond to the resident. The staff spoken with informed the inspector how informative this was and it supported staff in facilitating the resident's communication needs.

The inspector saw that communication of all forms was respected and responded to. The inspector saw kind and caring interactions between residents and staff, and staff were able to use their knowledge of residents and their routines to promote responses.

Judgment: Compliant

Regulation 17: Premises

The inspector walked around the premises of the designated centre which comprised of three houses. The buildings were of a similar layout and contained communal spaces such as, a living room, sun room, kitchen, bathrooms and toilets.

All of the houses were seen to be clean, comfortable and well maintained. Each resident had their own bedroom which was observed to be decorated as per the

resident's preferences. The houses had laundry facilities available. Adequate storage was also available in the designated centre.

Residents had access to outdoor garden space and seating. Staff informed the inspector that the residents enjoy this during times of good weather. Some residents enjoyed gardening and had a poly tunnel in place to support them with this.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place and processes in place for risk management at this centre. There was a policy in place for risk management. The centre had a risk register for the designated centre in place and these risks had been regularly reviewed.

Resident's had individual risk assessments in place, where risks to their well being and safety were identified, assessed and in general kept under ongoing review. The inspector reviewed a sample of risks in place for residents. These risks had identified controls measures and had been regularly reviewed. An example of a risk reviewed was for choking, some control measures included staff training, regular multi-disciplinary meetings, feeding, eating, drinking support plans and staff support. The person in charge discussed with the inspector regarding how the control measures effectively support to reduce the risks in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' assessments related to safeguarding, positive behaviour support, communication, social and personal development and personal care plans. The personal care plans guided staff in the assessed needs and supports for each resident.

The inspector reviewed a sample of five residents' personal plans between the three houses. Overall, assessments and plans were person centred and evidence based. Where a resident had an identified health care need this was clearly recorded and supports in place. For example plans were in place for resident's oral care, mobility and skin integrity. Where residents were prone to bruising, a bruising profile was in place which identified rational for how bruising may occur such as self-ambulant residents, equipment used, if the resident may self-transfer or unsteady gait. An audit had taken place of any unexplained bruising to ensure it was not a

safeguarding risk to a residents and that rational was in place for incidents noting bruising.

Residents had been supported with an annual planning meetings which supported the resident in goals they would like to achieve and a review of the year that had passed. Residents had identified goals such as planning trip and holidays, gardening, visiting churches, meeting family and friends and trying new activities. Recording sheets were in place and staff supported residents with their goals and documenting progress on their goals. The centre had a proactive approach as the person in charge and clinical nurse managers discussed with the inspector that the staff team in place were very supportive of exploring new ideas with residents and providing residents with choice. The residents were also supported by a social and recreational team which provided support to residents to complete a number of different activities and trips. The inspector seen pictures of residents enjoying many activities and holiday.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed six of the resident's behaviour support plans. The behaviour support plans in place outlined supportive strategies, information about triggers and guidance for staff on managing situations with responsive strategies. It was evident that there was sufficient detail in the behaviour support plans and that staff were familiar with these plans to ensure that residents were protected and supported. All behaviour support plans had been regularly reviewed.

There were restrictive practices in place for this centre. The provider had ensured these practices were notified to the Office of the Chief Inspector on a quarterly basis. The inspector reviewed the designated centres restrictive practices and a full record of all restrictive practices in place in the centre was maintained. The inspector also seen that staff were maintaining logs of when the restrictive practices were in use. The providers rights committee provided review and oversight of existing and any new restrictions and this information was displayed in each house of the designated centre.

Judgment: Compliant

Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with

respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm.

Staff and management spoken with were aware of the various types of abuse, the signs of abuse that might alert them to any issues and their role in responding to any concerns. The staff spoken with on this inspection were aware that they could raise any concerns with the local management team.

On the day of the inspection there were safeguarding plans in place. The inspector reviewed six safeguarding plans in place. These plans had been clearly recorded and reviewed regularly. It included strategies to protect the resident from harm. Monthly safeguarding meetings were held with the providers designated safeguarding officer, this ensured plans were reviewed on a regular basis.

Residents had intimate care plans in place which were seen to be regularly reviewed. These plans provided clear guidance to staff and the supports required for each resident living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents could access information in relation to their rights, safeguarding and accessing advocacy services in their home. This information was all available in an easy-to-read format. Residents had regular house meetings taking place. These meetings kept residents informed about activities and information about their home. The meetings discussed items such as, residents' rights, any issues or concerns arising and fire safety. The meetings also noted how residents presented. For example, it was documented that residents had tea and biscuits and appeared happy and relaxed during a meeting. Support to residents was provided. For example, it was documented that residents enjoy watching the news each evening and if any headlines or events on the news worried residents that staff were available to discuss and support if needed.

Residents appeared happy and relaxed in their home. When asked by the inspector if they were happy and felt safe in their home, they expressed they were either verbally or through facial expressions. The inspector had the opportunity to see the residents bedrooms and these were decorated to the residents preference. Staff were very familiar with the residents likes and dislikes and they were supporting the residents to ensure their voices were heard. Residents were supported to complete and be involved in activities they enjoyed.

Residents were also supported with information around consent. This was seen to be documented in personal plans and included information on what is consent and when should it be obtained. The inspector seen that staff had information available

to them for each resident which was person centred. It recorded how consent was obtained through verbal or non-verbal gestures.

Over the past number of years the provider has been actively working on progressing a community house which four residents from the campus setting would transition to. The house was purchased in 2023 and due to factors outside of the control of the provider this remains ongoing. The provider has a clear plan in place to support four residents from this designated centre to move to their new home. Residents have had the opportunity to visit the house. The inspector was provided with evidence that plans are ongoing and currently being actively progressed. The designated centre was last inspected in May 2024 and the provider had provided an updated compliance plan response that had identified this would be completed by 30 March 2026. However, due to the delays that have taken place outside of the providers control this has been further significantly delayed for four residents.

Judgment: Substantially 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
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
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for The Reeks OSV-0002905

Inspection ID: MON-0049738

Date of inspection: 03/03/2026

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 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: As per Action Plan from Previous Inspection: Sale of house in Killarney has been completed. HSE Estates and SJOG Housing association are jointly progressing the project. Procured architects have given the provide the following timeline for completion of works:</p> <ul style="list-style-type: none">• Submission to E-Tenders – Mid/Late May• E-Tender Period – 6 to 8 Weeks (Including Standstill Period)• Construction Period – 8 Months (from builders' appointment) <p>Completion Date: 30 April 2027</p> <p>Registration of the house as a Designated Centre, recruitment of the staff team and transition of the residents can then be progressed Completion Date: 30 July 2027]</p>	

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 09(3)	The registered provider shall ensure that each resident’s privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	03/07/2027