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:	DC7
Name of provider:	St John of God Community Services CLG
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	23 March 2026
Centre ID:	OSV-0002944
Fieldwork ID:	MON-0039853

About the designated centre

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

DC 7, operated by St. John of God Community Services, is registered for 8 residents. The 8 residents, live two homes backing onto a campus setting located in a large town in Co. Kildare. Within both houses, each resident has their own bedroom and share common areas with other residents. Residents with an intellectual disability and mental health issues are supported by social care workers, nursing staff and a healthcare assistant. Some residents attend various day programmes provided by St. John of God Kildare services, and some residents are supported to participate in activities in their local community or stay at home on days that they choose. Residents have access through a referral system to the following multi-disciplinary supports psychology, psychiatry and social work. All other clinical support is accessed through community-based primary care with a referral from the individuals GP as the need arises.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

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
Monday 23 March 2026	09:30hrs to 17:40hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This was an announced inspection with the purpose of informing a registration renewal decision. Overall, findings indicated that the provider was striving to deliver care in a person centred manner and the residents in the centre were happy living there. Some issues were noted in the area of staff training and property maintenance.

The centre had recently reduced in size. The centre had previously been registered for 25 residents and was now registered for eight. There were eight residents living in the centre on the day of inspection and the inspector had the opportunity to meet with seven residents during the day. Since the reduction in size, the designated centre now comprised of two two-storey houses located beside each other.

On arrival to the centre, the inspector met the person in charge and the centre social care leader in one of the houses. Two residents were still present in the centre and they were getting ready to head out to work and day services. One resident spoke with the inspector and showed them their room. The resident spoke about their work in local social farming and the celebrations they had planned for their upcoming birthday. The resident communicated they were very happy in the centre when asked by the inspector. The resident appeared happy and comfortable in their space and waved goodbye to the inspector as they headed out for the day.

The inspector continued to do a full walk around both of the houses. Each house had four bedrooms and shared communal areas with an open plan kitchen-living-dining room. Both houses had two bathrooms each. Residents had all personalised their bedrooms with pictures, photos and personal belongings. Overall, the premises was maintained in a reasonable state of repair, however there were minor maintenance issues noted such as rusting radiators in three bathrooms, small areas of worn flooring and a resident's bathroom lock not working effectively in one house. There was an external room identified on the centre floor plans as an entertainment room. The person in charge noted that this was used in particular by one resident. This room required deep cleaning and ventilation and the floor in one area was sunken and a potential trip hazard.

The inspector met with residents again as they returned home in the afternoon. They appeared comfortable and relaxed in their home getting cups of tea and chatting with staff, asking what they were having for dinner. Some residents spoke with the inspector and again expressed they were happy in their home and living with their peers. One resident used a LÁMH sign to tell the inspector they were getting a cup of tea. Residents were happy to see the person in charge and social care leader and engaged with them and told them about their day.

The centre had a staff team that comprised of social care workers. The centre was supported by a full time person in charge and a social care leader. Staff and

management spoken with were found to be familiar with the residents and knowledgeable regarding their individual needs. The inspector found that there was sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents on a daily basis.

Residents enjoyed regular activation. Seven of the residents attended regular day services and one resident had an individualised activation schedule. Residents all experienced annual person centred planning (PCP) meetings with keyworkers and their preferred attendees, where goals, plans and aspirations were set out for the year ahead. The inspector noted that some goals included family visits, watching sporting events, horse riding and health goals.

Overall the inspector found that residents were happy living in the designated centre. They were enjoying a safe and person-centred service and they were supported by a staff team who knew their needs well. Compliance levels with the regulations reviewed during the inspection were good, with three areas noted to require minor improvements and outlined in Regulations 16, 17 and 31.

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 section of the report sets out the findings of the inspection in relation to the leadership and management of the service and how effective it was in ensuring that a good quality and safe service was being provided. Overall, there were robust management and oversight systems in place. There was a clearly defined management structure that identified the lines of authority and accountability, and staff had specific roles and responsibilities in relation to the day-to-day running of the centre. The centre was led by a person in charge who was supported in their role by a social care leader.

Residents were supported by a suitably qualified staff team. Staff spoken with on the day of inspection were very knowledgeable regarding the residents and their individual needs.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted an application to renew the registration of the centre to the Chief Inspector of Social Services as part of the registration renewal process. This was done in conjunction with the centre reducing in size and applications to vary

submitted. Applications were submitted within required timelines and contained all requested prescribed information including the centre Statement of purpose and certificate of insurance.

Judgment: Compliant

Regulation 15: Staffing

The centre had a staff team that comprised of social care workers. Nursing supports were also available within the organisation if required. The centre was supported by a full time person in charge and a social care leader. The inspector reviewed a sample of the centre's actual and planned rosters for a period of three months in 2026 and found that there was sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents on a daily basis.

The staff roster was maintained appropriately, and the times worked by each person were accurately reflected. There were two staff vacancies on the day of inspection and the provider was recruiting to fill these posts. The centre had access to an internal relief panel of staff to fill vacant shifts when required and regular relief staff were used where possible. Consistency was important to the residents living in the centre and this was facilitated by the staff team and management when possible.

Staff meetings took place every six weeks and these were used as an opportunity to discuss issues such as the residents ongoing needs. complaints, risk management, personal planning and the planned HIQA inspection.

Judgment: Compliant

Regulation 16: Training and staff development

There was a program of staff training in place and training had been completed by all staff in areas such as infection control, fire safety, manual handling, medication management, safeguarding, infection control, Epilepsy management, behaviour management and food hygiene. Following a review of staff training records it was noted that some staff were due refresher training in mandatory areas. Four staff were due refresher fire safety training, one staff member was due refresher medication management training and one staff was due refresher behaviour management training.

One-to-one staff supervision took place on a six monthly basis with a line manager and the inspector found this was occurring in line with service policy.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider had established and maintained a directory of residents. This was a clear record of all residents living in the centre, along with their age, gender, date of birth and contact details.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the centre had an appropriate contract of insurance in place to protect residents against injury, loss or damage to property. This was reviewed as part of the registration renewal process.

Judgment: Compliant

Regulation 23: Governance and management

The provider had arrangements in place to ensure that the service provided to the residents in the centre was safe. There was a management structure in place with clear lines of accountability. There was a full time person in charge who was supported by a social care leader in the centre. The person in charge had a large remit of five designated centres which arose since the centres reconfiguration and as part of the plan to reduce size of DC7. This appeared to be managed effectively and the person in charge was ensuring that they were regularly present in the centre. The centre was also supported by a senior program manager.

It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre. An annual review of the care and support provided had been completed for 2025. This had been completed prior to the centre reduction in size. This set out a clear time-bound action plan with any non-compliance's identified. The centre had unannounced six monthly audits completed by the providers quality department and these had been completed in May and November 2025. These audits included a review of the centre's compliance with specific regulations. The team leader also completed regular audits on areas such as medication management, infection control, finances and personal plans.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place and this had been submitted to the Chief inspector as part of the registration renewal process. This was found to contain all items set out in Schedule 1 and was an accurate description of the service provided.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed, care plans, daily notes, restrictive practices and the accidents and incidents log in the centre and found that in general, incidents had been notified to the Chief Inspector within the requested timelines as required by Regulation 31. However, during a walk around the centre, the inspector noted one restrictive practice that had not been notified through the centre quarterly returns.

Judgment: Substantially compliant

Quality and safety

This section of the report details the quality and safety of the service for residents who live in the designated centre. The inspector reviewed a number of areas during the inspection to determine the quality and safety of the support provided such as a risk management systems, personal plans, fire safety systems, the premises and safeguarding procedures. Overall the inspector found that the residents were in receipt of a safe and high quality service which had been tailored to suit their preferences and needs.

Regulation 17: Premises

Since the reconfiguration of the centre which resulted in a reduction in size, the designated centre now comprised of two two-storey houses located beside each other. The inspector completed a full walk around both of the houses. The centre had completed some work since the centres most previous inspection and this included new kitchens and flooring being installed.

Each house had four bedrooms and shared communal areas with open plan kitchen-living-dining rooms. Both houses had two bathrooms each. Residents had all personalised their bedrooms with pictures, photos and personal belongings. Overall, the premises was maintained in a reasonable state of repair, however there were minor maintenance issues noted such as rusting radiators in three bathrooms, small areas of worn flooring and the residents upstairs bathroom lock not working effectively in one house. There was an external room identified on the centre floor plans as an entertainment room. The person in charge noted that this was used in particular for one resident. This room required deep cleaning and ventilation and the floor in one area was sunken and a potential trip hazard.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had ensured that the risk management policy met the requirements as set out in the regulations. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. The provider had suitable systems in place for the assessment, management and ongoing review of risk including a system for responding to emergencies. Staff completed weekly safety checks in the centre.

Residents all had individualised risk assessments in place which were subject to regular review. There was an online incident reporting system in use and the inspector reviewed records of any adverse incidents which had occurred in the designated centre in recent months. All incidents were reviewed by the person in charge and social care leader as they occurred and plans were put in place to reduce potential risk of possible recurrence and to support residents to continue to maintain a safe environment both in their home and local community.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented fire safety systems including fire detection, containment and fire fighting equipment. For example, the inspector observed fire and smoke detection systems, emergency lighting and fire fighting equipment throughout the centre. Staff were completing regular fire safety checks on areas including emergency lighting, the fire detection system and emergency escape routes. The centres fire panel was noted as having no faults.

The inspector reviewed fire safety records, including fire drill details. These occurred every three months in the centre. The provider demonstrated through their drills

that they could safely evacuate all residents under day and night time circumstances in an efficient manner. There was a centre specific emergency evacuation plan in place and all residents had personal emergency evacuation plans (PEEP's) in place which were regularly reviewed and set out the residents' support needs in the event of an emergency evacuation from the designated centre.

The inspector requested that the fire alarm be activated on the day of inspection and this was done by the person in charge. This activated the alarm system to sound and prompted all fire doors to close in the centre. Upon review of all doors, the inspector noted that two doors were not fully closing flush when this happened. This was highlighted to the person in charge and was promptly addressed. Fire doors were again activated and all doors were fully closing following this second activation.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The designated centre was suitable to meet the assessed needs of the residents living there. Residents all had individual assessments of need and personal plans. The centre used an online system for recording assessments of need and care planning. Support plans in place were found to address the health, personal and social care needs of the each resident.

Residents all experienced an annual person centred planning meeting with their key workers, family members and management where they discussed their current plan of care and their goals for the year ahead. Residents all had appointed key workers. The social care leader was regularly reviewing and auditing personal plans and setting out actions for staff to address when required. Residents enjoyed regular activation. Seven of the residents attended regular day services and one resident had an individualised activation schedule. Residents all experienced monthly "Speak Up" meetings and this was used as an opportunity for residents to discuss plans and goals for the week ahead as well as important issues in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some residents living in the centre presented with behaviour that was challenging and they were supported to manage these. Behavioral support plans were in place where required and residents had access to multi-disciplinary supports for mental

health needs. Plans identified proactive strategies to support residents with behaviours and individual needs.

There were some restrictive practices used in the centre due to residents' needs and identified risks. The service had established a restrictive practice committee and a Human Rights committee and the use of restrictive practices were regularly reviewed and approved with these committees. Staff had all completed Human Rights training and the provider had also developed a restrictive practice training workshop for staff to complete. During a walk around the centre, the inspector noted one restrictive practice that had not been notified through the centres quarterly returns. This is noted under Regulation 31.

Judgment: Compliant

Regulation 8: Protection

The registered provider had implemented safeguarding oversight systems which were guided by clear written policies and procedures to safeguard residents from abuse. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. All residents had up-to-date intimate and personal care plans in place. There were a number of systems in place to safeguard residents finances. A designated safeguarding officer had been identified for the centre and their details were prominently displayed in the centre.

Any safeguarding incidents were treated in a serious and timely manner. Any safeguarding incidents which had occurred in the centre and been reported to the service safeguarding officer and to the National Safeguarding Office. Individualised safeguarding plans had been developed when required. Overall the inspector found that formal and interim safeguarding plans were implemented when required and appropriate pathways followed. Residents all had intimate care plans in place.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially 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

Compliance Plan for DC7 OSV-0002944

Inspection ID: MON-0039853

Date of inspection: 23/03/2026

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Four staff due refresher fire safety training completed on 7th of April 2026. • One staff member due refresher medication management training completed on 12th of May 2026. • One staff due refresher Crisis Intervention training (verbal) completed on 16th April 2026.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: • Window restrictors identified in inspection walkabout reviewed and not in use as an environment restriction. Completed 15th May 2026. • Environmental window restrictors identified in walkabout during inspection will be removed by 30th June 2026 • All restrictions will be reported to the chief inspector at the end of each quarter of each calendar year.	

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.

• Small areas of rust identified on 3 radiators in three bathrooms will be treated and repaired by 30th June 2026.
• A small area of worn flooring identified in the staff office will be replaced by the 30th of July 2026.
• An upstairs bathroom lock not working effectively in one house on the day of inspection was repaired on the day of inspection, completed on 23rd March 2026.
• The external room identified on the center floor plans was deep cleaned, dehumidifier put in place, weakened floor repaired by 30th April 2026.
• The external room identified on the center floor plans as an entertainment room is being reviewed re-usage and upgrade of same being costed. Complete by the end of 30th June 2026.

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.	Substantially Compliant	Yellow	12/05/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/07/2026
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in	Substantially Compliant	Yellow	30/06/2026

	relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			