



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

Issued by the Chief Inspector

Name of designated centre:	Hillcourt
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	01 December 2025
Centre ID:	OSV-0003000
Fieldwork ID:	MON-0048470

About the designated centre

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

This centre comprises a community house located in Co. Louth, and four residents can be accommodated in the centre. All residents have their own bedrooms. The centre is located on the outskirts of a village, close to community amenities, and transport is provided for residents to access community amenities and services. The centre has a well-equipped kitchen and dining area, and two sittingrooms. There are large front and rear gardens, and adequate parking to the front of the property. The staff skill mix includes the person in charge, nurses and care assistants. There is a waking night staff on duty in the centre, and two staff are on duty during the day.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 1 December 2025	11:45hrs to 17:45hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

From speaking with staff and from observing residents enjoying their evening in their home, it was evident that residents were happy and comfortable in their surroundings, and that staff were committed to providing the best possible care and support to meet residents' needs.

There were four residents living in the centre on the day of inspection, and there were no vacancies. The centre comprised of a single-storey house, located on the outskirts of a coastal town. Transport was provided for residents' use.

Each of the residents had their own bedroom, and these were decorated in the way residents preferred. For example, two residents like to get their hair and nails done, and had vanity tables and lighting in their room. Another lady told the inspector they had picked the colour for their room when they moved in recently.

On arrival to the centre, the inspector met two staff members, and they told the inspector three residents were at their day service and would return later in the afternoon. One resident was having a lie-in, and during the week was supported by staff with their preferred activities. Later in the morning, the inspector observed the staff interpreting the resident's non-verbal request for a specific piece of music to be played on their iPad, and it was evident that staff were very familiar with how the resident communicated. Similarly, in the afternoon, when another resident used hand gestures to communicate, the staff member interpreted and responded with ease to the resident.

The centre was warm and welcoming and residents appeared to be very comfortable in their surroundings. The inspector had the opportunity to meet four residents together in the afternoon. While the inspector was not familiar with some of the residents' communication preferences, one resident did tell the inspector they liked living there and they felt safe. They also said they would talk to staff if they had any problems. Some of the residents liked to colour in their free time in the evening, and one of these residents kept a display of completed pictures on their noticeboard in their room.

Staff were observed to be kind and respectful in all their interactions with residents, and it was evident that residents felt very comfortable with the staff on duty. A staff member told the inspector about some of the things that were important to residents. For example, a resident took great pride in their appearance, and liked to dress well. Staff supported the resident to choose and buy their own clothes, and it was evident from reviewing records, and seeing photographs, that the resident liked to go shopping frequently, and to dress up, especially for special occasions. Staff also described how a resident loved to wear perfumes, and again, had purchased a range of perfumes, which they kept at hand on their vanity table.

There had been a focus on social connections and on effective communication with residents, and staff had supported residents to connect with loved ones and with their friends in the local community. This included visits, phone calls and video calls, and the person in charge described the importance of these connections. As mentioned, staff knew the residents' communication preferences well, and had put significant effort into planning residents' meetings, to ensure residents were told about their rights, were given the opportunity to make informed choices, and that the information presented was relevant to the residents. This was complemented by the use of aids and devices, for example, iPads, and pictures.

Overall the inspector found this centre respected the individual choices and rights of residents, while staff holistically supported residents to fulfil their wishes and goals, resulting in residents enjoying a very good quality of life.

The next two sections of the report outline the governance and management arrangements, and how the arrangements positively impacted on the quality and safety of care and support residents received in the centre.

Capacity and capability

This inspection was carried out to monitor levels of compliance with the regulations, and on the day of inspection the centre was compliant in all 10 regulations inspected.

The provider had employed sufficient numbers of staff with the right skills and knowledge to meet the needs of residents. The person in charge and the staff knew the residents well, and told the inspector about a range of supports in place to help residents with their health and social care needs, as well as support them to fulfil their goals.

Transparent procedures were followed in the admission of a resident to the centre, and the resident had been provided with a contract for the provision of services.

There were effective systems in place to monitor the services provided, and overall the management systems were found to be safe and effective. This meant that residents' wellbeing and safety were promoted, and their rights were protected.

Regulation 15: Staffing

The centred was staffed by nurses and care assistants and there were sufficient numbers employed in the centre to meet residents' needs. There were two staff on

duty during the day, and one staff at night in a waking capacity. There were no staff vacancies in the centre.

The inspector reviewed a sample of rosters over a four month period, and consistent staff were provided. When staff took leave, shifts were filled by regular relief staff, and this meant that residents were provided with continuity of care and support. From speaking with two staff members it was evident they knew the residents well, and told the inspector about some of the health and social supports in place to meet residents' needs. It was also evident that staff were very familiar with the communication preferences of residents, and effectively interpreted residents' non-verbal expressions, and responded appropriately.

Staff files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 23: Governance and management

The centre was effectively resourced, and the management systems in place had ensured the service provided was safe and effective. There was a clearly defined management reporting structure, and ongoing monitoring was completed within the centre.

The provider had ensured resources were provided to meet the needs of the residents, and these including a well-established staff team, transport, a homely premises, and specific equipment for residents' use. The provider was also forward planning for resource requirements for potential future needs of residents.

There was a clearly defined management structure and staff reported to the person in charge. The person in charge was responsible for this and one other centre in the same housing estate, and they divided their time between the two centres. Senior staff nurses were assigned as shift leads, and took responsibility for managing the centre when the person in charge was not on duty. The person in charge reported to the director of care and support who was also nominated as a person participating in management. The person participating in management reported to the regional director, and onwards to the Chief Executive Officer.

The inspector found the service was safe and effective, with the management systems effectively implementing and overseeing good standards of care and support in healthcare, risk management, fire safety, protection of residents, and social care.

The centre was monitored, and audits or reviews were completed by the provider, other managers, and by the person in charge. The person in charge maintained a Quality Enhancement Plan (QEP) and all actions arising from these reviews and audits were tracked in the QEP. Two actions remained in progress on the day of inspection relating to staff training that was booked for January 2026, and future

plans for residents following an occupational therapist and physiotherapist review. The inspector reviewed a sample of seven audits completed in 2025, in fire safety, hygiene, finances, and medicines management, and most were found to be compliant by the auditors. Where actions were required these were found to be complete, for example, replacing a frayed chair, and double signing bank statements once checks were completed.

An annual review of the quality and safety of care and support was completed for 2024, and residents and families were consulted about this review. Unannounced visits were completed by a person nominated by the provider, at six monthly intervals. The inspector reviewed the report of the most recent visit in September 2024, and all areas were found to be compliant.

Staff meetings were held every two months approximately, and the team discussed and reviewed, for example, safeguarding, adverse incidents, health and safety, and each residents' needs and progress of goals. A staff member told the inspector they could raise concerns about the quality and safety of care and support provided to residents, and the person in charge was very responsive.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were safe and transparent procedures in place for admissions to the centre, including the need to protect residents.

There had been one resident admitted to the centre in June 2025, and the inspector reviewed a transition plan and compatibility reports. The transition of the resident to the centre had included an assessment by the person in charge, with information gathered from the resident, their family and the general practitioner (GP). The resident and their family had been given the opportunity to visit the centre, and had met the other residents living in the centre. Following each visit, a report of how the visit went, as well as information about compatibility with fellow residents was compiled, and a concluding summary completed, reporting there were no compatibility concerns.

The inspector spoke to the resident who had moved into the centre in June, and they said they really liked living in the centre, and that they felt safe.

The resident and their family had been provided with a contract for the provision of services, which included information on this contract in accessible format. The contract outlined the services to be provided and the fees to be charged, and any additional fees were clearly stated.

Judgment: Compliant

Quality and safety

Residents in this centre were receiving good quality care and support, through a person-centred approach that focused on their rights as individuals, their specific interests, while supporting their care needs.

Residents' needs had been assessed, and health and social care personal planning was led by the preferences of residents in how they wished to spend their time on a day-to-day basis. Plans guided practice and were found to be implemented, for example, step by step guidance on how to achieve goals, ensuring health monitoring interventions were complete, and regularly reviewing goals and social opportunities as a team to ensure completion. Significant effort was put into communicating with residents, for example, at residents' meetings, to ensure the information provided was in context, relevant to residents, and was communicated in a way that residents could understand.

There were safe and appropriate systems in place for the management of risks and incidents, fire safety, and the protection of residents, and the person in charge had ensured reviews following incidents were completed for residents.

Regulation 12: Personal possessions

Each resident retained control over their own possessions and staff helped them manage their finances and their laundry.

Residents had plenty of room to store their personal possessions, and their clothes. There were suitable laundry facilities, and staff helped residents to take care of their clothes.

Residents had their own accounts in financial institutions, and staff helped them to withdraw money when they needed, as well as keep account of their incoming and outgoing finances. The inspector reviewed account records for two residents, and balances of money held were checked and signed by two staff every day. Receipts were maintained for all purchases residents made, and bank statements were available and were audited against all cash withdrawals made on or on behalf of residents. From a review of accounts over a five month period, it was evident that accurate accounts were maintained, and that residents were spending their money on the things they liked, including clothes, perfumes, concerts and getting their nails done.

Judgment: Compliant

Regulation 13: General welfare and development

Appropriate care and support was provided to residents and residents were supported to access a range of opportunities both in the centre and in the community.

Three residents attended day services during the week, and one resident was supported by staff in the centre with their preferred activities. An assessment of residents' preferred leisure and social activities was completed as part of the assessment of need process, and from a review of two residents' daily notes, as well as financial transactions it was evident that residents were getting to do the things they liked. For example, visiting friends in a nearby centre, going out shopping and for coffee, going for drives, and to the beautician.

Residents were supported to develop individualised goals, and actions were taken to help residents achieve these. These included, for example, staying in their home county for a hotel break, making video calls to family, completing sensory garden projects, and going to music shows.

Residents were supported to maintain regular contact with their families and friends through calls and visits.

Judgment: Compliant

Regulation 26: Risk management procedures

Risks in the centre had been assessed and proportionate measures implemented so as to keep residents safe.

There was an up-to-date policy on risk management. The measures and actions to control the risks of self-harm, accidental injury to residents, visitors, or staff, aggression and violence, and the unexplained absence of a resident were outlined in risk management plans. Individual and site specific risk assessments were also completed, and the inspector observed control measures were in place, for example, a personal alarm for staff lone working, an on call management support system, and regular flushing of unused water outlets.

The person in charge was aware of the potential impact of changing needs of residents, and in response to some minor falls, had sought assessment for two residents' future needs with a physiotherapist and occupational therapist. As an outcome the provider was actively responding to the future needs of these residents.

There had been a minimal number of incidents in the centre, and as mentioned reviews had been sought from allied healthcare professionals. All incidents had been recorded and reviewed by the person in charge.

Judgment: Compliant

Regulation 28: Fire precautions

There were effective fire safety systems in place, and there was sufficient support available to help residents evacuate in the event of a fire.

Residents' needs had been assessed, and personal emergency evacuation plans were developed and reviewed. These plans set out the support residents needed to evacuate the centre, and there were sufficient staff on duty day and night to complete safe evacuations. Fire drills were completed on a quarterly basis, and from a review of four recent fire drills, staff and residents had evacuated the centre in a timely manner. A previous risk relating to a resident declining to evacuate had been mitigated, and a staff told the inspector about the audio social story the resident listened to, that had successfully helped them to manage evacuations.

The centre was equipped with a fire alarm, call points, emergency lighting, fire extinguishers and a fire blanket, and a review of maintenance records confirmed fire safety equipment had been serviced at suitable intervals. The fire evacuation procedure and routes were clearly displayed in the hall. There was an emergency plan available that included the response to a fire, adverse weather conditions, or a gas leak, and a nearby location was identified where staff and residents would relocate to in an emergency.

Staff completed safety checks including daily, weekly and monthly checks of escape routes, the fire alarm, call points, smoke detectors, emergency lighting, and fire doors, and all checks were recorded as complete since July 2025.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were met, and residents had timely access to their general practitioner (GP) and to allied healthcare professionals as needed.

The inspector reviewed two residents' files, and residents' healthcare needs had been assessed by nurses employed in the centre, and these assessments were informed by reviews with their GP's. Where needed, residents had been assessed and reviewed by allied health care professionals, for example, speech and language, physiotherapy, and occupational therapy, and recommendations arising from these

reviews were incorporated into care plans. Health care plans were available for all identified healthcare needs, and these plans were detailed, and the care and support to be provided to residents was clearly set out. Residents also accessed the services of a consultant psychiatrist, and regular reviews had been completed.

The inspector found plans were implemented, for example, a resident was observed to be provided with a meal in line with speech and language recommendations, blood tests had been completed, and a review was planned with a physiotherapist in relation to orthotic footwear for a resident.

Judgment: Compliant

Regulation 8: Protection

Residents were protected in the centre, and suitable arrangements were in place to protect their finances.

The Chief Inspector had been notified of a number of safeguarding incidents in 2023; however, the specific risks associated with these incidents had been mitigated. A review of incidents in 2024 and 2025 highlighted there were no safeguarding concerns in the centre. As mentioned, there were accurate and transparent procedures for supporting residents to manage their money, and therefore residents were protected from a risk of financial abuse.

The inspector spoke to a staff member who outlined they had received training in safeguarding, and described the actions to take in response to a safeguarding concern. Staff had talked with residents about safeguarding at residents meetings, and information was presented in an accessible and meaningful way to residents.

Judgment: Compliant

Regulation 9: Residents' rights

This service was led and organised around the decisions and choices residents made, and every effort was made by staff to establish and act on residents' preferences. Staff were very familiar with how residents communicated, in particular their non-verbal cues, and this meant that staff knew when and how residents provided or declined consent to care and support.

From a review of residents' records, it was evident that residents were provided with a range of choices about their social and leisure activities, both in the centre and in the community. The inspector spoke to a staff member and they described how residents communicate their choices both verbally and non-verbally, and how the team ensure the residents are given a range of options to choose from. For

example, the staff member described planning holidays, finding available options and using pictures to help residents decide on their preference.

The staff member also described how some residents use gestures to consent, and the inspector observed another staff member interpreting and responding to a resident's preference of music.

The staff team ensured that residents were informed of their rights, and about their safety. The inspector reviewed minutes of residents' meetings that were held every week. Discussions at these meetings were tailored around what was important and relevant to residents at that time. For example, when the recent presidential elections were on, staff spoke to residents about the candidates and residents watched videos about each candidate, with each resident being registered to vote. A lot of work went into making these meetings relevant for residents, for example, describing seasonal changes for residents and planning upcoming events around these. Similarly, describing the importance of keeping themselves safe and well, and describing the choices around safety and wellbeing for residents.

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 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant