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:	Ard Na Mara
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	12 November 2025
Centre ID:	OSV-0003002
Fieldwork ID:	MON-0047897

About the designated centre

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

This service can provide full-time residential care and support to five adults with disabilities. The centre comprises a large detached house in Co. Louth and is near a large town. Transport is provided for residents to easily access community-based facilities such as shops, shopping centres, restaurants, cinemas, and social clubs. Each resident has their own private bedroom (one en suite). Residents' bedrooms are decorated to their style and preference. Communal facilities include a large well-equipped kitchen with a dining space, a separate dining room, a spacious sitting room, a second smaller sitting room/activities room, a utility facility, adequate storage space, and well-maintained gardens to the rear and front of the property. The service is staffed on a twenty-four-hour basis, and the staff team includes a person in charge, nurses, social care workers, and health care, assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 12 November 2025	08:30hrs to 16:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This inspection was conducted without prior notice and focused on assessing the quality of care and support provided to residents. The process identified that residents were well cared for, appeared happy in their home and interactions with one another, and were receiving a person-centred service that led to positive outcomes.

The inspector reviewed 12 regulations:

- 9 regulations were found to be compliant
- 3 regulations required improvement : Regulation 28: Fire precautions, Regulation 23: Governance and management and Regulation 10: Communication.

The actions under Regulations 23 and 28 relate to the provider's poor response to identified problems with fire containment measures, particularly issues with seven fire doors in the residents' home. The action under Regulation 10 concerns the delay in a resident receiving a communication assessment from a speech and language therapist.

The inspector issued an immediate action to the provider in response to the fire containment issues and the provider's response will be expanded on later in the report.

Despite these areas for improvement, the inspection confirmed that residents were receiving a good service overall.

On arrival, the inspector was greeted by a staff member and introduced to the three residents present. The residents were relaxing and watching TV before attending their individual day service programmes. They appeared in good form and were enjoying each others and staff members' company. One resident joked with a staff member about scheduled activities, while another expressed happiness about their afternoon plans.

Residents presented with varying levels of communication skills and independence:

- some used non-verbal communication
- others communicated verbally
- one resident accessed the community independently, while others required support.

Visual evidence showed residents engaging in a range of activities. Each resident had a weekly goal folder capturing activities and achievements. There was clear evidence of support for residents to engage in activities they enjoyed and to remain

active outside their home. Photos showed residents enjoying overnight breaks, social events, and saving for a future holiday together.

In the afternoon, one resident returned from their day service and was preparing to go out with a family member. The family member met with the inspector and spoke highly of the service, noting that their loved one was well cared for and had made positive social developments.

The inspector learned that three residents had moved into the service over the past 18 months. The provider conducted compatibility reviews prior to these transitions, and the mix of residents was reported as positive by both staff and family members.

In conclusion, the inspection showed that residents were receiving good care and support, with a focus on their individual needs. While there were some areas that needed improvement, such as fire safety and communication assessments, the positive relationships and activities among residents suggest a happy and supportive environment.

Capacity and capability

The inspector reviewed the provider's governance and management arrangements and found that improvements were needed.

As noted in an earlier section, the review of fire compliance information revealed issues related to fire containment. The full impact of these will be discussed later in the report. Still, the delayed response by the provider identified concerns regarding the provider's governance and management arrangements.

While there was evidence that the provider attempted to address the issues with fire containment measures, there was a lengthy period during which the fire containment measures in the residents' home were not up to standard. This did not demonstrate an appropriate response by the provider, as it is their responsibility to ensure that the services provided to the residents are safe.

Despite these concerning issues, the inspector also found several examples of good practice, particularly regarding the everyday care and support provided to the residents. Additionally, staffing arrangements and staff training were deemed appropriate, as was the provider's management of complaints.

In summary, the main concern identified during the inspection was the issues regarding fire containment, which overshadowed the good work being accomplished in several other areas.

Regulation 15: Staffing

The inspector reviewed staffing arrangements and found them to be appropriate. The provider had ensured that:

- the skill mix of the staff team was suitable for meeting the needs of residents
- safe staffing levels were maintained
- a consistent staff team was in place, ensuring continuity of care for residents.

This judgment was based on a review of a sample of rosters, including the roster for the week of the inspection and rosters from July and August of this year. The staff team comprised staff nurses, social care workers, and healthcare assistants. The number of staff rostered each day fluctuated as two residents divided their time between their family home and the residential service.

For example, on the day of the inspection, three residents were present, and two staff members were supporting them during the day. When all four residents were present, the provider increased staffing cover to three staff members during the day. At night, one staff member consistently completed a live night shift.

In summary, the inspector found no concerns regarding the current staffing arrangements.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector requested confirmation that the staff team had access to and had completed the necessary training. They reviewed the training records of a sample five members of the staff team and found that training needs were regularly assessed and that staff attended training as required.

Staff members had completed training in various areas, including:

- Fire safety
- Safeguarding vulnerable adults
- Dysphagia
- Infection prevention and control
- Epilepsy and buccalmidazolam (rescue medication)
- First aid
- Safe administration of medication
- Children first
- Basic life support.

In addition, the inspector examined the systems in place to ensure that staff members received appropriate supervision. They reviewed the records of two staff members, and found that the staff members were being provided with guidance regarding best practice.

Judgment: Compliant

Regulation 23: Governance and management

The inspector reviewed the provider's governance and management arrangements and found that improvements were needed in the senior management's response to identified issues. These included delays in addressing problems related to fire doors and in arranging a communication assessment for a resident who communicates non-verbally.

At the local management level, the inspector noted appropriate oversight arrangements. The person in charge and the house manager conducted regular audits, and peer audits were also carried out to ensure that the service provided to residents was suitable. For example, one of the nursing staff had been actively seeking updates about arranging the communication assessment for the resident; however, there had been limited feedback from the provider's multi-disciplinary team regarding this matter.

The inspector confirmed that the provider had ensured all required regulatory visits and reports were completed. The most recent unannounced visit reports from January and July of this year focused on the safety and quality of care and support in the centre. While actions were identified in both reports, the inspector observed that many of these had been addressed. However, the July report highlighted issues with the fire doors, which had not been resolved by the time of this inspection.

In summary, the inspector found that local management provided good oversight of the services offered to residents. Nevertheless, the provider is required to ensure that all aspects of the residents' home are safe, particularly concerning the fire doors. Additionally, a resident who required a communication assessment had yet to receive one, despite this being flagged as an area needing attention earlier this year.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The inspector found that there were appropriate arrangements in place to support residents transitioning into the designated centre. A review of one resident’s

transition plan demonstrated that the process was person-centred and implemented at a pace that suited the resident and their family. At the time of inspection, the resident was completing overnight stays in the centre while continuing to spend time with their family each week, with the number of days in the centre gradually increasing in line with the agreed plan.

The inspector observed that the provider had undertaken appropriate information gathering to promote a positive outcome for the resident. The management team had met with the resident and their family at the early stages of the transition process to ensure their needs and preferences were understood. The inspector also noted that the resident and their family had been supported to visit the centre as part of the initial transition process. Records reviewed indicated that the resident was settling well into their new home and was enjoying positive interactions with peers.

Judgment: Compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Quality and safety

As previously outlined in the report, the inspector identified concerns regarding the provider’s response to fire containment and safety measures, as well as delays in arranging a communication assessment for a resident. These issues will be discussed in more detail under Regulations 28 and 10.

While these findings raised concerns, the inspector concluded that, overall, residents were receiving a good standard of service. Examples of good practice included:

- residents’ health and social needs were being met
- residents appeared happy in their home environment
- residents were supported to engage in meaningful activities that they enjoyed
- care plans were person-centred and subject to regular review.

In summary, despite identified concerns regarding fire safety measures and delays in communication assessments, the inspection found that residents were generally receiving a good standard of care.

Regulation 10: Communication

During the review of resident's information the inspector studied the communication supports in place for two of the residents. The appraisal found that there had been delays in one resident's communication strengths and needs being assessed by a competent person.

The inspector found that when reviewing the resident's information that the staff team had been updating a communication passport since the resident's transition to the service in April of this year and had been documenting queries regarding some of the resident's methods of communicating their needs. The resident communicated through non-verbal forms of communication and the staff team were in the process of gaining a better understanding of the residents expressions. However, the resident and the staff team would benefit from an assessment being completed by an appropriate person in order to best support the resident to express themselves and to guide staff on how to communicate and respond to the resident.

The inspector found for the other resident that there were appropriate supports in place, that there was guidance on how the resident communicated and how staff should respond and also that a number of communication strategies had been employed to support the resident.

Judgment: Substantially compliant

Regulation 12: Personal possessions

The inspector found that systems were in place to support residents with the management of their finances, where required. Residents were receiving varying levels of support from staff, with some residents preferring that their family managed aspects of their financial affairs. Residents had access to funds stored securely within the service.

The inspector reviewed information for three residents and found that financial passports had been completed. These documents captured each resident's understanding of their finances and identified areas where support was required. Daily finance checks were completed by staff members, and regular reviews were undertaken by the person in charge and the house manager. In addition, quarterly finance audits were conducted to ensure effective oversight.

The inspector reviewed finance records for two residents and confirmed that the money stored in the service matched the record books. There was a system in place to ensure receipts were retained, providing transparency and accountability for expenditure. Residents had been supported to open bank accounts in their own names, and oversight mechanisms were in place to safeguard residents from potential financial abuse.

Judgment: Compliant

Regulation 13: General welfare and development

During the course of the inspection, the inspector reviewed information relating to three residents and found that they were receiving a good standard of care that promoted their overall welfare.

As noted earlier in the report, goal folders had been established for residents. The inspector examined two residents' folders and found evidence that residents were engaging in a range of activities and socialising with one another. This was identified as a positive development for the group, with reports indicating that some residents' social skills were improving as a result.

Residents were participating in activities such as attending sporting events, developing independent living skills, going on religious retreats, day trips, gardening, attending concerts, and overnight breaks.

When the inspector met with the residents, they appeared very happy in each others company. This observation was confirmed by feedback from a family member and staff members during the inspection.

In summary, the inspector was satisfied that residents were receiving care and support that promoted their welfare, independence, and social inclusion.

Judgment: Compliant

Regulation 28: Fire precautions

During the initial discussions with the person in charge, the inspector was informed that issues had been identified with the fire containment doors in the residents' home.

Concerns regarding the fire doors were raised in April of this year. The provider responded by scheduling and completing fire door inspections (booked on May 21 and completed by June 4), which were completed by a competent person.

The provider received the findings of this inspection on June 12 2025. The report detailed 18 major failures involving seven fire doors, stating that these issues required urgent attention within 48 hours. Additionally, it identified 15 significant failings that were to be addressed within 15 to 30 days.At the time of the inspection, the provider had failed to resolve either the major or significant failures within the designated timelines.

In response to the review of these circumstances, the inspector contacted the registered provider representative to seek immediate assurances regarding the resolutions for the identified issues.

The provider submitted information detailing their attempts to rectify the issues, including review meetings and ongoing follow-ups with the housing agency that owns the property. The inspector was informed that, despite repeated emails and calls, progress in addressing the concerns had been slow.

During the inspection, a representative from the housing association's fire compliance department attended to review the report alongside the provider's health and safety manager. A commitment was subsequently made by the housing association representative to ensure that all actions articulated in the report would be addressed on the day following the inspection. However, as noted earlier in the report, there were further delays and work was scheduled to be completed by 21.11.25.

While the inspector has acknowledged the provider's prior attempts to rectify the issues, it is evident that there was a significant period during which the provider did not ensure that the fire door containment measures were adequate which posed a risk to residents.

Judgment: Not compliant

Regulation 6: Health care

The inspector reviewed the systems in place to support residents' health needs and found them to be appropriate and well-managed. A sample of healthcare information for two residents showed that health assessments had been completed for both residents and health care plans had been established.

These plans were regularly updated to reflect changes in residents' health needs, ensuring staff had access to accurate and current information to guide care.

Residents were supported by the provider's multidisciplinary team and allied healthcare professionals as required. Notes attached to care plans demonstrated that staff were actively following up on medical appointments and advocating on behalf of residents to ensure continuity and quality of care.

Judgment: Compliant

Regulation 7: Positive behavioural support

The review of information confirmed that residents were receiving input from the provider's Positive Behavioural Support (PBS) team when required.

For example, the inspector reviewed one resident's positive behavioural support plan and found it to be well written, resident-specific, and provided clear guidance to staff on how best to support the individual.

The inspector also reviewed information for a second resident who was transitioning into the service. This resident had been assessed by the provider's PBS team on two occasions, and guidance was provided to the staff team on how to best support the resident. A formal behaviour support plan had not been established for this resident, as there had been very few incidents of adverse behaviour in recent months.

In line with this, the inspector reviewed adverse incident records for the year and found that no incidents of challenging behaviour had occurred in recent months.

In summary, the inspector was satisfied that appropriate systems were in place to provide positive behavioural support to residents when required.

Judgment: Compliant

Regulation 8: Protection

The inspector found that systems were in place to promote the safety of residents and to respond effectively to safeguarding concerns. The provider demonstrated that appropriate steps had been taken to review the compatibility of residents living together, and the current mix of residents was identified as a positive factor contributing to their wellbeing.

The inspector observed examples where the person in charge had responded promptly to safeguarding concerns, ensuring residents' safety, conducting investigations, and reporting incidents to the appropriate authorities in line with policy and regulatory requirements. Records reviewed confirmed that these actions were documented and followed through appropriately.

The inspector also noted that staff had completed training in safeguarding and protection, which supported their ability to identify and respond to potential risks.

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 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ard Na Mara OSV-0003002

Inspection ID: MON-0047897

Date of inspection: 12/11/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A review of works outstanding relating to Housing Association Properties is being undertaken, works outstanding will be prioritized and timelines agreed where possible. The provider is introducing a formal MDT referral system which will determine the priority of the referral and provide a realistic waiting list appointment for people referred for communication and other assessments.	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: The provider is introducing a formal MDT referral system which will determine the priority of the referral and provide a realistic waiting list appointment for people referred for communication and other assessments. The resident has been referred for Communication Assessment. Staff have introduced Talking Tiles to support residents' expressive communication. Staff have introduced Visual Schedules to support the residents' receptive communication Communication passport has been updated to include a directory of regular communication.	

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The provider in partnership with the associated Housing Association has completed the following works identified in Competent Person Report received July 2025:

Fire Door Works Completed:
• Tested all door closers to ensure doors close fully and latch under the weight of the closer.
• Adjusted fire door leaf's and frames to ensure a consistent gap of under 4 mm.
• Refitted door stops to ensure the door leaf closes tightly (with no gaps) against the frame.
• Replaced hinges and locks with fire-rated products where required.
• Replaced intumescent smoke seals where required.
• Fitted a door saddle to the sitting room door to ensure correct under-door gap.
• Properly filled and redecorated doors and frames to ensure the integrity of the door sets was not compromised.
• Full service and adjustment of all doors, as well as sealing around all service pipes penetrating the ceiling in the heat-pump room.
• Instillation of the attic hatches in the first-floor bedrooms.

Under the guidance of the Local Authority Fire Officer and ACE Fire Consultants, the housing association, previously removed the glazing from the original fanlights above the ground-floor bedroom doors. These were replaced with fire-rated materials and sealed with intumescent paint and mastic. This approach was approved at the time by the Fire Officer. the attic hatches in the first-floor bedrooms

The Report between the kitchen and utility room. These are bespoke doors that must be manufactured. They have now been ordered, with expected delivery on 12th December.

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	31/01/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/01/2026
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	14/11/2025