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:	Announced
Date of inspection:	13 May 2026
Centre ID:	OSV-0003002
Fieldwork ID:	MON-0041603

About the designated centre

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

This service provides 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:	4

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 13 May 2026	09:00hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed and the individuals spoken with said, there was evidence that the four residents living in this centre received quality care, in which their independence was promoted. Appropriate governance and management systems were in place which ensured appropriate monitoring of the services provided. Further to the last inspection an area of non compliance in relation to fire containment had been fully addressed. The high levels of compliance found indicated a quality and safe service. An area for improvement was identified in relation to maintenance of the premises in areas.

This centre comprises of a five-bedroom two story detached house. It is located in a quiet residential area, in Dundalk, Co. Louth and a short distance from a range of local amenities and local transport links, including shopping centres, a cinema and pubs. The centre has three resident bedrooms, on the ground floor with two resident bedrooms on the first floor. One of the bedrooms was ensuite. There was an accessible bathroom on the ground floor and on the first floor. There was also two living room areas, a dining room and a kitchen. There was a garden and driveway to the front of the centre and a good sized enclosed garden to the rear of the centre. This included a polytunnel, planted bed and a table and chair set for out door dining and recreation. Some garden ornaments were noted to be on display. Staff reported that the residents had limited interest in gardening and rarely used the polytunnel but it was regularly offered.

The centre is registered for five adult residents and there were one vacancy at the time of inspection. No new admissions were planned at the time of inspection. The four current residents were of a similar age and considered to get along well together. The residents, each had their own busy schedules but also enjoyed partaking in many activities together in the centre and within the community. All four of the residents had plans to holiday together later in the year abroad with staff support. The centre was located in an established residential area. Staff reported that the residents engaged well in their local community.

The centre was observed to be homely and overall well maintained. However, worn paint was observed on walls and woodwork in some areas. In addition, the flooring in the kitchen area was noted to have gaps in areas under the cabinets. These had been identified through the provider's own audit processes but a defined time-line to rectify had not yet been agreed. The provider had also identified that the garden area had some uneven ground surfaces which could pose a health and safety concern.

Residents presented with varying levels of communication skills and independence. Some residents used non verbal communication including vocalisations, single words, sign language and gestures while others verbally communicated. One of the

residents accessed the community independently while the others needed staff support.

The inspector met with each of the four residents living in the centre on the day of inspection. One of the residents was scheduled to be in their family home on the day on inspection but chose to come to the centre to meet with the inspector before returning back to their family home. This resident spoke at length with the inspector about how much they enjoyed living in the centre, how they felt their rights were upheld and how staff were kind and good to them. Another resident was met with on their return to the centre for lunch following a planned outing with staff. They then were accompanied by their parent for an outing in the afternoon but met with the inspector again in the evening time. The remaining two residents were met with on their return from their day service programme. One of the residents was reluctant to engage with the inspector but was observed chatting and joking with the staff team and the their peers. Staff were observed to treat residents with kindness and respect. It was evident that each of the staff members on duty had a close relationship with each resident and spoke with the inspector about their individual likes, dislikes and specific routines in the centre.

There was an atmosphere of friendliness in the centre. Each of the residents appeared in good form and were observed laughing, joking and chatting with staff and each other about the events of the day. As referred to below, one of the residents had recently engaged with a staff member in a local talent competition. A resident sat with the inspector to look at a number of videos from the night which captured each of the residents smiling and fully engaging in the occasion.

It was found that the residents, and their representatives, were consulted and communicated with about decisions regarding the running of the centre. The inspector met with a parent for one of the residents. This parent told the inspector that they were extremely happy with the care and support being provided. They outlined how they were welcomed to the centre and that they considered that the current mix of residents living in the centre was '*magic*' with each of the residents having a '*special bond*' with each other. The inspector did not have an opportunity to meet with the relatives of any of the other residents but staff met with, and the person in charge told the inspector that the residents' families were happy with the care and support being provided for their loved ones.

The residents were supported to maintain relations with their respective families with visits in the centre and to their respective family homes. The provider had completed a survey with the residents and their relatives as part of their annual review of the quality and safety of care. This indicated that families were happy with the care and support being provided. Each of the residents, with staff support had completed an office of the chief inspector questionnaire which referred that each of the residents were happy living in the centre and that they felt their rights were being upheld.

There had been no recorded complaints in the centre in the preceding 12-month period. The provider had appropriate policies and procedures in place should there

be a complaint. Information on resident rights, complaints processes, decision-making capacity and the national advocacy service were available in the centre.

A number of the residents enjoyed a consistent routine and engaged in numerous meaningful activities in their local communities. Each of the residents were engaged in a formal day service programme. At the time of inspection, one of the residents had recently sustained an injury and consequently, as a short term measure, was unable to attend their day service programme. An individualised programme of activities was being facilitated for the resident from the centre during this period. Activities that one or more of the residents engaged in included, attending shows, listening to music, visits to family, shopping trips, walks in local area and parks, cooking and baking, arts and crafts, coffee and meals out, social clubs and cinema trips. One of the residents with a visual impairment was supported to attend 'park runs' on a regular basis. All four of the residents were avid supporters of a local football team and attended regular matches. Two of the residents were season ticket holders for the club.

The four residents had plans to go abroad on holidays together later in the year with staff support. A number of the residents individually and collectively enjoyed going for a drink in a local pub. As referred to above, one of the residents had engaged with a staff member in a local competition which they had successfully won which assured their entry to the next round of the competition. All of the residents had attended the competition and had plans to attend the next round of the competition. It was evident that the dressing up and attending the event had caused great excitement for each of the residents. The centre had its own dedicated vehicle for the use of staff supporting the residents to attend various activities and outings within the community.

In summary, this was a well run service which provided quality care for the four residents living in the centre. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to the residents' needs. The provider had ensured that the centre was resourced with sufficient facilities and available supports to meet the needs of the residents. There was one staff nurse vacancy at the time of inspection but the vacancy was being covered by a regular on call staff member.

The centre was managed by a suitably qualified and experienced person in charge with a clinical nurse manager 3 grade. The person in charge had been in the

position for an many years and had over 20 years management experience. They were in a full time position but were also responsible for three other centres located within the same geographical area. The person in charge was supported by a clinical nurse manager grade 1(CNM1) who was also responsible for this centre and the other three designated centres. The person in charge had a background as a registered nurse in intellectual disabilities and held a management qualification. The person in charge reported that they felt supported in their role and had regular formal and informal contact with their manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge and CNM1/ house manager had protected management hours for their role. The person in charge reported to the director of nursing who in turn reported to the regional director. The inspector reviewed meeting records which showed that the person in charge and director of nursing care held formal meetings on a regular basis.

Registration Regulation 5: Application for registration or renewal of registration

The purpose of the inspection was to assess the provider's application to renew the registration of the designated centre. The inspector reviewed the documentation submitted as part of the renewal application, including the statement of purpose and supporting information required under Schedule 1 of the Regulations. The inspector found that the provider had submitted a complete and accurate application for renewal of registration.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. The inspector reviewed the Schedule 2 information, as required by the Regulations, which the provider had submitted for the person in charge. These documents demonstrated that the person in charge had the required experience and qualifications for their role. The person in charge was in a full time position and was responsible for three other centre located within the same geographical area. In interview with the inspector, the person in charge demonstrated a good knowledge of the four residents' care and support needs and oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills and experience to meet the assessed needs of the residents. There was one staff nurse vacancy at the time of inspection. This vacancy was being cover by a regular on call staff nurse. This provided consistency of care and recruitment for the position was reportedly underway. The staff team comprised of two registered staff nurses, a social care worker and number of care assistants. A significant number of the staff team had been working with the residents for an extended period.

The inspector reviewed the actual and planned duty rosters which demonstrated that there were an adequate number of staff with the required skills to meet residents' assessed needs. It was noted that there was a fair distribution of weekend and night duty allocations between the staff team in the preceding period. The inspector found that the residents' needs and preferences were well known to the person in charge and the staff met with on the day of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. Training records reviewed by the inspector showed that staff had attended all mandatory and refresher training. There was a staff training and development policy. A training programme was in place and coordinated centrally. A training needs analysis had been completed. Specific training to meet individual residents needs had been provided. For example, communication signs. There were no volunteers working in the centre at the time of inspection. Staff supervision arrangements were in place. It was noted from a sample of records reviewed that supervision was focused on performance management and the quality of service provided to the residents.

Team meetings were undertaken on a regular basis. The inspector reviewed the minutes of staff meetings. These were chaired by the person in charge and noted to provide an opportunity for staff to discuss residents' needs and any emerging issues. The meetings were considered to be supportive of staff member roles and promoted consistency in the operation of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The inspector reviewed a defined management structure document, with clear lines of authority and accountability. Staff spoken with were clear on the management structures and supports in place. The provider had completed an annual review of the quality and safety of the service and unannounced visits on a six-monthly basis as required by the Regulations. A number of audits and checks were completed in the centre in line with an audit schedule in place. These included health and safety, finance, infection prevention and control audits, medicines management, audit of personal support plans and fire safety checks. There was evidence that actions were taken to address issues identified in these audits and checks. Management were actively involved in overseeing the service and were visible within the centre, ensuring they were known to residents. Feedback mechanisms were in place. This allowed residents, staff, and family members to share their views, which informed ongoing improvements in the service.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which had recently been reviewed. It was found to contain all of the information set out in Schedule 1 of the Regulations and to be reflective of the service provided. A copy of the statement of purpose was available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the Chief Inspector of social services in line with the requirements of the regulations. The inspector noted that there were overall a low number of incidents in the centre. A staff member spoken with was clear about the reporting requirements.

Judgment: Compliant

Quality and safety

The residents appeared to receive care and support which was of a good quality, person centred and promoted their rights. Some areas for improvement were identified in relation to the repainting of walls and woodwork in some areas and the flooring in the kitchen.

The residents' well being, protection and welfare was maintained by a good standard of evidence-based care and support. A personal support plan document reflected the assessed health, personal and social care needs of each resident and outlined the support required to maximise their personal development in accordance with their individual needs and choices. An annual review of the personal plan in line with the requirements of the regulations had been undertaken for each of the residents in the preceding 12 month period. There were no restrictive practices in use in the centre.

Further to the last inspection, one of the resident's communication strengths and needs had been appropriately assessed. A communication passport had been put in place based on the assessment which clearly outlined how staff could best support the resident to express themselves and guide staff on how to communicate and respond to the resident. Suitable communication passports were in place for the other residents regarding how they communicated and how staff should respond to their verbal and non verbal cues.

The health and safety of residents, visitors and staff were promoted and protected. The provider was found to have good systems in place to ensure that health and safety risks, including fire precautions were mitigated against in the centre. Adverse events were reported and actions were put in place where required, which were then shared with the staff team to ensure that they were implemented. A cleaning schedule was in place which was overseen by the person in charge. Sufficient facilities for hand hygiene were observed. There were adequate arrangements in place for the disposal of waste. Specific training in relation to infection control arrangements had been provided for staff.

Regulation 17: Premises

The centre has five resident bedrooms, one of which is ensuite, a main accessible bathroom with shower on the ground floor and the first floor, a kitchen, dining room and two separate living rooms. Each of the residents had personalised their own bedrooms according to their individual taste and preference. Each of the residents had a television in their own bedroom in addition to there being ones in each of the sitting rooms. Pictures of loved ones and other memorabilia were on display in each of the residents bedroom and some communal areas. It was evident that each of the residents were proud of their home.

The inspector observed that all of the matters set out in schedule 6 of the Regulations had been put in place. The centre was observed to be homely and overall well maintained. However, worn paint was observed on walls and woodwork

in some areas. In addition, the flooring in the kitchen area was noted to have gaps in areas under the cabinets. These had been identified through the provider's own audit processes but a defined time-line to rectify had not yet been agreed. The provider had also identified that the garden area had some uneven ground surfaces which could pose a health and safety concern.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. The inspector reviewed environmental and individual risk assessments and safety assessments, which had recently been reviewed. These indicated that where risk was identified, the provider had put appropriate measures in place to mitigate against the risks, including staff training. The inspector reviewed a schedule of checklists relating to health and safety, fire safety and risk, which were completed at regular intervals. There was a risk management policy in place, dated November 2025 which met the requirements of the Regulations.

There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidences. The inspector reviewed records of incidents. Overall, there was a low number of incidents and evidence that all incidents were reviewed by the person in charge, and where required, learning was shared with the staff team and risk assessments were updated to mitigate their re-occurrence.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire.

Further to the last inspection, issues in relation to fire doors and consequently fire containment had been suitably addressed with replacement doors put in place. In addition, all issues identified in a report by a competent person, dated June 2025 had been successfully addressed.

A personal emergency evacuation plan was in place for each resident and accounted for the mobility and cognitive understanding of the respective resident. Risk assessments for fire had been completed and were subject to regular review. The inspector observed that there were adequate means of escape. A fire assembly point was identified in an area to the front of the house. Records reviewed by the

inspector showed that fire drills involving the residents had been undertaken on a regular basis. It was noted that residents evacuated in a timely manner.

The inspector reviewed documentary evidence that the fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. Records reviewed by the inspector showed that all fire fighting arrangements were checked regularly as part of internal checks in the centre. The inspector tested the release mechanism on a sample of doors and found that they were successfully released and observed to close fully. There was a fire safety policy in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal support plan for each of the residents. The inspector found that the plans reflected the assessed needs of the residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices.

An annual review of each resident's personal plan had been completed in the preceding 12 month period, in line with the requirements of the regulations. Specific, measurable, achievable, realistic and timely goals had been identified for each of the residents. There was evidence that progress in achieving identified goals were being monitored and recorded.

Judgment: Compliant

Regulation 6: Health care

The inspector found that the residents' healthcare needs appeared to be met by the care provided in the centre. The residents had their own General Practitioner (GP) who they visited as required. A healthy diet and lifestyle was being promoted for each resident with weekly menu planning. An emergency transfer sheet was available with pertinent information for each resident should they require emergency transfer to hospital. The staff team comprised of a registered staff nurse. The person in charge and house manager were also nurses. The provider had an advanced nurse practitioner in health and chronic diseases who staff could access for support.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect the residents from being harmed or suffering from abuse. There had been a small number of safeguarding suspicions or concerns reported. These had been appropriately responded to in line with the provider's safeguarding policy. A small number of the residents presented with some behaviours which on infrequent occasions could be difficult for staff to manage in a group living environment. It was considered by the inspector that these behaviours were suitably managed. The provider had two clinical nurse specialist in behaviour support who staff could access when required. Suitable safeguarding procedures and reporting arrangements were in place. The person in charge and staff members met with on the day of inspection had a good knowledge of safeguarding procedures.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were promoted by the care and support provided in the centre. The residents had access to the national advocacy service if they so chose. The inspector observed that information on residents' rights, complaints process, decision making capacity and the national advocacy service was available in the centre. There was evidence in daily notes reviewed by the inspector of active consultations with residents and their families regarding the resident's care and the running of the centre. Individual resident's will and preferences were recorded in personal plans reviewed.

Records reviewed by the inspector showed that all staff had completed training in a human-rights based approach to health and social care. One of the residents spoke with the inspector about their rights and how they were upheld in the centre.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	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 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ard Na Mara OSV-0003002

Inspection ID: MON-0041603

Date of inspection: 13/05/2026

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Gaps identified in the flooring in the kitchen will be sealed, works scheduled. • Uneven ground surfaces in the garden paths reviewed and plan to rectify agreed and scheduled • Painting needs listed and scheduled	

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 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	02/09/2026