



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

Issued by the Chief Inspector

Name of designated centre:	DC5
Name of provider:	St John of God Community Services CLG
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	14 January 2026
Centre ID:	OSV-0003642
Fieldwork ID:	MON-0044951

About the designated centre

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

St John of God, Designated Centre 5 is a designated centre located within a campus setting in County Kildare. The centre provides residential services to 13 adults with an intellectual disability. The centre is a purpose built building which consists of three kitchens, four dining rooms, four sitting rooms, staff office, two sensory rooms and 13 individual resident bedrooms. The centre is located close to a town with access to local shops and transport links. The centre is staffed by a person in charge, clinical nurse manager, staff nurses, social care workers and healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
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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
Wednesday 14 January 2026	10:00hrs to 17:30hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This report outlines the findings of an unannounced inspection of designated centre, DC 5 and was completed as part of regulatory monitoring of the centre. The inspector had the opportunity to meet with eleven residents during the course of the inspection. In addition, the inspector used observations, conversations with staff and a review of documentation to form judgments on compliance with the regulations inspected. The inspector found that the centre was operating at a good level of compliance and arrangements were in place to deliver safe and effective care and support. However, improvements were required in relation to Regulation 16: staff training and Regulation 28: fire precautions.

On arrival to the designated centre, the inspector was greeted by the person in charge. The person in charge facilitated a walk through of the centre with the inspector and introduced them to residents while they were getting ready for their day. The inspector observed that some residents were enjoying a later start to their day as they had attended a number of late events the day prior. One resident was relaxing in the living room having receiving nail care by a support staff and enjoying listening to music.

The inspector observed one resident being supported by staff to attend their local day service. Support staff informed the inspector that the resident enjoyed a quiet environment while transitioning from one activity to another. The inspector noted that one staff supported the resident in order to reduce the noise level and provide direct support with minimal distractions. The inspector waited until later in the evening when the resident was relaxing to engage with them. The resident was relaxing in a comfort chair enjoying a drink and listening to music.

The person in charge and support staff informed the inspector that since the last inspection the centre had completed a review with residents in relation to the location of their bedrooms in the centre. The centre is divided into two large areas, each of the areas consists of resident individual bedrooms, living rooms, dining rooms and a sensory or relaxation room. In one side of the centre, residents also have access to a music room. Through review of residents' assessed needs and through consultation with residents and their representatives a number of bedroom changes had occurred in the centre. These changes facilitated residents who preferred a quiet environment to avail of one side of the house and residents who enjoyed louder, busier environments and found transitions from activities to be less challenging deciding to move to the other side of the centre. Both residents and support staff discussed that this was having a positive effect on all residents in the centre. Residents' bedrooms had been redecorated in line with each individuals personal style and tastes.

In addition, residents in the centre had access to a full time chef. All meals were made in their home Monday through Friday. One resident who had recently been

admitted to the centre told the inspector that their new home was like a hotel. They discussed that the food everyday is delicious and that the staff and new peers have made them feel at home. The resident explained that they can get snacks any time that they like and that they enjoy sitting in the living room in the evening listening to music and enjoying a warm drink.

One resident told the inspector that they are very happy in their home. They like to pick what activities they do and will ask staff to help them. The resident told the inspector that these activities included going for meals, walks in the park, meeting old friends or attending musicals or shows.

The inspector had the opportunity to meet with eight staff, the person in charge, person participating in management for the centre and director of nursing. The inspector found staff to be knowledgeable of the needs of each resident in the designated centre. Staff spoken to discussed the changing needs and supports of individuals in the centre. Staff outlined to the inspector that a number of residents have health related changes in line with the aging process. Staff spoke of the supports available to residents in order to ensure that they can be supported in their home. For example, staff spoken with discussed the requirement for pain management for residents who had a diagnosis of arthritis or bone related health concerns.

The inspector found that residents had access to a number of activities both in their home and in the local community. Some residents in the centre attended a local day service, while some residents had chosen to retire from their day service. One resident was in receipt of a wrap-around individualised service, which was operating from the centre. The inspector found that previous staff vacancies had impacted this service, however, the centre was currently operating on two staff vacancies which had resulted in improvements in the residents' service. The inspector found that staff in the centre were advocating on behalf of residents in relation to activities and the impact that staff or transport shortages could have.

The inspector found that residents enjoyed a number of activities at home such as reflexology, music, massage and baking. Residents also enjoy activities in their local community such as walks in their local parks and took a number of holidays throughout the year. Support staff discussed that residents enjoy attending rugby matches and football games. Residents and support staff had completed large posters which hung in the main hallway of the designated centre which demonstrated goals and activities completed throughout the year. These included car shows, rugby trips, holidays, ablefest and many social gatherings they had attended. Furthermore, residents spoken to told the inspector that family and friends are always welcomed by staff in their home and that they are supported to invite significant others to parties or to dinner in their home.

Overall, the inspection found that residents were happy in their home and that efforts had been made by the person in charge and support team to ensure that the centre was accessible to the changing needs of residents. Residents had access to meaningful activities and were being supported by a consistent staff team.

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

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective these arrangements were in ensuring that a good quality and safe service was being provided. Overall, the inspector found that there were effective leadership arrangements in place which ensured that residents were in receipt of a good quality and safe service in their home.

The provider had ensured that there was a clearly defined management structure which identified lines of authority and accountability. There were systems in place such as staff supervisions and staff meetings to performance manage all staff and ensure that they were informed of their roles and responsibilities. The person in charge was also in receipt of support and there were systems such as local governance meetings and quality enhancement plans in place.

The inspector found that there were sufficient staff on duty to meet the assessed needs of the residents and to provide care and support in an individualised manner. Staff spoken with were informed of their roles and responsibilities and were familiar with the assessed needs and preferences of the residents. The person in charge and support staff were aware of safe staffing levels required in the centre in order to provide support and care to each resident.

Overall, the inspector found that the management systems in place had led to improvements in the compliance levels found during the course of the inspection.

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. They were found to be suitably skilled and experienced for the role, and possessed relevant qualifications in social care and management.

Staff spoken to throughout the course of the inspection told the inspector that they feel supported in their role by the person in charge. Staff discussed that the person in charge had been in place in the centre for over 18 months. Staff discussed that this had supported staff and residents with continuity and adequate supports for practice and development in the centre

Judgment: Compliant

Regulation 15: Staffing

The staff team comprised of the person in charge, clinical nurse manager grade one, social care leader, nursing staff, social care workers and health care assistants. There were nine staff on duty during the day and four staff at night time. The inspector had the opportunity to speak to eight staff during the course of the inspection. Staff spoken with were found to be knowledgeable about the assessed needs of each resident. Staff discussed that a number of reviews had occurred for residents in order to ensure that the centre was providing care in line with their needs and their individual choices. For example, staff discussed that one resident was in receipt of a wrap around day service which was occurring from their home. Staff discussed that earlier in the year the service had been affected by staff vacancies, however, since the number of staff vacancies in the team had decreased this service for one resident had been going very well and they could see the positive impact for the individual.

At the time of the inspection there were two whole time equivalent staff vacancies in the centre. The inspector found that these vacancies were primarily covered by relief staff assigned to the designated centre. The person in charge and person participating in management told the inspector that the provider was in the process of actively recruiting staff.

There was a planned and actual roster maintained that reflected the staffing arrangements in the centre, including staff on duty during both the day and night.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider had outlined mandatory training required to be completed by staff in line with the statement of purpose for the designated centre and to enhance professional development and support the assessed needs of residents. The mandatory training for the designated centre included fire safety training, safeguarding of residents, verbal intervention, positive behaviour support, dysphagia training and manual handling,

The inspector reviewed the staff training matrix held by the person in charge. The inspector found that this was subject to regular review. However, on review of the matrix the inspector found that a number of staff had not completed all mandatory training or were overdue refresher training. For example:

- Fire safety training: Four staff required training.
- Dysphagia training: Five staff required refresher training and one staff required full training.
- Positive behaviour support: Four staff required refresher training and six staff required full training.
- CPI verbal intervention: 16 staff required refresher training.

The inspector found that the person in charge had identified specific training relevant to residents individual assessed needs and had supported bespoke training lead by the psychiatry and psychology department for staff in the designated centre.

The inspector found that staff were receiving regular supervision as appropriate to their role. Supervision records reviewed, were in line with organisation policy and included a review of the staff member's personal development and provided an opportunity for them to raise any concerns. Furthermore, the inspector found that the person in charge was using supervision as an opportunity to promote staff individual attributes and focus on training and supports in order to further support staff and residents within the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were management systems in place to ensure that the service provided in the centre was safe and effectively monitored. The inspector also found that the centre was well-resourced in line with the statement of purpose. The inspector found that while there was two whole time equivalent staff vacancies in the centre, the person in charge had filled these vacancies with regular relief staff.

There was a clearly defined management structure in the centre with associated lines of authority and accountability. The person in charge was full-time and based in the centre. There was a clinical nurse manager grade one and social care leader in position who supported the person in charge. The person in charge reported to a clinical nurse manager grade three who in turn reported to a director of nursing. The inspector found that there were clear communication systems in place between senior management and frontline staff. The clinical nurse manager grade three was found to be present in the designated centre to support the person in charge as required. The inspector found that relevant information was escalated to senior management as required.

The provider had implemented good systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews which consulted with both residents and their chosen representatives were carried out for the centre. The provider had completed a unannounced six-monthly visit to the

centre, the inspector found this visit to be thorough with set action plans for completion identified. The person in charge had a working Quality Enhancement Plan (QEP) for the centre, which included the findings of the provider audits along with a suite of local levels audits including health and safety, infection prevention and control and accident and incident reviews.

The inspector found that the provider was in the process of completing a number of outstanding fireworks in the designated centre. The inspector found that the provider had completed a number of items identified in their fire safety report a number remained for completion. This will be outlined further under Regulation 28: Fire precautions.

There were effective arrangements for staff to raise concerns. Staff spoken with told the inspector that they could raise any concerns with the person in charge. In addition to the support and supervision arrangements, staff attended team meetings which provided a forum for them to raise any concerns. The inspector reviewed staff meetings in place from March to December 2025 and found that they covered a wide variety of topics including residents' goals, changing needs and centre level requirements.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had prepared a written policy on the admissions, transitions and discharge of residents. The inspector was provided with evidence of how the provider had followed pre-admission procedures to be assured that the centre was suitable to meet the assessed needs of residents being admitted to the centre. Furthermore, the provider and person in charge had completed compatibility assessments to ensure that the needs of each resident could be met if an admission was deemed suitable.

The inspector reviewed the transition plan for one resident who had been supported to move to the designated centre in early 2025. The inspector found that the resident and their representatives had been included in the admission process. As part of the admission process the resident had the opportunity to visit the centre and meet with peers and support workers. Following the resident's admission to the centre, they attended their post admission review with the person in charge and members of the multidisciplinary team. The resident discussed during this meeting that they had been welcomed to their new home and they felt safe and happy. The resident told the inspector that on the day they moved to their new home, peers and staff had thrown a welcome party to greet them and that this was a great experience for them. They told the inspector that their home is like a hotel, it is warm and comfortable and the food is delicious.

There were contracts of care in place for all residents. The inspector reviewed four contracts of care and found that they were signed by the residents and/or their representatives.

The contracts of care were written in plain language, and the residents' terms and conditions were clear and transparent. The residents' rights with respect to visitors were clearly set out in the contracts, as were the fees and additional charges or contributions that residents made to the running of the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had implemented an effective complaints procedure for residents, which was underpinned by a written policy. The inspector viewed the policy and found that it outlined the processes for managing complaints, the relevant persons' roles and responsibilities, and information for residents on accessing advocacy services. The provider had recently completed a review of the complaint policy in January 2026 and this information was notified to staff.

The complaints procedure had been prepared in an easy-to-read format and was readily available in the centre. Furthermore, the inspector reviewed residents meetings held in October, November and December 2025 and found that the complaints process was discussed with residents. The inspector asked one resident who they would talk to if they had a concern in their home. The resident told the inspector that they had no concerns and if they did they would talk to their key worker or they would look for the person in charge.

The inspector reviewed the complaints log held by the person in charge. The inspector found that the log was subject to regular review. At the time of the inspection there were no open complaints. The inspector reviewed a number of compliments from family members in relation to the care provided for their loved ones, including thanks for recent milestone celebrations held in the centre.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of care and support. Residents had a good quality of life, and the residents spoken with told the inspector that they were happy living in the centre and with the services provided to them. The inspector observed a homely and relaxed

environment, and staff working in the centre engaged with the resident in a very kind, respectful and warm manner.

This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality. Residents were receiving appropriate care and support that was individualised and focused on their needs. The person in charge and staff team had identified emerging needs for residents and ensured that care provided was in line with best practice. Residents had specific supports in place in relation to long term pain management, mental health supports and end of life care.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were in receipt of person-centred care delivered by a stable team of suitably experienced staff.

Regulation 26: Risk management procedures

The provider had suitable systems in place for the assessment, management and ongoing review of risk including a system for responding to emergencies. A comprehensive risk register was maintained for the designated centre. The risk register accurately reflected the risks in the designated centre and was updated and reviewed January 2026. The inspector found that the risk register was subject to regular review and demonstrated the risks as represented through residents' individual risk assessments and identified environmental risks.

The inspector spoke to a number of staff and the person in charge throughout the course of the inspection and found that they were knowledgeable of the risks highlighted in centre as demonstrated on the risk register. These risks included residents' changing needs as they age, falls risks, choking risks, risks associated with respiratory illness, and skin integrity.

The inspector found that accidents and incidents were trended on a quarterly basis by the person in charge. In addition, the inspector found that any incident which warranted further review was escalated through the providers' process and subject to a serious incident review. The findings of these reviews as required were discussed with staff and shared learning was provided.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector completed a walk through of the designated centre and found that a number of works as set out by the provider in relation to fire precautions and containment had not been completed. The inspector found that these works which

had been self-identified by the provider in 2022 and had been committed for completion through compliance plans for the designated centre in October 2022 and April 2024 had yet to be fully completed by the provider.

The inspector carried out a manual check on all fire doors in the designated centre and found a number of doors within the centre were not functioning as required. These were reported to the person in charge during the course of the inspection. Furthermore, the inspector found that fire door in the main entrance hallway of the centre did not close as required and had gaps present on the underside of the door frame and throughout the door.

The inspector reviewed fire drills occurring in the centre and found that the drills carried out by support staff did not incorporate the lowest number of staff in the centre for the highest number of residents in the centre. Therefore, the inspector found that the fire drills were not adequately calculating the time it was taking staff to evacuate residents particularly during a night time scenario. The inspector found that the night time fire drill completed in May 2025 incorporated higher levels of staffing than would be present in the centre and was also completed in a training exercise where staff were waiting the drill to commence.

In addition, the inspector found discrepancies in the time frame it took to evacuate residents from the designated centre. The inspector reviewed a fire drill which commenced on 30 January 2025 which took five staff over five minutes to evacuate seven residents. The inspector then found that the second fire drill completed on 17 September 2025 took ten staff just under two minutes to evacuate residents. This evacuation did not demonstrate the number of residents present during the time of the fire drill. No further fire drills were conducted outside of training scenario in May 2025. The inspector was not assured that the provider could demonstrate a safe evacuation time based on the drills held in the centre.

Judgment: Not compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse, which were underpinned by a written policy. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns, and there was guidance for them in the centre to easily refer to.

The inspector found that the person in charge maintained a system for reviewing safeguarding plans and were aware of the supports required by residents in the centre. The person in charge and provider had reviewed all residents in the designated centre and as previously discussed through consultation had moved residents throughout the centre. These moves had supported residents who prefer a quieter environment to maintain this in their home and those residents that had

enjoyed more active entertainment and past times to enjoy these within their home. During the course of the internal moves the person in charge and support staff had identified essential areas for residents in line with both assessed needs and personal interests. For example, a large Jacuzzi bath had been fitted for one resident who benefits from sensory stimulation from water.

Intimate care plans had been prepared for residents. The inspector viewed three intimate care plans and found that they were detailed to support staff practice and ensured that care was delivered to residents in a manner that respected their dignity and bodily integrity.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for DC5 OSV-0003642

Inspection ID: MON-0044951

Date of inspection: 14/01/2026

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Fire safety training: Training booked as per training matrix to be completed by June 2026.</p> <p>Dysphagia Training: PIC has linked with SLT for block training to be completed by May 2026.</p> <p>PBS training: Training booked as per training matrix to be completed by September 2026.</p> <p>CPI Verbal Intervention: Training booked as per training matrix to be completed by September 2026.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>One action remains outstanding on works identified by Provider. This will be completed in June 2026. All other outstanding works have been completed in conjunction with Health and Safety Officer in February 2026.</p> <p>Corrective actions have been completed for fire doors identified during the course of the inspection that were not functioning as required.</p> <p>Fire detainment and detection have been reviewed with the Health and Safety officer and local fire brigade services. Compartmentalisation of the designated Centre was discussed, and assurance was given that compartmentation measures in place meet the standard requirements.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	30/09/2026
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	30/06/2026
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/06/2026