



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

Issued by the Chief Inspector

Name of designated centre:	Coopers Cross
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	07 January 2026
Centre ID:	OSV-0003646
Fieldwork ID:	MON-0048559

About the designated centre

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

Coopers Cross is a four bedrooomed detached dormer bungalow located near a village in Co Louth. Each resident has their own spacious bedroom, which are decorated to their individual style and preference. The centre has well maintained grounds with the provision of ample parking. Communal facilities include a well equipped kitchen cum dining room and a separate sitting room/TV room. It provides care and support to four female adult residents with disabilities on a 24/7 basis throughout the year. There is an identified management structure in place with an experienced person in charge leading a staff team that consists of a mixture of nursing staff, social care workers and residential programme assistants (RPAs). Systems are in place to ensure the health and social care needs of the residents are comprehensively provided for and as required access to GP services (and a range of other allied healthcare professionals) form part of the service provided to residents.

The following information outlines some additional data on this centre.

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 7 January 2026	10:00hrs to 16:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The findings from this inspection were positive. The inspection process included a review of a large volume of information regarding how the service was run and the care and support provided to the residents, which identified that the residents were receiving a good service.

Twelve regulations were reviewed:

- 11 regulations were found to be compliant
- 1 regulation was found to be substantially compliant due to a delayed response by the provider to a maintenance issue.

The inspector met with all four residents, spoke with the three staff on duty, and was supported by the person in charge throughout the day.

On arrival at the residents' home, the inspector was introduced to two residents who were in the dining area interacting with staff members. Both residents communicated through non-verbal forms of communication and appeared at ease in their home. One resident was laughing and smiling, while another was engaging with their preferred sensory items and seemed happy.

Later in the morning, another resident met with the inspector and shared their plans for the day, including saving towards a trip to the UK in the summer months. The resident expressed that they enjoyed living in the home, felt well cared for by staff, and got along with the other residents.

The fourth resident was introduced in the evening after returning from their day service programme. They were relaxing and watching television and chose not to engage in conversation with the inspector.

Throughout the day, the inspector observed residents enjoying the company of staff supporting them. Staff interacted warmly and positively with residents. Activities observed included listening to music, watching TV, reflexology sessions provided by an external person, and one resident being supported to go out for lunch and complete errands.

The inspector sought clarity on residents' routines, health needs, communication supports, and activities. The three staff members demonstrated a good knowledge of residents' needs and care plans.

A review of residents' records confirmed that they were supported to engage in a wide variety of activities both inside and outside their home. There were examples of staff and the person in charge acting as advocates for residents, such as raising a

complaint on behalf of residents when they could not access their garden. This complaint was addressed, and residents now have full access to their garden.

The residents' home was large and clean. Some areas required painting and repair, but these had been identified prior to the inspection, and a plan was in place for completion. The home underwent significant upgrades in late 2024, addressing previous issues. However, plumbing problems were identified during these works, which will be discussed under Regulation 17.

The inspection concluded that residents were receiving a good quality service in a supportive environment. Staff demonstrated a strong knowledge of residents' needs and interacted in a respectful and positive manner. While most regulations were fully compliant, one area required improvement due to delays in addressing a maintenance-related risk. Overall, the provider was found to be promoting residents' rights, safety, and well-being effectively.

Capacity and capability

The inspector reviewed the provider's governance and management arrangements and found them appropriate. They ensured that the service provided to each resident was safe, suitable to their needs, consistent, and effectively monitored.

The inspector also reviewed the provider's arrangements regarding staffing, staff training and the complaints procedure. The review of these areas found that they complied with the regulations.

The inspector reviewed a sample of staff rosters and found that the provider had maintained safe staffing levels. The person in charge ensured that the staff team also had access to and had completed training programmes to support them in caring for the residents.

In summary, the review of information demonstrated that the provider had systems in place to ensure that the service provided to the residents was person-centred and safe.

Regulation 15: Staffing

Following a review of the staffing arrangements, the inspector was satisfied that the provider had ensured the service was appropriately resourced in relation to staffing. The inspector examined the current roster to assess continuity of care and to ensure that safe staffing numbers were being maintained; the inspector compared rosters from early June 2025 with those from mid-August 2025. This review confirmed that

safe staffing levels were consistently maintained and that a stable staff team was in place. The person in charge informed the inspector that a settled team had been in place for over 12 months, which was positive for the residents.

Observations during the inspection indicated that staff interacted with residents in an appropriate and respectful manner, and residents appeared to enjoy the company of the staff team. The inspector's interactions with the staff team also demonstrated that they had a well-established knowledge of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed staff training records and confirmed that training needs were regularly assessed and that staff had access to and completed training relevant to their roles and the needs of the residents.

- Training completed by staff included:
- Fire safety
- Safeguarding vulnerable adults
- Dysphagia
- Infection prevention and control
- Children First
- Manual handling
- Managing behaviour that is challenging
- Safe administration of medication
- Basic life support

The review of records demonstrated that staff had received appropriate training, which was guiding the care and support delivered to residents. The inspector requested to review a sample of two staff members' supervision records and found that the staff team were receiving supervision in line with the provider's guidelines. There were also steps in place to performance manage staff members where required

Judgment: Compliant

Regulation 23: Governance and management

The inspector reviewed the provider's governance and management arrangements and found them effective in ensuring that the service delivered to residents was appropriate, safe, and responsive to individual needs. The person in charge was

actively engaged in audits, collaborating with peers and other members of the provider's management team.

The inspector reviewed a sample of audits that had been completed in 2025. These included:

- Outbreak management
- Fire safety
- Residents finance
- Medication management
- Residents individual personal plans

The inspector found that these audits contributed to effective oversight of how the service was run and how residents were cared for. Improvements had been identified, and steps were being taken to address these areas in a timely manner.

The provider was also meeting its obligations regarding statutory reports and required visits. The inspector reviewed the two most recent unannounced audits, completed in February and August of last year, which focused on the quality of care and support provided to residents.

The February audit identified 18 areas requiring improvement, whereas the August audit identified only 3, demonstrating progress. During the inspection, the inspector followed up on the actions raised across both audits and found that these actions had either been addressed or that plans were in place to address them, demonstrating that the provider was responsive to their audit processes.

The inspector reviewed staff meeting minutes and a sample of meetings between the person in charge and their line manager. The review of the three most recent staff meetings showed that effective information sharing between management and the staff team was occurring. The person in charge shared information at each meeting, and there was a focus on improving the service provided to the group of residents.

Overall, the inspector found that there were suitable governance and management arrangements and that the service provided to residents was effectively meeting their needs.

Judgment: Compliant

Regulation 34: Complaints procedure

As stated in the opening section of the report, the staff team, on behalf of the residents, raised complaints regarding the residents' garden area. There was a period following works completed in the residents' home when the residents were unable to access all areas of their garden. The inspector reviewed two of the complaints that had been raised and the responses. The complaint was raised in

early September 2025; the residents received a written response from the person in charge, and the provider ensured that the necessary improvements were made, allowing the residents to access all parts of their garden.

Judgment: Compliant

Quality and safety

The inspection concluded that residents were receiving a good standard of care and support. Comprehensive assessments of residents' needs had been completed, which informed well-written care and support plans that reflected the changing needs of residents. Key areas, including risk management, residents' rights, and behaviour support, were reviewed and found to be compliant with regulatory requirements.

As noted earlier, there were some issues with the premises, which will be discussed in more detail under the relevant regulation.

The inspector concluded that the service was operating to a high standard, with strong systems in place to ensure residents' rights, and well-being. While most areas were fully compliant, one regulation was substantially compliant due to delays in addressing a maintenance issue.

Regulation 13: General welfare and development

The inspector found, through a review of residents' information and discussions with a resident and staff members, that residents were being supported, as much as possible, to engage in activities they enjoyed. Evidence provided included personal plans, goal planners, and collages, which demonstrated that residents were supported to participate in a wide range of activities such as day trips, overnight breaks, and activities within their local community.

Two residents were attending day service programmes, and there was evidence that residents, if they wished, were supported to maintain links with their families, with some residents visiting family on a regular basis.

The inspector concluded that residents were being actively supported to engage in meaningful activities and maintain social connections in line with their preferences. These supports contributed positively to residents' quality of life and promoted inclusion within their community.

Judgment: Compliant

Regulation 17: Premises

As mentioned earlier in the report, a significant number of works were completed in the residents' home in late 2024. While these necessary upgrades were carried out, some pipes that should have been installed underground were left above ground in the residents' garden. The provider identified this as a potential trip hazard and rated it as an orange risk, signifying a high level of risk.

The person in charge had been actively seeking to have the issue addressed, but there were lengthy delays. The inspector reviewed a chain of emails provided by the person in charge, which demonstrated their repeated attempts to have the matter resolved, including requests for updates as recently as 04 January 2026. During the inspection, a member of the provider's senior management team confirmed that all outstanding works would commence on 26 January 2026.

The inspector acknowledged that the provider had scheduled the necessary works and that the issue would soon be resolved. However, the delay in addressing a high-risk hazard was significant and demonstrated a lack of timely response to an identified safety concern.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The inspector found that appropriate risk management arrangements were in place within the service. This conclusion was based on a review of individual resident risk assessments, records of adverse incidents over the previous six months, and the systems established to support learning from such incidents.

Individual risk assessments for two residents were examined and found to be clearly linked to their assessments of need and behaviour support plans. The risk ratings were appropriate, as were the control measures implemented.

The adverse incidents referenced earlier were not related to challenging behaviours but instead concerned one resident's declining mobility. Steps were taken to address the issues identified, including sourcing alternative equipment and updating manual handling protocols.

In conclusion, the inspector found that risks were being effectively managed within the centre. Opportunities for learning were identified following incidents, and residents' safety was being maintained by those supporting them.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector reviewed the systems in place regarding fire precautions and found them to be appropriate. Records demonstrated that residents could be safely evacuated in both day and night-time scenarios. In 2025, five fire evacuation drills were completed two simulating night-time conditions and three during the day.

The inspector also reviewed fire containment measures with the person in charge. A number of self-closing door mechanisms were activated during the inspection and were found to function effectively. No issues were identified regarding the integrity of the doors.

Additionally, records confirmed that fire-fighting and detection equipment had been serviced and that fire-fighting equipment was available for use if required. Training records showed that the staff team had received appropriate fire safety training.

The inspector concluded that effective fire safety arrangements were in place within the centre. Evacuation procedures were tested regularly, fire containment measures were functioning as intended, and staff were appropriately trained. These systems collectively ensured that residents' safety was maintained in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed information relating to three of the four residents and found that the provider had ensured residents' needs were appropriately assessed. Detailed care and support plans were developed following these assessments. These plans were subject to regular review, reflected the changing needs of residents, and provided sufficient detail to enable effective care and support.

Personal plan reviews were completed in 2025, and necessary changes were implemented following these reviews. Plans are in place for further reviews in early 2026 for some residents. During the inspection, examples were observed of the staff team and the person in charge proactively responding to residents' evolving needs. Additional input from the provider's multidisciplinary team demonstrated that appropriate resources were available to support residents.

In summary, the provider and staff team have taken reasonable steps to ensure that each resident's assessed needs are met through appropriate supports and resources.

Judgment: Compliant

Regulation 6: Health care

The inspector found, following the review of information for two of the residents, that their health needs were being assessed and met.

For example, one of the residents' needs had changed in early 2025, and there were several examples of the staff team and provider taking steps to respond to these needs to ensure the resident received appropriate care. The main change for the resident related to a decrease in mobility. The provider ensured that the resident was supported by their physiotherapist and occupational therapist. Equipment had been sourced to support the resident, manual handling guidance had been updated, and risk assessments had also been adjusted in response to the changes.

The inspector found other examples of residents' health needs being met. For example, some residents were receiving support for their mental health, there was evidence of residents being referred for consultation following changes in their presentation, and steps were being taken to support the residents in achieving positive outcomes.

In conclusion, the health needs of the residents were under close review, and steps were being taken to promote good health for them.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found, when reviewing information, that all residents had received input from members of the provider's multidisciplinary team regarding incidents of challenging behaviour. Each resident had a behaviour support plan. The inspector reviewed two of these and found that they were well written, providing adequate information on how to reduce incidents of challenging behaviour for the residents, how to respond to the residents during difficult scenarios, and how to care for the residents after incidents.

As mentioned earlier, there was evidence of residents receiving support for their mental health. For some residents, this occurred regularly, with their medication under consistent review.

The inspector reviewed adverse incidents that had occurred over the previous six months. None of the reports related to episodes of challenging behaviour. Discussions with the person in charge indicated that the residents were settled in their home and that the staff team knew the residents and how to best support

them. Furthermore, there was evidence that the staff team had received training in the effective management of challenging behaviour.

Overall, the inspector found that residents were receiving positive behavioural and mental health support when needed.

Judgment: Compliant

Regulation 9: Residents' rights

Throughout the inspection, the inspector observed that residents were supported in a manner that respected their rights. A review of the available information further confirmed this. There were clear examples, as discussed earlier, of the staff team and the person in charge acting as advocates for the residents.

Residents were supported to engage in a variety of activities that they appeared to enjoy. For instance, one resident informed the inspector that they were planning a trip during the summer. The residents had ample living space within their home, and in some cases, were supported to maintain relationships in line with their wishes.

Some residents communicated through non-verbal forms of communication. Communication aids were available to support residents, such as one resident using aids to request snacks or drinks. Pictures were also used to help residents choose meals and participate in goal planning, demonstrating efforts to support decision-making and autonomy.

The inspector concluded that residents' rights were actively promoted and respected. Effective communication supports were in place, enabling residents to express their preferences and make choices about their daily lives. These practices contributed to a person-centred approach and enhanced residents' quality of life.

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	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
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 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Coopers Cross OSV-0003646

Inspection ID: MON-0048559

Date of inspection: 07/01/2026

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Remaining works relating to premises will be completed by 6.02.26]	

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	06/02/2026