



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

Issued by the Chief Inspector

Name of designated centre:	Pleasure Hill House
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	25 November 2025
Centre ID:	OSV-0004337
Fieldwork ID:	MON-0048557

About the designated centre

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

This is a service with capacity to provide full-time care and support to five adults (both male and female) with disabilities. The centre comprises of a large two storey house in a rural location in county Louth, but within close proximity to a number of large towns and villages. Each resident has their own large double bedroom (some being en-suite) which are decorated and personalised to their individual style and preference. Communal facilities include a large entrance hallway, a large fully furnished sitting room, a large fully equipped kitchen cum dining room, a second sitting room, a separate utility room, a relaxation/activities room, an office space and a large communal bathroom. There are also large well maintained gardens to the rear and front of the property and ample private parking space is available. Systems are in place to ensure the health, emotional and social care needs of the residents are provided for and as required access to GP services and a range of other allied healthcare professionals forms part of the service provided. Transport is also provided so as residents can access community based facilities in nearby local towns and villages. The centre is staffed on a 24/7 basis to include a person in charge and a team of nursing professionals, social care professionals and healthcare assistants.

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
Tuesday 25 November 2025	10:00hrs to 16:45hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor ongoing compliance with regulations and standards. The inspector reviewed 12 regulations and found eighth regulations compliant and four to be substantially compliant.

On the day of inspection there were four adults living in the centre. Overall, the inspection found that residents were in receipt of good care, however, admissions and contract for the provision of services, premises, health care and positive behavioural support were found to be substantially compliant and required some improvement.

On arrival to the centre, the inspector was greeted by a member of staff and a resident who lived in the centre. The resident communicated predominately by using gestures and guiding the inspector and staff. The resident showed the inspector a television and indicated that they wanted to watch a programme about machinery. The resident also gestured and made a sign to represent Santa and appeared excited about Christmas next month. The resident later showed the inspector their room and en-suite. They showed the inspector their toiletries and also requested staff supporting them to brush their teeth. The resident appeared proud of their room and appeared to enjoy showing it to the inspector.

The centre comprises of a large two storey house in a rural location in county Louth, but within close proximity to a number of large towns and villages. Each resident had their own large double bedroom which were decorated and personalised to their individual style and preference. Communal facilities include a large entrance hallway, a large fully furnished sitting room, a large fully equipped kitchen and dining room, a second sitting room, a separate utility room, a sensory room, an office space and a large communal bathroom. The inspector completed a walk around of the property, while the premises was clean and tidy some decorative works were required such as painting.

The inspector met another resident in another living area however, the resident choose not to engage with the inspector. They were seen moving around the centre and utilising the multi-sensory room throughout the morning before leaving the centre with staff. A third resident was in their room being supported with personal care when the inspector arrived. The inspector met with the resident later in the day when they were seen spending time in the kitchen with staff and enjoying a cup of tea. The staff explained the resident had chosen not to go out in the afternoon with the other residents. A fourth resident was visiting with family for a number of days therefore the inspector was unable to meet with them.

Prior to the inspection, notification had been received that a resident had passed away in the centre. Care and attention had been taken to ensure each resident was communicated with and supported during this period. This included easy to read communication documents and the involvement of residents were appropriate. In

addition, events had been planned to respectfully remember the resident who had passed away .

The residents were supported by a team of nurses and healthcare assistants. The inspector found from a review of support levels in place, observations of care and conversations with residents and staff that there were appropriate staffing levels in place to meet the needs of the residents in the centre. Staff spoken with communicated that they were happy working in the centre and felt well supported. Staff were familiar with the residents' individual needs when asked.

The next two sections of the report presents the findings of this inspection in relation to governance and management of this centre and how the governance and management arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

There were clear lines of authority and accountability within the centre. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

On the day of inspection, there were appropriate staffing levels in place to meet the assessed needs of the residents. From a review of the roster, there was an established staff team in place.

There was systems in place for the training and development of the staff team, staff spoken with throughout the inspection had the necessary skills and competency to care for residents.

Improvements were required in the contract for the provision of services, a resident who had transitioned to the centre earlier in the year did not have a signed contract of care, in addition other contracts reviewed did not align to financial plans in place.

Regulation 15: Staffing

There was an appropriate number and skill mix of staff present in this centre. The inspector reviewed the staffing arrangements in place between 01/10/2025 and 29/11/2025. The staff team was established and the inspector found staff to be professional, knowledgeable in their roles and very caring towards the residents. The staffing ratio's and rosters in the centre were reviewed and found to be meeting residents needs.

Residents also had access to nursing support for clinical care and oversight of care needs.

Judgment: Compliant

Regulation 16: Training and staff development

Training was provided to staff in a range of areas such as fire safety, safeguarding, infection prevention control (IPC) and medication management. The inspector reviewed the staff training records and found that all staff had received up-to-date training or refresher training had been scheduled.

For example staff had training in:

- fire safety
- manual handling
- safeguarding of vulnerable adults
- Children's First
- Positive Behaviour Support.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre was being audited as required by the regulations and an annual review of the service had been completed for 2024 along with six-monthly unannounced visits to the centre carried out in December 2024 and June 2025. These audits were to ensure the service was meeting the requirements of the regulations and was safe and appropriate in meeting the needs of the residents.

These audits fed into an overall quality improvement plan for the centre and were effective in bringing about change for the most part. Some actions relating to premises had been listed since June 2025. This is further discussed under Regulation 17: Premises.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

A resident had transitioned to the centre since the previous inspection. It was evident that there was a clear, planned approach to the admission to the centre.

The transition and visits were completed as indicated by the individual needs of the resident.

A contract of care, including the support, care and welfare, details of the services to be provided for the resident and fees to be charged had not been agreed by the resident or their representative on admission to the service and was not in place at the time of inspection. In addition, a sample of other contracts of care had not been reviewed following changes to fees.

The contract of care ensures the residents rights are protected and ensures terms and conditions are clear and transparent for the resident.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the person in charge was aware of the requirement to notify specific incidents to the Chief Inspector of Social Services in line with the requirement of the regulations.

The inspector had completed a review of notifications received in advance of this inspection and also completed a review of the provider's accident, incident and near miss records and found that all incidents that required notification had been completed in line with the Regulation.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents were of a good standard.

The management and staff team were striving to provide person-centred care to the residents in the centre. This meant that residents were able to express their views, were supported to make decisions about their care and that the staff team listened to them.

The premises was spacious and suitable for the needs of the residents living there. The inspector completed a walk around of the property, while the premises was clean and tidy areas of improvement were required both internal and external to the property. For example, internal painting and decorating in areas such as the hallway and living room were required and externally the decking area required review.

Residents in the centre were supported to manage their health. Residents had good access to a range of multi-disciplinary team members however, healthcare plans required review to ensure accuracy.

Residents were supported to experience positive mental health and where required, had access to a behavioural support specialist. Residents were supported to have behaviour support plans in place, which were found to be detailed and offered guidance to staff on how to support the resident. On review, elements of the behaviour support plan were not implemented such as recommended activities.

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents and were generally kept in a good state of repair, so as to ensure a comfortable and safe living environment for the residents. Each resident had their own bedroom which was decorated in a tasteful manner and had personal items on display in line with the residents' wishes and preferences.

Areas of improvement were required both internal and external to the property. For example, internal painting and decorating in areas such as the hallway and living room. Blinds in the utility were frayed and externally a large decking required review as it was currently out of use with restricted access. The provider was aware of works required and actions had been on the quality improvement plan since June 2025.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre.

Incidents and accidents were being logged and reported through the National Incident Management System (NIMS). The inspector reviewed a sample of incidents to date. A total of 12 incidents were reviewed.

The residents had a number of individual risk assessments on file so as to promote their overall safety and well being, where required.

Risks included examples such as:

- slip, trip and falls
- fire

- chemicals.

The assessment and recording of risks ensure staff were aware of and had strategies in place to manage such risks to minimise harm to residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed residents' personal files which contained an up-to-date comprehensive assessment. The assessment informed the personal plans which guided the staff team in supporting the residents with identified needs and supports.

Each resident had a schedule of activity which included a 'meaningful' day each week. This provided additional time for one to one support. This included attending a pre planned activity or choosing from a selection of preferred activities such as reflexology, sensory activities or the beach.

Goals had been developed and there was evidence of review and achievement . For example, residents had attended a machinery show, gone on holiday and attended shows in the theatre.

Notwithstanding findings in Regulation 7 Positive behaviour support, it was evident that residents were regularly engaging in activities both at home and in the community.

Judgment: Compliant

Regulation 6: Health care

Residents in the centre were supported to manage their health. Residents had good access to a range of multi-disciplinary supports such as occupational therapy, behaviour support and neurology. There was evidence of regular engagement and review with the residents general practitioners (GP's).

Some healthcare plans required review. For example, on review of an epilepsy management plan and PRN (as required) protocol, inconsistencies were noted regarding the administration of PRN medication. The resident's epilepsy was well controlled and the resident had not previously required use of the PRN medication, however, clear guidance based on clinical assessment was required in the event they did.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents were supported to have behaviour support plans in place, which were found to be detailed and offered guidance to staff on how to support the resident.

However, the inspector found that elements of a behaviour support plan which had been reviewed in March 2025 were not in implementation on the day of inspection. For example, the behaviour support plan recommended activities such as swimming weekly . This activity was not recorded on the residents schedule. In addition it had been recommended to display the resident's schedule on a notice board in their bedroom. The date of the schedule on display was the 3/3/2025, therefore the most up to date and current schedule was not displayed.

Judgment: Substantially compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse.

Residents had intimate care plans in place which detailed their support needs and preferences.

Judgment: Compliant

Regulation 9: Residents' rights

From review of documentation, discussion with staff members and from the inspector's observations, residents were supported to exercise their rights. Notwithstanding the actions required regarding contracts of care, residents were provided with relevant information in a manor that was accessible to them and allowed them to make a decision.

All staff spoke to residents in a respectful, supportive manner and care and support observed was completed in a caring and professional manner.

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 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Pleasure Hill House OSV-0004337

Inspection ID: MON-0048557

Date of inspection: 25/11/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>RSSMAC assessment has been completed for the resident and fees to be charged agreed. All residents’ contracts of care have been reviewed and updated as per RSSMAC assessment.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Internal Painting & Decorating of hallway and living room will be completed by 25th March 2026.</p> <p>Blinds in the utility will be replaced by 25th March 2026.</p> <p>The large decking is scheduled to be removed and replaced by a green area by 25th March 2026.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>The resident’s epilepsy management plan and PRN Protocol have been updated to ensure no inconsistencies regarding the administration of PRN medication.</p>	

Regulation 7: Positive behavioural support	Substantially Compliant
<p data-bbox="172 241 1292 318">Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p data-bbox="172 358 1420 434">The behaviour support plan was reviewed on 02.12.2025 to reflect the resident's choice of activities that enhance his behaviour support needs.</p> <p data-bbox="172 474 1332 551">The recommended display board for the resident's schedule has been reviewed is updated daily.</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 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	25/03/2026
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	16/12/2025
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre	Substantially Compliant	Yellow	16/12/2025

	and details of the services to be provided for that resident and, where appropriate, the fees to be charged.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	16/12/2025
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	02/12/2025