



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

## Issued by the Chief Inspector

Name of designated centre:	DC 16
Name of provider:	St John of God Community Services CLG
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	29 January 2026
Centre ID:	OSV-0005657
Fieldwork ID:	MON-0049441

## About the designated centre

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

Residential services in Designated Centre 16 provide supports and services to adults with an intellectual disability which is provided by St. John of God Kildare services. The centre consists of three community houses, two of which are bungalows with apartments attached and the third being a dormer bungalow in a town in Co. Kildare. There is capacity for eleven residents in the centre and is staffed 24/7 by social care workers, healthcare assistants and nursing staff. Residents are supported to attend their day service in the community or avail of home-based day activation programmes. Residents have access to multidisciplinary supports provided by St. John of God, if necessary, such as, psychologist, psychiatrist and social worker. All other therapeutic techniques and supports are accessed, as required, through referral from the resident's general practitioner (GP). Residents have access to service vehicles when required.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	10
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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
Thursday 29 January 2026	10:00hrs to 16:00hrs	Karen Leen	Lead
Thursday 29 January 2026	10:00hrs to 16:00hrs	Carmel Glynn	Support

## What residents told us and what inspectors observed

This report outlines the findings of an unannounced risk inspection of this designated centre. The inspection was conducted to assess compliance with the regulations following receipt of solicited information submitted to the Chief Inspector of Social Services. The inspection was facilitated by the person in charge and support staff. Overall, the inspection found that the person in charge and provider had appropriate systems in place for risk management, and systems in place to respond to risk without limiting residents lived experience and rights within the centre. The systems and reviews in place will be discussed further under Regulation 26: risk management.

The inspection found that the person in charge had systems in place to respond to changing needs of residents and to provide safe and quality support to residents in their home. Furthermore, the inspectors found that residents were in receipt of a high quality of service that was person-centred and focused on the rights of each individual resident.

The designated centre comprises of two detached bungalows and one dormer bungalow situated in close proximity of each other in a town in County Kildare, at the time of the inspection there was one vacancy in the centre. The inspectors had the opportunity to meet with seven residents during the course of the inspection, four staff, the person in charge and residential coordinator. The inspectors observed residents coming and going from activities throughout the day and making choices with staff about meals, lunches out and afternoon drives in the community. One resident attended a local day service and on return inspectors observed the resident telling the staff the number of activities they had done while attending their day service.

Inspectors had the opportunity to visit two of the houses that make up the designated centre, the third house was home to two residents who had gone out for a day trip with their support staff. Inspectors spent the morning of the inspection in one house in the designated centre, inspectors were greeted by staff and one resident on arrival. The staff member introduced the inspectors to four residents and gave the inspectors a tour of the house. Inspectors had the opportunity to meet with one resident who had recently returned from hospital. The support staff discussed with inspectors that the resident had made a successful recovery and returned to their home. Staff discussed the additional support measures which had been put in place on their return home, this included additional support staff to assist the resident with their mobility needs.

In addition, the resident was in receipt of multidisciplinary support Monday to Friday and had a clear plan in place for the weekend in order to increase mobility in their home. Staff outlined to the inspectors that the resident prefers a quiet environment, so for that reason one inspector remained in the resident's living space while staff

discussed their care and support. Staff detailed to the inspector the communication supports in place for the resident. The resident had access to a touch screen communication electronic tablet. The resident had a number of their favourite objects on display on the electronic tablet. These items included music, music videos, favourite food, activities of choice and when they would like items to be turned off or removed from their environment. Inspectors found that staff had a clear understanding of the required supports in place for the resident and how to maintain safety and promote their independence and everyday choice.

Inspectors had the opportunity to meet with three other residents who were sitting in their living room. One resident requested to show the inspectors their bedroom. Inspectors found that their room was decorated in line with their personal interests and hobbies. When the resident had finished showing the inspectors their room, inspectors observed the resident going to staff and requesting to go out for a drive to meet with friends from one of the other houses in the designated centre. Inspectors observed staff getting items ready for residents and deciding on what activity residents would like to do.

In the afternoon the inspectors visited the second house, inspectors were introduced to one resident who was participating in a sensory music activity with their support staff. Inspectors noted that the resident was sitting comfortably with staff and enjoying listening to music. Support staff informed the inspectors that all residents in the centre greatly enjoy music and that there are a number of musical instruments present in the home. The staff discussed that a number of staff can play instruments and encourage residents to take part in hand over hand playing in order to enjoy the music and feel the different vibrations that different instruments carry.

Inspectors met with one resident who resided in their own apartment within the designated centre. The resident told the inspectors that they had decided to go through their wardrobe and get rid of old items before going shopping for some new pieces of clothing. The resident told the inspectors that they like their home, they like living in their apartment but that they also visit their peers throughout the day. The resident stated that there was nothing in their home they would change and that their 'staff are always helping'. The resident also informed staff that they were happy to have the inspectors visit their home. They discussed that staff had offered them a number of activities during the day but that they wished to remain home and sort some pieces in their apartment. The resident later changed their mind and went out for a drive and coffee with staff.

Inspectors met with another resident on their return from their local day service. The resident greeted staff and peer members on their return. They informed their support staff that they were had been busy all day and were tired and looking forward to resting for the evening. The resident told the inspectors that they had enjoyed their day and that staff bring them to their day service and collect them in the afternoon. The resident said that they like their home and enjoy a going out for meals and walks in the local area.

The inspectors found that each home visited in the designated centre was designed to meet the individual needs of each resident. Residents had their own bedrooms which were decorated to their tastes and a number of residents in one house had requested refurbishments to their bedrooms with a schedule of works in place. The inspectors found that residents love for music was evident throughout the designated centre, residents had access to numerous musical instruments such as traditional Irish instruments, guitars, drums and a number of hand held instruments. Staff spoken to discussed how residents enjoyed attending concerts, small pub music sessions and music sessions in their own home.

The inspectors found that across each of the houses in the designated centre residents had access to a number of activities and choice of these activities was promoted and encouraged by the person in charge and an experienced staff team. Inspectors found that changing needs and medical diagnosis in the designated centre had incorporated elements of risks in the daily lives of some residents. Inspectors found however, that this risk had been clearly identified and that control measures were in place to support residents while promoting their choice to independence and to spend time alone in their home.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care provided to the residents.

## 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 it was in ensuring that a good quality and safe service was being provided. Overall, the inspectors found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner. Inspectors found that the person in charge and support team were supporting each individual resident with all aspects of care and support and monitoring for changes in assessed needs in order to ensure that the environment was adapted for residents to remain in their home.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who were knowledgeable about the support needs of the residents living in the centre. The person in charge worked full-time and was supported in their role by a clinical nurse manager grade three.

Six-monthly unannounced visits of the centre were taking place to review the quality and safety of care and support provided to residents. The reviews included an action

plan to address any concerns regarding the standard of care and support provided. In addition, the person in charge was in the process of gathering residents views for the designated centres 2025 annual review.

### Regulation 14: Persons in charge

The provider had appointed a person in charge for the centre that met the requirements of Regulation 14 in relation to management experience and qualifications. During the inspection the inspectors reviewed the systems they had in place for oversight and monitoring and found that they were effective in identifying areas of good practice and areas where improvements were required.

Through interactions, the inspectors found them to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process. Furthermore, the inspectors found that the person in charge had a clear understanding of each residents' assessed needs, goals and supports required in order to fully enhance their lived experience both in their home and local community.

Judgment: Compliant

### Regulation 15: Staffing

The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of residents. Planned and actual rosters were maintained in the centre which demonstrated that staffing levels were consistent with the statement of purpose. The provider had implemented a short term increase in the centre's whole time equivalent staffing in order to support a resident post hospital discharge. The inspectors found that additional staff were placed on night duty in order to support resident with personal care needs and for safe evacuation in the event of a fire. Inspectors found that where possible the person in charge had utilised regular relief staff to fill the current increase in required shifts. However, at times when this was not deemed possible agency staff were in place, and they worked alongside regular staff members on each shift.

The inspectors had the opportunity to speak with four staff during the course of the inspection. The inspectors found staff to be knowledgeable of the assessed needs of each resident. Staff spoke to the inspectors about changing needs for residents in the centre. Staff discussed that some identified changes were due to a change in a residents medical presentation, while some changes were due to associated health concerns which had changed for residents in recent months. The inspectors found that changing needs were regularly discussed at staff meetings and that risk assessments and additional control supports had been implemented at early stages

in order to support residents' to remain in their home and supported by familiar staff team.

Judgment: Compliant

### Regulation 16: Training and staff development

Effective systems were in place to record and regularly monitor staff training in the centre. The inspectors reviewed the staff training matrix and found that staff had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, infection prevention and control and dysphagia.

The person in charge ensured that one-to-one supervision meetings, which support staff in their role when providing care and support to residents, were scheduled for all staff. Staff spoken to during the course of the inspection told the inspectors that while there had been some changes in the person in charge over a two year period prior to March 2025, they felt supported in their role and supported by the person in charge when advocating on behalf of residents in the centre.

The inspectors reviewed the induction plan in place for new staff, relief and agency, this induction plan included an induction and overview of each house in the designated centre, residents supports and management and multidisciplinary supports available to residents and support staff.

Staff meetings were held regularly in the designated centre and the inspectors found that these meetings were reflective of the changing needs identified for residents in the centre and training supports in place in order to further enhance staff practice in areas such as communication, dementia support and behavioural supports.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had arrangements in place to ensure that a safe, high-quality service was being provided to residents in the centre. There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

Local governance was found to operate to a good standard in this centre. Good quality monitoring and auditing systems were in place. The person in charge demonstrated good awareness of key areas for review and had checks in place to ensure the provision of service delivered to residents was of a good standard. The

person in charge had a suite of audits for the centre which included audits of medication management, risk management, tracking and monitoring of residents goals and health and safety. The inspectors found that the data and information arising from audits were held in a monthly data tracker and discussed with staff during team meetings and at regular staff handover of information.

The provider was completing six-monthly unannounced reviews of the quality of care and support in the centre. The inspectors read the last two reviews completed in April and October 2025 and found that each review included an action plan which was followed up and progressed by the person in charge. The inspectors found that where delays had been identified to the completion of some actions the person in charge had identified the cause of delays and had updated residents where required.

Staff meetings took place regularly and provided staff with an opportunity for reflection and shared learning. The inspectors reviewed staff meeting minutes from March to November 2025 and found that there was a standing agenda in place with clear actions identified, if deemed necessary, following the meeting. The agenda included local audits, residents' update, positive behaviour support plans. The inspectors found that resident changing needs were discussed regularly with clear direction identified and changes to care implemented to further support residents in areas of care and support which had seen a noted deterioration.

In addition, inspectors found that the person in charge and provider had responded to identified changes in residents' support needs by completing a review of the roster and increasing the whole time staffing equivalence in the centre in order to support residents. The increase support hours were noted to be required at night time in one house in the centre. The person in charge had completed the relevant risk assessments which identified supports required for residents both with aspects of their care and in order to ensure safe evacuation of all residents in the event of a fire.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

The provider had prepared a written policy on the referral, admissions, transition and discharge of residents. The inspectors were provided with evidence of how the provider had followed pre-admission procedures to be assured that the centre was suitable for meeting the assessed needs of all residents.

The inspectors reviewed one resident's transition plan completed during their admission process to the designated centre. Inspectors found that for one resident the provider identified that a planned move to a different designated centre had not gone as proposed for the resident. As a result the provider supported the resident to meet with their representative and to identify an alternative home for the individual.

As a result of this review, DC 16 was identified as a suitable and a compatible location for them to transition into. The inspectors found that a clear transition plan was put in place for the resident which included visits to the designated centre, meeting with peers in the centre, identifying a key worker to support the resident during their transition. Throughout the resident's transition to the designated centre inspectors found that regular meetings and updates were held with the resident and their representatives. In addition, the person in charge and multidisciplinary team completed a post admission review with the resident in line with the providers policy.

Inspectors had the opportunity to meet with the resident who said that they were happy with their move to their new home. They told the inspectors that they like their new bedroom and that they had plans to redecorate again with staff support. The resident explained that the staff are always the same and very kind. Support staff discussed that the resident knows the local area very well and that this had helped them to settle into their new home.

The inspectors reviewed four contracts of care for residents in the designated centre and found that they were signed by residents or their representatives.

The contracts of care were written in plain language, and their 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

## Quality and safety

This section of the report details the quality and safety of the service for residents who live in the designated centre. Overall, the inspectors found that the person in charge and staff team were aware of residents' needs and knowledgeable about the person-centred care practices required to meet those needs. In addition, inspectors found that the person in charge was reviewing services for residents that would future enhance supports in place so that residents could age in place in their home with the appropriate support frameworks in place.

The provider had ensured that the risk management policy met the requirements as set out in the regulations. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre.

The inspectors found that the person in charge was conducting regular reviews and trending accidents and incidents in the centre in order to reduce the possibility of

recurrence for residents. The outcome of these reviews were detailed to staff as part of regular staff meetings in the designated centre.

Staff were provided with appropriate training relating to keeping residents safeguarded. The person in charge and staff demonstrated a high-level of understanding of the need to ensure each resident's safety. Inspectors found that the person in charge was supporting residents' admission to the designated centre by ensuring that residents had the opportunity to get to know new peers prior to admission ensuring that compatibility issues and possible safeguarding concerns were reduced.

## 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.

The inspectors found that the person in charge ensured the risk register was regularly discussed at staff meetings and that these discussions supported positive risk taking that was occurring for residents as they accessed their community and home.

The person in charge completed a range of risk assessments with appropriate control measures, these were specific to residents' individual health, safety and personal support needs. The inspectors found that the provider had a number of control measures in place to support residents who presented with a chronic medical diagnosis or changing needs while upholding and maintaining their independence and personal choices.

The inspectors found that the person in charge and provider had responded through appropriate reviews and updates to risk assessments following accidents and incidents that had occurred. The inspectors found that quarterly reviews were been completed by the person in charge in order to identify possible trends for residents in the designated centre. Furthermore, the inspectors found that following a significant event for residents in the designated centre, the provider had implemented a moderate after-incident review in order to ensure that all control measure were in place to support residents.

The inspectors found that accidents and incidents were discussed at staff meetings and plans were put in place to reduce potential risk of possible recurrence and to support residents to continue to maintain a safe environment both in their home and local community.

Judgment: Compliant

## Regulation 28: Fire precautions

The registered provider had implemented fire safety systems including fire detection, containment and fighting equipment. For example, the inspectors observed fire and smoke detection systems, emergency lighting and fire fighting equipment throughout the centre.

The inspectors reviewed fire safety records, including fire drill details. The provider demonstrated through their drills that they could safely evacuate all residents under day and night time circumstances. Furthermore, inspectors found that the provider had increased the ratio of staff support at night time in order to support one resident in the centre on return from a hospital admission. The inspectors found that support staff had completed additional fire drills to ensure that the resident could be supported to evacuate their home in a safe manner with the additional supports available.

The inspectors found that staff were knowledgeable in relation to the fire procedures in place in the designated centre and had received appropriate training and refresher training as required. In addition, the inspectors found that staff were aware of changing needs of residents as they presented in the centre and additional supports that may be required. Staff discussed that as residents age in the centre they identified the need for greater assistance from fire evacuation tools such as ski sheets. The need for such assistance tools are discussed at staff meetings and residents ongoing support plan reviews.

Judgment: Compliant

## Regulation 8: Protection

The registered provider had implemented safeguarding oversight systems underpinned by written policies and procedures, to safeguard residents from abuse. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit.

Safeguarding plans were reviewed regularly in line with organisational policy. Formal and interim safeguarding plans were implemented and also supported by risk assessments. The control measures in place to protect residents from abuse were seen to be proportionate, person-centred and mindful of the residents' rights and wishes. At the time of the inspection there were two current active safeguarding plans in place. The inspectors reviewed both safeguarding plans and found that appropriate supports had been put in place for all residents in the designated centre.

Furthermore, inspectors spoke to four staff during the course of the inspection and found that staff working directly with residents who the safeguarding plans were in place for, had knowledge of the plans' contents and the control measures and supports to ensure that each resident felt safe and supported in their home.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
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	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant