

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

Issued by the Chief Inspector

Name of designated centre:	Cuan Nua
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	21 November 2025
Centre ID:	OSV-0005704
Fieldwork ID:	MON-0047999

About the designated centre

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

Cuan Nua provides residential care and support to four men with disabilities. The centre comprises of a large two-storey house in close proximity to a number of towns and villages. Transport is provided for residents to support them to have easy access to community based facilities such as hotels, shops, shopping centres, restaurants and cafes. Each resident has their own private bedroom (some are en suite) and they are decorated to their individual style and preference. Communal facilities include a large well equipped kitchen/dining room, a spacious sitting rooms, utility facilities, adequate storage space and large well maintained gardens to the rear and front of the property.

The centre also has an additional fully furnished annex in the back garden comprising of a bathroom/shower room, a kitchen and a large sitting room/dining room area. Residents can use this unit for day activation purposes, receiving visitors and holding parties. There is adequate private parking space available the front and side of the house.

There are systems in place to ensure that the assessed social and healthcare needs of the residents are provided for. All residents have access to GP services and a range of other allied healthcare professionals as required. The service is staffed on a 24/7 basis and the staff team includes an experienced, qualified person in charge, a social care manager, nursing staff and a team of health care assistants. All staff have appropriate qualifications, skills and/or training in order to meet the needs of the residents in a competent and comprehensive manner.

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
Friday 21 November 2025	10:00hrs to 15:00hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, residents were being provided with person-centred care in this centre, which meant that their will and preferences were considered as part of any decisions being made in the centre. The care and support provided was also safe and as a result all regulations inspected were found compliant at this inspection.

This inspection was unannounced and was conducted to monitor ongoing compliance with the regulations.

Over the course of the inspection, the inspector met with the person in charge, two staff members and three residents. They also observed some practices and reviewed records pertaining to the management of the centre.

On arrival to the centre, two residents were out enjoying a drive and coffee out. The other two residents were enjoying a lie on in bed. Soon after one of the residents got up for breakfast and once finished decided to go back to bed until later in the day.

The inspector sat with the resident while their were having breakfast and observed that the resident appeared happy and was smiling continuously. The interactions between the staff and the resident were warm and friendly, and the staff member provided support to the resident in line with their feeding, eating, drinking and swallow plan, which was in place, as this resident was at risk of choking. The staff member was also trained and aware of the first aid treatment required should the resident begin choking.

One staff member went through all of the residents needs with the inspector, including their healthcare and emotional needs, and some of the recommendations in place to support the residents. They also spoke about some of the goals and activities that residents liked to do. It was clear from talking to the staff and reviewing a sample of the residents' plans that they knew the needs of the residents very well.

This staff member also went through the supports residents needed to evacuate the centre in the event of a fire. For example, one residents evacuation plan required that items of food were stored in the emergency evacuation bag. The staff member showed the inspector this bag and items of food were stored in it in the event of a fire. Another staff member spoken to was very aware of this procedure also, along with the feeding eating and drinking plans for residents who were at risk of choking and the procedures in place to report allegations of abuse.

The premises were spacious, clean and well organised. Recently, two new suites of furniture had been purchased for the sitting room and conservatory and new blinds in the kitchen. On the day of the inspection, the bathroom downstairs was also having some renovations completed. A staff team member also informed the

inspector that other works were due to be completed, for example, the registered provider was looking at installing a ramp at the back door of the property for ease of access for one resident. The centre was warm and comfortable, which was important as it was an exceptionally cold day outside. The inspector also observed that salt was stored outside the door to address any issues with ice which could pose a trip hazard to residents and staff.

The kitchen was spacious, clean and well equipped. Food safety practices included, colour coded chopping boards to prepare food, and one staff member was observed washing their hands before they started to prepare food for residents. One resident liked to sit and watch food being prepared and another resident was working on a goal with staff to make homemade brown bread.

The centre is surrounded by a large garden and to the side of the property there is an annex building which was used as a meeting point for family and other events. This enabled residents to meet their family in private if they wished.

Developing and maintaining relationships with family was a strong focus in this centre. One resident, whose family lived far away was supported by staff to visit their family members and had went to a large family celebration earlier this year. Another resident who spoke to the inspector talked about visiting their brother and other family members which was really important to them.

The residents enjoyed varied activities in line with their personal preferences. There were two vehicles available in the centre, (one was being repaired on the day of the inspection) which enabled the residents to choose different activities they might like to do.

All of the residents had been on holidays together and some of the residents were planning to visit some Christmas markets in the coming weeks. One resident was part of the local Tidy Towns and was attending an awards ceremony for this in the coming days. Another resident had started swimming and was now attending a sensory experience once a month. The inspector observed in this resident's personal plan that this had been a recommendation by from an assessment conducted for the resident.

Some of the residents liked routine and only liked engaging in certain preferred activities. The inspector observed that the staff had introduced new experiences to this resident and when they indicated they did not like them, this was respected. Another resident did not like having some medical interventions preformed and the staff had introduced some desensitisation programmes to try and allay the residents fears. These were examples, of how residents will and preferences were respected in this centre.

One resident spoke to the inspector for a short time and told the inspector that they liked their home and said that the staff were nice to them. They had a goal in place to go to a concert next year and were looking forward to decorating the house for Christmas. The resident also had plans to go to a remembrance mass the day after the inspection which was important to them.

Residents' meetings were held in the centre and included a number of topics including reminders about maintenance work been carried out, information about national elections, and education and information about human rights.

The registered provider had also collated feedback from residents and family representatives for the 2024 annual review of the centre. This feedback included their experiences of the quality of care provided. Residents reported that they were happy with the care and support provided. The response from family members was also very positive, three family members rated the service as excellent. The inspector observed also that there had been no complaints reported in the centre since 2021. Some compliments from family members were recorded, one family member reported that they were very happy that staff had supported a resident to go to a family celebration earlier in the year.

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

Capacity and capability

Overall, this centre was well managed and adequately resourced, which contributed to residents receiving a safe, quality service.

The management structures included an experienced person in charge who worked on a full-time basis in the wider organisation and was supported by a social care manager. The registered provider and the person in charge were monitoring and reviewing the quality and safety of care provided on an ongoing basis.

There was a planned and actual roster in place. A number of relief staff were also consistently employed to cover planned and unplanned leave. This meant that residents were ensured consistency of care during these times.

The staff training records reviewed indicated that staff were provided with a number of training sessions to enable them to support the residents. The staff spoken to gave examples of how training provided, equipped them with the skills to respond to potential choking incidents in the centre.

Regulation 15: Staffing

The staff team skill mix comprised of nurses, a social care worker, and healthcare assistants. A social care manager was also employed to support the person in charge to oversee the care and support provided. At the time of the inspection there was one short term staff vacancy. A number of relief staff were also consistently

employed to cover planned and unplanned leave. This meant that residents were ensured consistency of care during these times.

There were three staff rostered to work each day and two waking night staff each night. A review of a sample of rosters in October 2025 and September 2025, showed that these staffing levels were maintained at all times.

A senior manager was also on call in the wider organisation 24/7 should staff need support around the needs of residents.

A staff member informed that inspector that regular staff meetings were held, the last one for November 2025 had to be cancelled but it was rescheduled to take place in December 2025. The staff member also said that they received supervision recently. A review of a sample of records showed that staff members had not raised any concerns about the quality and safety of care provided. The person in charge also confirmed this.

Staff personnel files were not reviewed as part of this inspection. However, the person in charge maintained a database showing that all staff working in the centre were Garda vetted.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with a suite of training divided into mandatory training and training specific to the needs of the residents to assure the residents safety. The person in charge also had a system in place to ensure that refresher training was completed in a timely manner. For example, three staff were due to complete refresher training in the safe administration of medicines and this was planned for December 2025. Relief staff were also provided with training in critical areas, such as fire safety, first aid, safeguarding and infection prevention and control.

Some of the training provided included

- Antimicrobial Resistance and Infection Control (AMRIC)- which included, Basics of Infection & Prevention Control, Hand Hygiene, Personal Protective Equipment, Respiratory Hygiene and Cough Etiquette and Standard and Transmission-Based Precautions
- Children's First
- Safeguarding of Vulnerable Persons
- Fire Safety
- Food Safety
- Feeding, Eating Drinking and Swallowing (FEDS)
- Manual Handling
- Positive Behaviour Support
- First Aid

- Safe Administration of Medicine
- Autism Awareness

The inspector spoke to one staff who demonstrated a very good knowledge of the residents' needs and outlined some of the residents' healthcare needs, fire safety measures and the residents' goals and aspirations. Another staff member spoke about the reporting procedures to safeguard residents, fire safety measures and how to manage a choking incident in the centre.

Overall, the inspector found that staff had been provided with training to meet the needs of the residents. The interactions observed on the day of the inspection showed that staff were providing care to the residents in a person-centred manner.

Judgment: Compliant

Regulation 23: Governance and management

The management structures included an experienced person in charge who worked on a full-time basis in the wider organisation and was supported by a social care manager. Each day a shift lead was appointed who was accountable for the care and support provided, when the person in charge or social care manager was not on duty.

The registered provider and the person in charge were monitoring and reviewing the quality and safety of care provided. The provider had completed an annual review of the quality and safety of the service, along with unannounced audits twice a year as required by the regulations. Other audits and reviews included medication management, hygiene, personal possessions and fire safety. The outcome of these audits were generally very positive, for example; the last two unannounced six monthly audits conducted in the centre in September 2025 and March 2025 found all regulations reviewed compliant.

Other audits conducted found minor improvements were required. A sample of actions from these were followed up and found to be completed.

The registered provider also had other committees within the organisation to oversee restrictive practices and potential breaches in human rights. An assistant decision making coordinator was also employed and this person provided advice and guidance to staff and residents about supported decision making, which emphasised the importance of the residents will and preference.

Arrangements were in place to ensure staff could exercise their personal and professional responsibility for the quality and safety of the services that they are delivering. This included staff meetings and arrangements in place for staff supervision meetings.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose reflected the facilities and services provided in the centre. It was also updated at least annually or when any changes occurred in the services provided.

Judgment: Compliant

Quality and safety

Overall, the residents living in this centre were provided with a safe quality service and there were systems in place to ensure that each residents' will and preferences were included in decisions around their care and support.

Residents were supported with their health and emotional needs and had regular access to allied health professionals. A sample of healthcare plans viewed showed that they guided practice, were regularly reviewed and the staff spoken to was also aware of those needs.

Residents were supported with their general welfare and development. They chose activities in line with their personal preferences and maintaining links with family was a key focus in this centre.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. Fire safety systems were in place to minimise the risk of fire and ensure a safe evacuation of the centre. One area in relation to an absence of self closure devices on three fire doors, was pointed out to the person in charge, on the day of the inspection, who promptly assured a review of this in the coming days to see if those devices were needed.

All staff had been provided with training in safeguarding adults. Staff spoken with were aware of the procedures to follow in the event of an incident of abuse occurring in the centre.

Regulation 13: General welfare and development

Residents were supported and encouraged to maintain connections with family and friends. One resident, whose family lived far away was supported by staff to visit

their family members and had went to a large family celebration earlier this year. Another resident who spoke to the inspector talked about visiting their brother and other family members which was really important to them.

The residents enjoyed varied activities in line with their personal preferences. There were two vehicles available in the centre, (one was being repaired on the day of the inspection) which enabled the residents to choose different activities they may like to do.

All of the residents had been on holidays together and some of the residents were planning to visit some Christmas markets in the coming weeks. One resident was part of the Tidy Towns and was attending an awards ceremony for this. Another resident had started swimming and was now attending a sensory experience once a month. The inspector observed in this resident's personal plan that this had been a recommendation by from an assessment conducted for the resident. Some of the residents liked routine and only liked engaging in certain preferred activities. The inspector observed that the staff had introduced new experiences to this resident and when they indicated they did not like them, this was respected.

One resident spoke to the inspector for a short time and told the inspector that they liked their home and said that the staff were nice to them. They had a goal in place to go to a concert next year and were looking forward to decorating the house for Christmas. The resident also had plans to go to a remembrance mass the day after the inspection which was important to them.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were consulted with about menu planning and could choose when to have their meals.

Where residents required supports from allied health professionals around specific dietary requirements, this was provided for. As outlined earlier in this report, a staff member was observed to be providing support to a resident in line with their feeding, eating, drinking and swallowing plan, which was in place as this resident was at risk of choking. The staff members were also trained in first aid and the two staff spoken to were aware of the timely interventions required should a resident begin choking. They were also aware of the other residents who required support at meal times.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a risk management policy in place and other supplementary documents, such as a risk safety statement for this centre, to guide how risks were managed in the centre.

The systems included a process for reporting and reviewing incidents and, the management and review of risk assessments. As an example any risk assessments rated orange or red (which are considered significant risks) were escalated to senior managers in the organisation. At the time of this inspection there were no risk assessments rated as a significant risk.

The inspector also observed from a review of incidents in the centre, which included incidences relating to residents behaviours of concern, that overall there was a low level of incidents occurring in the centre. As an example; there were 21 incidents reported since Jan 2025 and nine of those related to incidences related to residents' behaviours of concern.

The inspector reviewed a sample of individual risk assessments for some of the residents and found that control measures outlined were in place. One resident for example, who engaged in some behaviours of concern had a positive behaviour support plan in place, had access to allied health professionals and staff were provided with training including autism awareness training to support the resident.

Another resident who had five minor injuries relating to scratches and bruises had had a number of reviews conducted with allied health professionals to establish the cause of this bruising and how to prevent it happening in the future.

Incidents in the centre were reviewed by the person in charge and or social care manager and learning from these reviews were discussed at staff meetings.

As stated earlier, there were two vehicles available in the centre, one of which was in the garage being repaired on the day of the inspection. The other vehicle had an up to date road worthy certificate and was insured.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to manage fire in the centre. Fire equipment such as emergency lighting, a fire alarm, fire extinguishers and fire doors were being serviced by competent fire personnel and visual checks were completed by staff to ensure this equipment was in good working order. For example: emergency lighting and the fire alarm had last been serviced in June and September 2025 and fire extinguishers had been services in February 2025. Staff also conducted daily, weekly

and monthly checks to ensure that effective fire safety systems were maintained and a review of records showed that no issues had been identified.

Fire doors were installed in all areas and had self closure devices attached, however, three did not have these devices attached and the person in charge promptly agreed to get this reviewed to assure whether they were needed or not.

Residents had personal emergency evacuation plans in place outlining the supports they required. The two staff members went through the fire evacuation procedure for the centre and both staff were clear about the support residents required. One residents evacuation plan required that items of food were stored in the emergency evacuation bag. The staff member showed the inspector this bag and items of food were stored in it in the event of a fire.

Fire drills had been conducted to assess whether residents could be evacuated safely from the centre and the records viewed showed that these were taking place in a timely manner. As an example fire drills had been conducted during the day and during hours of darkness when the staff levels were reduced. The fire drill records indicated that a fire evacuation was completed on both occasions in a timely manner.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with support around their health and emotional needs. They had timely access to allied health professionals where required or if there was a change in the residents' needs. The allied health professionals employed in the organisation that residents had access to included:

- Advanced Nurse Practitioners in Behaviour of Concern
- Clinic Nurse Specialists in Healthcare Promotion
- Occupational Therapist
- Physiotherapist
- Speech and Language Therapist
- Positive Behaviour Support Specialist
- Consultant Psychiatrist
- Dietician

In the community residents had access to the usual community services such as

- General Practitioner
- Chiropody
- Dental services.

Residents were provided with information about national healthcare screening programmes available to them and some residents had availed of some of these programmes in line with their wishes.

Residents also had a right to refuse specific health interventions and staff were supporting one resident to allay anxieties around some of these interventions. The residents general practitioner and psychiatrist had also made aware of the residents preference not to have these interventions completed.

Care plans were also in place to support residents in achieving best possible health and these were reviewed regularly. A staff member went through the residents' health care needs and this aligned with the information recorded in the residents' personal plans.

Judgment: Compliant

Regulation 8: Protection

All staff were trained in safeguarding vulnerable adults. One staff spoken with was aware of the procedures to follow in the event of an incident of abuse occurring in the centre.

Where incidents had been reported to the Chief Inspector, the provider had reported it to the relevant authorities and taken steps to safeguard residents. The inspector also observed that the residents appeared happy and content in their home. One resident said that they liked the staff and the people they shared their home with.

Residents were provided with information about their human rights. Some of the residents required staff to advocate on their behalf should there be any potential safeguarding concerns in the centre, which might affect them. The inspector found that there had been no complaints raised in the centre, the staff had not raised any concerns to the person in charge about the quality and safety of care provided and safeguarding was a standing agenda item at staff meetings.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were involved in decisions around their lives which took into consideration their will and preferences.

Where residents decided against some treatments or interventions this was respected, and/or support was provided to residents to allay anxieties around some

of these interventions.

Residents meetings included discussions around residents choosing what they wanted to do, provided information about things that were happening in the centre, and provided education to residents about their human rights.

Routines and practices in the centre, were based on the residents' will and preferences.

The registered provider had systems in place to oversee restrictive practices and potential breeches in residents human rights. An assistant decision making coordinator was also employed. This person provided advice and support to staff and residents about supported decision making, which emphasised the importance of each residents' will and preferences.

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 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant