



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

Issued by the Chief Inspector

Name of designated centre:	Liscarne
Name of provider:	St John of God Community Services CLG
Address of centre:	Dublin 24
Type of inspection:	Announced
Date of inspection:	18 December 2025
Centre ID:	OSV-0008469
Fieldwork ID:	MON-0040263

About the designated centre

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

Liscarne is a designated centre operated by St John of God Community Services CLG. The centre is made up of two single -occupancy apartments located in Dublin. The centre provides support to residents with intellectual disability, mental health needs and physical disability. The centre aims to support residents to live and participate in their local community as equal citizens and to maintain their health and well -being. Residents in Liscarne are supported by a team of social care workers and healthcare assistants 24 hours a day. Residents access additional supports through the provider's multi -disciplinary team as well as community based supports.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 18 December 2025	08:30hrs to 15:45hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This was an announced inspection scheduled to inform decision making in response to the provider's application to renew the centre's registration.

The inspection took place over the course of one day and the inspector had the opportunity to meet with both of the residents who lived in the designated centre. The inspector also spoke with a family member of one of the residents over the phone. Conversations with residents, staff and family members, observations of care and support and a review of documentation were used to inform decision making on the quality and safety of care. Overall, this inspection found that residents were in receipt of a very good quality service which was ensuring their safety and promoting their human rights.

The designated centre is comprised of two apartments located in a suburb of Dublin. Each apartment provides care and support for one adult resident. The apartments each have a residents' bedroom, a combined kitchen and living room, a bathroom and a staff office. The inspector saw that the apartments were both very clean and well-maintained. They were warm, homely and comfortable and residents' personal possessions and photographs were neatly stored and displayed in line with their preferences.

One of the residents met with the inspector on her arrival and spoke about their experience of living in the designated centre. They told the inspector that they were very happy with their apartment. They said that the staff and the person in charge were "great". This resident told the inspector of how they had a busy and active life. They attended day services and also enjoyed a range of leisure and social activities including horse riding, travelling to the airport to watch the planes and visiting their friends and family.

There were visual supports in this resident's apartment which showed the weekly plan and the staff roster. The resident was familiar with their plan and knew the staff who were displayed on the roster. The inspector heard friendly and kind conversations between the staff on duty and the resident. They spoke of their plans to go out for dinner and plans to purchase a new bed with additional storage for the resident's belongings.

The inspector met the second resident briefly in line with their preferences. This resident preferred to engage with the staff on duty and to continue with their planned routine. They did not speak with the inspector about their experiences of living in the centre. The inspector saw kind and familiar interactions between the resident and the staff member on duty. The inspector observed the staff member helping the resident to put on their shoes in a gentle manner. The staff member used Lámh (a manual sign system used by the resident) to discuss and plan their

day. The resident was observed hugging the staff member and seemed very comfortable in their company.

A family member of one of the residents spoke with the inspector over the phone on the day of inspection. They spoke highly of the staff team and said that they were "fantastic". In particular, they complimented the staff team on how they had supported the resident through a recent family bereavement. The family member described how well-connected the resident was with their local community and of how their healthcare needs were being met in a comprehensive and person-centred manner.

The inspector also spoke in detail with one of the staff members who was on duty. They were very familiar with the residents, having worked with them for a number of years. The staff member spoke about the residents' assessed needs and their preferences in respect of the care and support that they received. They were familiar with the residents' care plans including positive behaviour support plans, intimate care and financial support plans.

This staff member had received training in human rights and described how they ensured that residents' rights were promoted. They described a rights restriction which was in place for one resident and outlined how they balanced supporting the resident's healthcare needs with their will and preference in respect of this restriction. They described how they ultimately ensured that the resident's choice and right to make decisions was upheld.

The next two sections of the report will describe the oversight arrangements for the centre and how effective these were in ensuring the quality and safety of care for the residents who lived there.

Capacity and capability

This section of the report describes the governance and management arrangements for the centre. This inspection found that there was an effective governance structure with clearly defined lines of accountability. This ensured that all people working in the service were aware of their responsibilities and who they were accountable to.

There was overall a very high level of compliance with the Regulations assessed on this inspection and it was evident that the service was striving to go beyond the requirements of the Regulations to meet the National Standards. There were some improvements required to the staffing arrangements due to vacancies; however, the provider was endeavouring to ensure continuity of care for the residents while these vacancies were in place.

The residential service was governed in a manner that supported the active participation of residents in the service. Residents were consulted with regarding their daily routines and their opinions on the quality of care were sought as part of the annual review. Staff members spoken with had received training in a human rights based approach to care and described to the inspector how they ensured that residents' rights were promoted.

The managers of the centre understood the needs of the residents and, while there were vacancies in the staffing allocations, they had directed resources to endeavour to ensure consistency of care and support for the residents. There was a moderate number of relief and agency staff required to fill gaps in the rosters; however, the person in charge had ensured that only familiar relief and agency staff who had received a full induction were utilised in the centre.

The residential service was monitored regularly by the provider and quality improvement plans were implemented to ensure the delivery of person-centred and safe services. Staff members were in receipt of regular training to ensure their competencies in providing appropriate care and support. Staff members were provided with access to support and advice. Staff received regular supervision and support and their performance was formally appraised on an annual basis.

Registration Regulation 5: Application for registration or renewal of registration

A full and complete application to renew the centre's certificate of registration was made to the Chief Inspector within the required timeframe. This afforded the designated centre the protections of The Health Act while it was going through the re-registration process.

Judgment: Compliant

Regulation 15: Staffing

There were 2.5 whole time equivalent vacancies in the centre at the time of inspection. The person in charge had put in place systems to endeavour to ensure continuity of care for the residents. For example, regular relief and agency staff were used to fill gaps in the roster and unfamiliar agency staff were not utilised. Relief and agency staff were provided with a comprehensive induction and relief staff were also required to participate in mandatory training.

However, it was evident through a review of the rosters over a three week period in November 2025, that a moderate number of shifts required relief or agency staff to fill them. For example, between the 8th of November and 25th November 2025, 13 shifts were filled by relief and agency staff. This was not effective in supporting the

development of good working relationships between the residents and their staff team.

The inspector reviewed a sample of rosters across November 2025 and saw that, on four dates reviewed, there were sufficient staff on duty to meet the needs and number of residents. The inspector also reviewed the Schedule 2 files for three staff members. All required documentation, including an up-to-date Garda Vetting disclosure was maintained for each staff member.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was a very high level of compliance with mandatory and refresher training in the designated centre. Staff training records demonstrated that all staff members were up to date with training in key areas including Crisis Prevention Intervention, Safeguarding Vulnerable Adults, Fire safety and epilepsy management. The person in charge had ensured that relief staff who worked in the centre on a regular basis were also up to date with these key mandatory trainings.

Many of the staff team had completed additional training in areas such as human rights. A staff member told the inspector of how they ensured that residents' rights were upheld and promoted on the day of inspection.

Staff members were in receipt of regular support and supervision. Each staff member received two individual supervisions and a performance development interview each year. The inspector reviewed the records of these for three staff members on the day of inspection. These records showed that supervisions were used to performance manage and develop staff.

Monthly staff meetings were also held. The inspector reviewed three records of staff meeting minutes in 2025. It was seen that key issues relevant to that time period such as infection prevention control (IPC) procedures and safeguarding were discussed with staff members. This ensured that staff members were kept informed of pertinent risks and the provider's policies and procedures relating to these risks.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted a copy of their insurance certificate as part of the prescribed information required to support the re-registration of the centre. The inspector saw that the provider had effected a contract of insurance against injury to the residents.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management systems in place in the centre. The staff team, which comprised healthcare assistants and social care workers, reported to a person in charge. The person in charge was new to their role, having previously worked in the centre as a social care leader. They had a comprehensive understanding of the residents' and the service needs. They were suitably qualified and experienced and demonstrated a commitment to driving service improvement.

The staff team were in receipt of regular support and supervision. A staff member spoken with told the inspector that they felt well supported and that they could raise any concerns easily through the management systems. The staff member told the inspector that the management team were responsive to any queries or concerns raised by the staff team. The person in charge was in receipt of regular support and supervision from a residential co-ordinator. There were systems for the person in charge to escalate issues to the provider level.

The provider had implemented a series of local and provider level audits in order to identify any risks to the quality and safety of care. Local audits were completed in areas such as residents' private property and finances and medication management. Action plans were implemented to address any deficits identified through these audits.

Provider level audits included regular six monthly unannounced visits and an annual review of the quality and safety of care. The inspector reviewed the two most recent six monthly unannounced audits which were completed in May and November 2025. These were seen to be very comprehensive and identified deficits. Required actions were outlined and tracked on a quality improvement plan. The inspector saw that actions were implemented in a timely manner. For example, the audit in November 2025 had identified a possible restrictive practice which had not been logged as such. Actions had been implemented to mitigate for this by the time of inspection. This showed that the provider's audits were effective in driving service improvement.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had in place a statement of purpose which was readily available in the designated centre. It was reviewed by the inspector and was found to contain all of the information as required by the Regulations, including for example the facilities

and services provided in the designated centre. Some amendments were required to the staffing allocations to ensure the statement of purpose accurately reflected the staffing arrangements of the centre. The provider was required to amend the statement of purpose and resubmit it to the Chief Inspector for review subsequent to the inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

An accessible complaints procedure was on display in the designated centre. This provided information to the residents on how to make a complaint. One of the residents spoken with was familiar with the complaints procedure and other accessible information on display in their home.

The inspector reviewed the complaints and compliments log for the designated centre. It was seen that there had been six compliments in the past 12 months made to the designated centre in respect of the care and support provided to the residents. There had been one complaint made. The inspector saw that this had been responded to in a timely manner in line with the provider's complaints procedure, and that the complaint was later retracted and did not progress to a formal complaint.

Judgment: Compliant

Quality and safety

This section of the report describes the quality of the service and how safe it was for the residents who lived there. Overall, it was found that residents were in receipt of a very good quality service which was meeting their needs in a person-centred manner. Residents' rights were promoted and each resident had their own personal space which was respected. There were effective policies and procedures to respond to allegations of abuse and residents' safety and welfare was central to the provision of care in the centre.

Each resident living in this centre had their own apartment which was homely and accessible and promoted their privacy and dignity. Residents' possessions were respected and residents were also supported to receive visitors at home and to maintain important relationships with their friends and family. Living spaces were clean and well-maintained and the apartments were decorated in line with the residents' individual tastes.

Residents each had an up-to-date and comprehensive assessment of their health and social care needs available on file. These assessments were used to inform person-centred care plans in line with their assessed needs. Care plans were implemented in areas including communication, positive behaviour support and intimate care. These plans were informed by relevant multidisciplinary professionals and clearly reflected residents' preferences in respect of their care.

Residents' health and development was promoted. In one instance, a rights restriction had been implemented in order to support a resident to live more healthily. The resident had been informed of this practice and told the inspector that they consented to it and were satisfied with how it was implemented and managed. A staff member spoken with was knowledgeable regarding their responsibility in promoting residents' health while also ensuring their choices and rights were upheld.

There had been two safeguarding incidents in the designated centre reported in the months prior to the inspection. The inspection found that the provider had ensured that their policies and procedures were followed and that concerns of abuse were reported to the relevant authorities. Safeguarding plans were implemented to ensure residents were protected from further abuse and residents were also assisted to develop skills for self-protection, as appropriate to their needs and identified vulnerabilities. When concerns arose, the person in charge had implemented reasonable and proportionate measures to protect the residents pending the outcome of investigations into the matter.

Regulation 10: Communication

One of the residents in the centre presented with assessed needs in communication. A comprehensive communication care plan was available on their file and both residents had a communication passport which detailed the best ways to support their communication.

Both of the residents had been referred for speech and language therapy review. One of the residents used Lámh (a manual sign system) to support their communication and the inspector saw staff members using Lámh with the resident when planning their day. The person in charge told the inspector that the staff team had availed of training in Lámh. There was a plan for the team to receive further training in other aspects of communication supports such as writing social stories.

Visual supports were available throughout the designated centre to assist residents with understanding and planning their daily activities. For example, visual staff rosters, timetables and accessible information on complaints, advocacy and safeguarding were readily available. One of the residents spoken with was familiar with this information and used it to describe to the inspector the staff members who worked with them and what their plan for the weekend was.

Judgment: Compliant

Regulation 11: Visits

There was space in each of the apartments for residents to receive visitors. A family member spoken with told the inspector that they were supported to visit their loved one regularly. One of the residents told the inspector of how they were supported to visit their family members and maintain their relationships with them.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a walk around of both of the apartments that comprised the designated centre. Each apartment was found to be warm, homely and comfortable. They were clean and well-maintained. Residents had their own bedrooms which were decorated in line with their tastes. One of the residents showed the inspector their bedroom and their collections of important possessions. This resident also showed the inspector the photographs of them engaging in their preferred activities which were displayed throughout the apartment.

Each apartment comprised a resident's bedroom, a kitchen/living room, a bathroom and a staff office. There was sufficient storage space for residents' possessions and there were facilities for residents to prepare and cook food and to launder their clothes. Both apartments also had a small private outdoor space which offered space for leisure and relaxation. Staff members told the inspector that one resident, in particular, enjoyed spending time outside chatting to their neighbours.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available in the designated centre. This was written in an accessible manner and contained all of the information as required by the regulations including, for example, the procedure to make complaints.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had effected a risk management policy which had been recently reviewed and updated. There were appropriate risk management procedures in place in the centre including an up-to-date site specific emergency plan and a comprehensive risk register for the centre. Specific protocols had been implemented to control for risks in the designated centre; for example, there was a lone working protocol.

The inspector reviewed individual risk assessments on one of the resident's files. These risk assessments were seen to accurately describe the risk and there were proportionate and person-centred control measures implemented in order to control for risks.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed both of the residents' individual assessments and personal plans. Each resident was seen to have a comprehensive assessment of their health and social care needs available on file. This assessment was informed by the resident, their representatives and relevant multidisciplinary professionals and was updated on a regular basis to reflect any changes to the residents' assessed needs.

The assessment was used to inform comprehensive and person-centred care plans. Care plans were written in a manner which detailed residents' preferences in respect of their care and set out how residents' rights to dignity and autonomy were to be upheld in the provision of care and support; for example, residents' intimate care plans detailed supports residents required and how their autonomy should be promoted. Both residents had declined some healthcare assessments and interventions. Their right to decline these interventions was upheld and record of this was maintained.

Judgment: Compliant

Regulation 7: Positive behavioural support

All staff in this centre were up to date in training in positive behaviour support and Crisis Prevention Intervention. Residents' files contained up-to-date behaviour support plans which detailed proactive and reactive strategies to assist residents

with managing behaviour. A staff member spoken with was familiar with these plans.

There was generally a low number of restrictive practices in place in the centre. A restrictive practices log was maintained which monitored the frequency with which these practices were implemented. Restrictive practices were reviewed regularly by the provider's rights committee. Residents were consulted with regarding restrictive practices and how they impacted on them. One resident spoken with was aware of a rights restriction and told the inspector that they were satisfied with how this was managed. The practices implemented by the provider ensured that residents were living in as restraint free an environment as possible.

Judgment: Compliant

Regulation 8: Protection

All staff working in the centre were up to date with training in Safeguarding Vulnerable Adults and Children First. The inspector reviewed the safeguarding records for two recent safeguarding incidents in the centre. The inspector saw that these incidents were reported to the relevant statutory authorities in a timely manner and that comprehensive safeguarding plans were implemented. The provider had investigated allegations of abuse and had taken appropriate steps to safeguard the residents and to protect them from abuse.

Staff members were informed of their safeguarding roles and responsibilities on induction to the centre and safeguarding was regularly discussed at team meetings. Education and advice was also given to residents through keyworking sessions on how to protect themselves from abuse.

Residents' intimate care plans clearly detailed their preferences and wishes in respect of care and support. These plans also provided information on how residents' autonomy and dignity was to be upheld in the provision of intimate care support.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Liscarne OSV-0008469

Inspection ID: MON-0040263

Date of inspection: 18/12/2025

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none">• All vacancies in the designated centre are advertised and will be recruited in line with HR policy. Time Frame: April 30.04.2026.• Where agency and relief staff are required to cover shifts, we will endeavor to have consistent staff. All staff will have the required training and relevant induction for the location. Agency and Relief use will be tracked monthly and monitored by the PIC. Time Trame: Completed.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: <p>The Statement of Purpose was updated in line with requirements on the day of the inspection and resubmitted it to the Chief Inspector for review. Time Frame: Completed (18.12.2025) </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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/04/2026
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	18/12/2025