Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Aisling House
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	22 April 2026
Centre ID:	OSV-0008618
Fieldwork ID:	MON-0041723

About the designated centre

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

Aisling House is a designated centre operated by St John of God Community Services CLG. It consists of a terraced bungalow dwelling in a large Co Louth town. It can meet the needs of three residents, and residents will receive support and care on a twenty-four-hour basis. The property offers two sitting rooms, a dining room, a kitchen, an accessible bathroom, and three bedrooms, one of which is an ensuite utility/laundry room. To the rear is an enclosed garden with a large wooden gazebo structure, which can be availed of throughout all weathers/seasons. Aisling House has a very central location and is within walking distance of the main shopping centre, and all other amenities are nearby. Retail outlets, restaurants, cinemas, hotels, clubs and leisure pursuits are available if residents wish to engage.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 22 April 2026	09:00hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed and the individuals spoken with said, there was evidence that the three residents living in this centre received quality care, in which their independence was promoted. Appropriate governance and management systems were in place which ensured appropriate monitoring of the services provided. The high levels of compliance found indicated a quality and safe service. An area for improvement was identified in relation to the flooring in the dining room area which was worn and broken in one area. Also, a small number of the policies and procedures had not been reviewed in line with the frequency required in the Regulations.

This centre comprises of a three-bedroom bungalow. It is located in a quiet residential area, in Dundalk, Co. Louth. The centre has three resident bedrooms, one of which is ensuite, a main accessible bathroom with shower, a kitchen, dining room and two separate sitting rooms. It is located close to a range of local amenities and local transport links, including shopping centres, cinema and pubs. There was a good sized enclosed paved garden to the rear of the centre. This included a covered patio area, two sets of tables and chairs for out door dining, wall decorations, planted flower beds and garden ornaments. There was a door leading from the garden area to a lane-way at the back of the centre which could be used as an evacuation route.

The centre is registered for three adult residents and there were no vacancies at the time of inspection. The centre was first registered in October 2023 and two of the residents transitioned soon after to live in the centre. These two residents had lived in another designated centre nearby prior to moving to this house. The layout of previous house were not in keeping with the residents' expressed preferences so a move to this house had been facilitated by the provider. A third resident was admitted subsequently from their family home following a slow transition which was in keeping with the resident's preferences and assessed needs. The three residents were of a similar age and considered to get along well together. The residents, each had their own busy schedules but also enjoyed partaking in a some activities together.

The centre was observed to be homely and well maintained. However, worn and damaged flooring was observed in the dining room. This had been identified through the provider's own audit processes but a defined time-line to replace the flooring had not yet been agreed. The inspector met with each of the three residents living in the centre on the day of inspection. One of the residents spent the morning in the community at an aqua aerobics class returning for lunch before going out on a shopping trip. The other two residents attended their day service programmes in the morning and were met with on their return in the evening. Staff were observed to

treat residents with kindness and respect. This included observations of a staff member knocking and seeking permission before entering a resident's bedroom.

There was an atmosphere of friendliness in the centre. Each of the residents appeared in good form and were observed laughing and chatting with staff and each other about the events of the day. The centre was located in an established residential area. Staff reported that the residents engaged well in their local community.

It was found that the residents, and their representatives, were consulted and communicated with about decisions regarding the running of the centre. The inspector did not have an opportunity to meet with the relatives of any of the residents. However, staff met with, and the person in charge told the inspector that the residents' families were happy with the care and support being provided for their loved ones. The residents were supported to maintain relations with their respective families with visits in the centre and to their respective family homes. The provider had completed a survey with the residents and their relatives as part of their annual review of the quality and safety of care. This indicated that families were happy with the care and support being provided for their loved ones. Each of the residents, with staff support had completed an office of the chief inspector questionnaire which referred that each of the residents were very happy living in the centre and that they felt their rights were being upheld.

There had been one recorded complaint in the centre in the preceding six-month period. This had been appropriately responded to in line with the provider's policies and procedures. Information on resident rights, complaints processes, decision-making capacity and the national advocacy service were available in the centre.

A number of the residents enjoyed a consistent routine and engaged in numerous meaningful activities in their local communities. Two of the residents were engaged in a formal day service programme while the third resident enjoyed an individualised service from the centre which had been assessed to best meet the resident's needs and expressed preferences. In the preceding period, a number of the residents had attended courses on make up, baking and flower arranging. Activities that one or more of the residents engaged in included, attending shows, listening to country music, sound bath therapy, visits to family, shopping trips, beauty treatments in the centre and in local beauticians, walks in local area and parks, cooking and baking, arts and crafts, coffee and meals out, gong therapy, social clubs, cinema trips, aqua aerobic classes and swimming.

One of the residents enjoyed arts and crafts and had a number of glasses on display in the sitting room which they had personally decorated. A number of the residents attended a social club on a weekly basis. Another resident had a keen interest in fashion and had a collection of fashionable cloths and costume jewellery. Staff reported the resident liked to 'always look their best'. A resident proudly showed the inspector some pictures of them at a day spa in a well known thermal spa resort the previous year which they had really enjoyed. Another resident told the inspector about their holiday abroad with staff support, the previous year and their foreign

holiday plans for the current year. One of the residents regularly attended a traditional music session in a local pub which they really enjoyed.

The centre had its own dedicated vehicle for the use of staff supporting the residents to attend various activities and outings within the community. A number of the residents accessed local transport links and enjoyed walking to local shops.

In summary, this was a well run service which provided quality care for the three residents living in the centre. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to the residents' needs. The provider had ensured that the centre was resourced with sufficient facilities and available supports to meet the needs of the residents. The full complement of staff were in place at the time of inspection, albeit one staff member was on extended sick leave. Their position was being cover by regular relief staff.

The centre was managed by a suitably qualified and experienced person in charge. The person in charge had been in the position since the centre was first registered in October 2023 and had more than 27 years management experience. They were in a full time position but were also responsible for three other centre located within the same geographical area. The person in charge was supported by a clinical nurse manager grade 1(CNM1) who was also responsible for this centre and the other three designated centres. The person in charge had a background as a registered nurse in intellectual disabilities and held a management qualification. The person in charge reported that they felt supported in their role and had regular formal and informal contact with their manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge and CNM1/ house manager had protected management hours for their role. The person in charge reported to the director of nursing, care and support who in turn reported to the regional director. The inspector reviewed meeting records which showed that the person in charge and director of nursing care and support held formal meetings on a regular basis.

Registration Regulation 5: Application for registration or renewal of registration

The purpose of the inspection was to assess the provider's application to renew the registration of the designated centre. The inspector reviewed the documentation submitted as part of the renewal application, including the statement of purpose and supporting information required under Schedule 1 of the Regulations. The inspector found that the provider had submitted a complete and accurate application for renewal of registration.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. The inspector reviewed the Schedule 2 information, as required by the Regulations, which the provider had submitted for the person in charge. These documents demonstrated that the person in charge had the required experience and qualifications for their role. The person in charge was in a full time position and was responsible for three other centre located within the same geographical area. In interview with the inspector, the person in charge demonstrated a good knowledge of the three residents' care and support needs and oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills and experience to meet the assessed needs of the residents. The full complement of staff were in place. It was noted that one staff member was on extended leave and that this post was being covered by regular relief staff. The staff team comprised of two registered staff nurses, a social care worker and number of care assistants. A significant number of the staff team had been working with two of the three residents for an extended period. These staff had transitioned with the residents from their previous home.

The inspector reviewed the actual and planned duty rosters which demonstrated that there were an adequate number of staff with the required skills to meet residents' assessed needs. The inspector noted that the individual residents' needs and preferences were well known to the person in charge and the staff met with on the day of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. Training records reviewed by the inspector showed that staff had attended all mandatory and refresher training. There was a staff training and development policy. A training programme was in place and coordinated centrally. A training needs analysis had been completed. There were no volunteers working in the centre at the time of inspection. Staff supervision arrangements were in place. It was noted from a sample of records reviewed that supervision was focused on performance management and ensuring that the best possible service was provided to the residents.

Team meetings were undertaken on a regular basis. The inspector reviewed the minutes of staff meetings. These were chaired by the person in charge and noted to provide an opportunity for staff to discuss residents' needs and any emerging issues. The meetings were considered to be supportive of staff member roles and promoted consistency in the operation of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The inspector reviewed a defined management structure document, with clear lines of authority and accountability. Staff spoken with were clear on the management structures and supports in place. The provider had completed an annual review of the quality and safety of the service and unannounced visits on a six-monthly basis as required by the Regulations. A number of audits and checks were completed in the centre in line with an audit schedule in place. These included health and safety, finance, infection prevention and control audits, medicines management, finance audit and fire safety checks. There was evidence that actions were taken to address issues identified in these audits and checks. Management were actively involved in overseeing the service and were visible within the centre, ensuring they were known to residents. Feedback mechanisms were in place. This allowed residents, staff, and family members to share their views, which informed ongoing improvements in the service. It was noted that the director of nursing visited the centre on the day of inspection to meet with the inspector but was warmly greeted by two of the residents who knew them well.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which had been reviewed in April 2026. It was found to contain all of the information set out in Schedule 1 of the Regulations and to be reflective of the service provided. A copy of the statement of purpose was available to residents and their representatives.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had a suite of policies and procedures in place pertaining to the matters set out in schedule 5 of the Regulations. These were readily available for use by staff in the centre. However, a small number of the policies had not been reviewed in line with the frequency required in the Regulations. These included the visitors policy dated February 2023, the provision of information to residents policy, dated November 2022, the medication management policy, dated September 2022 and the handling and investigation of complaints policy, dated November 2022.

Judgment: Substantially compliant

Quality and safety

The residents appeared to receive care and support which was of a good quality, person centred and promoted their rights. Some areas for improvement were identified in relation to the maintenance of the floor in the dining room.

The residents' well being, protection and welfare was maintained by a good standard of evidence-based care and support. A personal support plan document reflected the assessed health, personal and social care needs of each resident and outlined the support required to maximise their personal development in accordance with their individual needs and choices. An annual review of the personal plan in line with the requirements of the regulations had not been undertaken for each of the residents in the preceding 12 month period. There were no restrictive practices in use in the centre.

The residents had contrasting communication styles, with one resident using verbal communication to express their views and the other two residents using some words, gestures, objects of reference and visual aids and communication tiles to

communicate their views. Communication passports had been developed for each of the residents. These outlined their' communication strengths, how they expressed their emotions, preferences and areas where they required support.

The health and safety of residents, visitors and staff were promoted and protected. The provider was found to have good systems in place to ensure that health and safety risks, including fire precautions were mitigated against in the centre. Adverse events were reported and actions were put in place where required, which were then shared with the staff team to ensure that they were implemented. A cleaning schedule was in place which was overseen by the person in charge. Sufficient facilities for hand hygiene were observed. There were adequate arrangements in place for the disposal of waste. Specific training in relation to infection control arrangements had been provided for staff.

Regulation 17: Premises

The centre has three resident bedrooms, one of which is ensuite, a main accessible bathroom with shower, a kitchen, dining room and two separate sitting rooms. It is located close to a range of local amenities and local transport links, including shopping centres, cinema and pubs.

There was a good sized enclosed paved garden to the rear of the centre. This included a covered patio area, two sets of tables and chairs for out door dining, wall decorations, planted flower beds and garden ornaments. The residents had personalised their own bedrooms according to their individual taste and preference.

Each of the residents had a television in their own bedroom in addition to there being ones in each of the sitting rooms. Pictures of loved ones and other memorabilia were on display in each of the residents bedroom and some communal areas. It was evident that each of the residents were proud of their home.

The inspector observed that all of the matters set out in schedule 6 of the Regulations had been put in place.

However, some worn paint was observed on the walls in the staff office and the flooring in the dining room was worn and broken in areas.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. The inspector reviewed environmental and individual risk assessments and safety assessments, which had recently been reviewed. These indicated that

where risk was identified, the provider had put appropriate measures in place to mitigate against the risks, including staff training. The inspector reviewed a schedule of checklists relating to health and safety, fire safety and risk, which were completed at regular intervals. There was a risk management policy in place, dated November 2025 which met the requirements of the Regulations.

There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidences. The inspector reviewed records of incidents. Overall, there was a low number of incidents and evidence that all incidents were reviewed by the person in charge, and where required, learning was shared with the staff team and risk assessments were updated to mitigate their re-occurrence.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire. A personal emergency evacuation plan was in place for each resident and accounted for the mobility and cognitive understanding of the respective resident. Risk assessments for fire had been completed and were subject to regular review. The inspector observed that there were adequate means of escape. A fire assembly point was identified in an area to the front of the house. Records reviewed by the inspector showed that fire drills involving the residents had been undertaken on a regular basis. It was noted that residents evacuated in a timely manner for all day time drills. However, it was identified that one of the residents was reluctant to engage in night time simulated drills but the risk associated with this had been assessed and suitable controls had been put in place to minimise the risk.

The inspector reviewed documentary evidence that the fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. Records reviewed by the inspector showed that all fire fighting arrangements were checked regularly as part of internal checks in the centre. The inspector tested the release mechanism on a sample of doors and found that they were successfully released and observed to close fully. There was a fire safety policy in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal support plan for each of the residents. The inspector found that the plans reflected the assessed needs of the residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices.

An annual review of each resident's personal plan had been completed in the preceding 12 month period, in line with the requirements of the regulations. Specific, measurable, achievable, realistic and timely goals had been identified for each of the residents. There was evidence that progress in achieving identified goals was being monitored and recorded.

Judgment: Compliant

Regulation 6: Health care

The inspector found that the residents' healthcare needs appeared to be met by the care provided in the centre. The residents had their own General Practitioner (GP) who they visited as required. A healthy diet and lifestyle was being promoted for each resident with weekly menu planning. An emergency transfer sheet was available with pertinent information for each resident should they require emergency transfer to hospital. The staff team comprised of two registered staff nurses and the person in charge and house manager were also nurses. The provider had an advanced nurse practitioner in health and chronic diseases who staff could access for support.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect the residents from being harmed or suffering from abuse. There had been no safeguarding concerns reported in the centre in the preceding 4 month period. There were interim safeguarding plans in place relating to a safeguarding incident prior to this period. A small number of the residents presented with some behaviours which on occasions could be difficult for staff to manage in a group living environment. It was considered by the inspector that these behaviours were suitably managed. The provider had two clinical nurse specialist in behaviour support who staff could access when required. Suitable safeguarding procedures and reporting arrangements were in place. The provider had a safeguarding policy in place, dated July 2023. The person in charge and staff members met with on the day of inspection had a good knowledge of safeguarding procedures.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were promoted by the care and support provided in the centre. The residents had access to the national advocacy service if they so chose. The inspector observed that information on residents' rights, complaints process, decision making capacity and the national advocacy service was available in the centre. There was evidence in daily notes reviewed by the inspector of active consultations with residents and their families regarding the resident's care and the running of the centre. Individual resident's will and preferences were recordr in personal plans reviewed.

Records reviewed by the inspector showed that all staff had completed training in a human-rights based approach to health and social care. One of the residents spoke with the inspector about their rights and how they were upheld in the centre. This resident told the inspector that they felt their rights were about 'standing up for yourself'.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aisling House OSV-0008618

Inspection ID: MON-0041723

Date of inspection: 22/04/2026

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: • The four policies that have been identified as being out of date have all been reviewed and updated. They are with the St John of God Board for approval. They will all be ratified and circulated by end of August 2026.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Painting required in the DC has been scheduled. • Business case to replace the flooring in the dining area will be submitted to the HSE for funding.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/08/2026
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/11/2026