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:	The Cloisters
Name of provider:	Redwood Neurobehavioural Services Unlimited Company
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	07 April 2026
Centre ID:	OSV-0009059
Fieldwork ID:	MON-0048254

About the designated centre

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

The Cloisters provides a residential service for five adults both male and female over the age of 18 years who may be diagnosed with an Intellectual Disability, Acquired Brain Injuries, Physical and or Sensory Disabilities. The centre is located in Co. Louth. The centre comprises of four individual bedrooms in the main house and a one-bedroom apartment. On the ground floor there is a dining room, sitting room, living room, office, kitchen, bathroom, single bedroom and a one-bed self-contained apartment which consists of a kitchen/Dining/Living room with a bedroom with wet room. The centre is managed by a person in charge who is supported in their role by a team lead, the staff team is made up of direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Tuesday 7 April 2026	09:30hrs to 17:30hrs	Brendan Kelly	Lead

What residents told us and what inspectors observed

This announced inspection was completed to monitor the registered providers ongoing compliance with The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. This was the providers first inspection in this centre following the successful registration application for a designated centre. Overall, the inspection showed full compliance with the regulations. The inspection showed that the provider had ensured the centre was resident led and meeting the assessed needs of the residents.

The Cloisters is a large detached property located on the outskirts of a town in Co. Louth.The centre is currently registered for up to five adults with one of the adults living in an adjoining annex. On the day of this inspection there were no resident vacancies.

The centre consisted of a main house that has four bedrooms, two of which were en-suite and one of the bedrooms were on the ground floor. The ground floor also consisted of two sitting rooms, a dining room, kitchen, staff office and, store room. The first floor in the main house consisted of three bedrooms, two of which were en-suite and two separate bathrooms. The centre had an adjoining annex for one resident that contained an en-suite bedroom and kitchen/dining area.

On the day of this inspection the inspector had the opportunity to meet with and speak to three of the residents living in the centre, a family member of one resident, one of the front line staff on duty, the person in charge, team leader and the person participating in management.

On arriving at the centre the inspector met with the team leader and person in charge. The team leader accompanied the inspector on a walk-around of the centre. The inspector observed that the centre was spacious, homely, well- maintained and that each bedroom was decorated individually to residents wishes. For example, one resident had specific sensory needs, the inspector observed the resident's bedroom had ample sensory equipment including lights and sound which the resident was using when they met the inspector.The inspector also spent some time in the adjoining annex and observed that it was well-maintained, clean and laid out to meet the assessed needs of the resident.

The inspector met with one of the residents shortly after completing the walk-around of the centre. The resident spent a short time with the inspector, holding their hand out to indicate they were happy to meet with the inspector. The resident appeared very healthy and comfortable in their home. The resident engaged positively with the staff team and the inspector observed over the course of the inspection the resident moving freely throughout their home as they wished.

Later in the afternoon the inspector met with a second resident on their return home from an outing with staff. The resident had been for a long walk with staff. The inspector observed that this was one of the residents' favourite activities that they engaged with on a frequent basis. The inspector observed that the resident appeared fit and healthy. They smiled as they shook hands with the inspector before going to the fridge and taking an apple and moving off to their bedroom. Throughout the remainder of the inspection, the inspector observed the resident moving about their home, picking at food as they wished and listening to music on their mobile phone.

The inspector met with a third resident when they came back from an overnight stay with family. The resident had only moved to the centre in recent weeks. The inspector observed that the resident appeared to be at ease in the company of staff and their house mates despite being in the centre for a short time. The inspector observed that the resident said "bye" to their family member as they were leaving showing no signs of distress or discomfort when their loved one left. The resident spent some time with the inspector observing what was happening and appeared to be very happy.

The inspector also had the opportunity to meet with two of the residents' family members who brought the resident back to the centre following an overnight stay. The residents' family members told the inspector they were "very happy" and had "no bad words to say". The family members both told the inspector that the resident had settled very quickly and that feedback from the residents' school had also noted how they appeared to very settled. The residents' family members told the inspector that the communication from the centre was good and that this was an important point to note from the families perspective. The residents' family told the inspector that they found the resident to have gelled well with their housemates.

The family told the inspector, in their opinion, the provider was meeting their loved one's assessed needs. An example was given to the inspector of a recent minor medical ailment the resident had which the provider communicated to the family and then promptly supported the resident to received the necessary medical treatment to resolve the issue. A further example discussed with the inspector was that the resident had the remainder of the school calendar year to complete, the family had been concerned about this because of the distance from the centre to school, however, the provider had put effective systems in place to ensure the resident was dropped and collected to and from school to ensure they could continue their education.

The person charge told the inspector that one of the residents attended day service, one resident was finishing off the school calendar year and the remaining residents were supported with meaningful days from within the centre. The inspector observed the provider had resourced the centre adequately to ensure meaningful days were in place for residents. The inspector observed residents to be engaged in their local communities including paralympic events and attending religious services. Each resident was observed to maintaining strong family contacts with residents spending time including overnights in their family homes.

Staff who met with the inspector were knowledgeable in terms of the residents assessed needs and key plans. Staff spoke of the positive atmosphere in the centre and this positive atmosphere was observed by the inspector through the day of inspection.

The next two sections of the report will outline in greater detail the governance and management arrangements of the centre and how these systems impact on the quality and safety of the care provided to residents.

Capacity and capability

This inspection showed the provider had the required systems in place to ensure they had both the capacity and capability to oversee the day-to-day operations of the centre.

The provider had a clear management structure with clearly defined reporting systems. The centre had full time, suitably qualified and experienced person in charge who supported a full staff team with no vacancies. The centre did not use any agency staff and had robust contingency plans in place for familiar leave cover.

The provider had strong systems in place for auditing and monitoring that was aimed at service delivery improvement.

The staff team had also been provided with adequate training to allow them to support the assessed needs of the residents.

Regulation 14: Persons in charge

The person in charge had been in post for just a number of weeks on the day of this inspection. They were employed by the provider on a full-time basis. The person in charge had responsibilities for this designated centre and one other. The person in charge had adequate systems in place, for example, the use of team leads on the roster, to ensure they could manage their remit.

The inspector reviewed the prescribed information submitted to the Chief Inspector from the provider regarding the person in charge. The inspector observed they were suitably qualified up to masters level and the required qualification in management. The person in charge had the required experience to hold the role of person in charge.

The inspector found the person in charge to be knowledgeable in terms of the assessed needs in the centre despite the short time they had been in the centre.

Both staff and family members who met with the inspector spoke positively regarding the person in charge's communications.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured both planned and actual rosters were in place in the centre. The rosters were maintained by the person in charge as part of their oversight responsibilities. On the day of this inspection the inspector reviewed the rosters in the centre for February and March 2026 and observed that the provider had sufficient staffing in place to meet the assessed needs of the residents.

The rosters reviewed by the inspector showed the following:

- a full staff team with no staffing vacancies
- hours worked by the local management team including person in charge and team leads
- shift patterns of day duties from 08:00-20:00 and waking night duties from 20:00-08:00
- 6 staff working in the day time and 3 waking staff at night time

The providers contingency plan for planned and unplanned leave consisted of relief cover and members of the permanent team working additional hours. Centre management told the inspector that the centre was located in very close proximity to other centres operated by the provider and that sourcing cover for leave was not currently a concern. This was observed by the inspector with no outstanding shifts noted on the rosters reviewed.

The inspector also observed that the provider did not use agency staff in the centre.

The inspector observed through the day of inspection that the staff team interacted in a person centred, warm and kind manner with the residents. The staff who the inspector spoke with displayed a strong knowledge of the centre and the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had an online training system that evidenced the mandatory and refresher training completed by the staff team. The person in charge reviewed the training requirements of the staff team on a regular basis as part of their oversight and monitoring systems. The person in charge scheduled and reminded staff of training dates as they arose.

On the day of this inspection the inspector reviewed the providers online training log and reviewed the certificates for four staff to evidence the completion of required training.

The provider required that the staff team completed training in areas such as:

- children's first
- hand hygiene
- basic infection prevention and control
- understanding autism
- positive behaviour support
- responding to behaviours of concern
- human rights
- feeding, eating, drinking and swallowing (FEDS)
- introduction to communication
- fires safety
- safeguarding

The inspector reviewed the certificates of four staff to evidence the completion of training in the following areas:

- understanding autism
- human rights
- FEDS
- communication
- fire safety

The person in charge maintained a supervision schedule in the centre that ensured the staff team were receiving appropriate supervision in line with the providers policy. The person in charge told the inspector that as the centre was new all staff were subject to an initial probationary period which upon successful completion would then move to regular supervision.

The inspector reviewed the probation reviews of three staff on the day of this inspection. The inspector observed that each meeting identified goals for the staff along with an agreed action plan and time line for completing actions. The inspector observed that reviews also discussed examples that showed how the staff are meeting the agreed goals.

Staff who spoke with the inspector confirmed that the sessions are conducted as outlined in the schedule and spoke positively regarding the process.

Judgment: Compliant

Regulation 23: Governance and management

The centre had gone through a number of person in charge changes in recent months. However, despite these changes the provider ensured that effective governance and management systems remained in place. The provider had put in place clear lines of responsibility and had put in place an accountable management team who each had a clearly defined role. The inspector observed that the centre had team leads who reported to the person in charge, the person in charge reported to the assistant director of services who was also the person participating in management.

The provider had effective systems in place to audit and monitor the service. These systems included a six monthly audit, governance meetings, local team meetings and, local audits. The provider also has a system in place for an annual review of the service, however, as the centre had been in operation for less than 12 months this had not been required. The inspector reviewed the six monthly audit which was completed in April 2026 and a sample of governance and team meetings from between February and April 2026.

The inspector observed that the audits and meetings were used to develop action plans aimed at improving service delivery. Actions identified included:

- occupational therapy recommendations such as hand rails to be installed
- staff training in a new residents behaviour support plan
- easy read versions of key documents to be updated with new management details
- lámh training (to be booked)
- systems for residents finances to be reviewed
- maintenance issues identified
- post admission reviews for residents were occurring

The inspector observed that the actions identified were either complete or a plan was in place for the completion of agreed actions. For example, the inspector observed the hand rail had been installed at the front door. The provider's behaviour support specialist had attended the centre and had provided updated guidance not only for the resident most recently admitted but all residents. The provider had identified lámh training to support residents in the centre and this training had been scheduled for completion in April 2026.

Team meetings were occurring in the centre on a monthly basis and chaired by the person in charge. The inspector reviewed the minutes of team meetings from February and March 2026. The agenda items included resident updates, assessment of need updates, goals, key working, incident reviews, infection prevention and control, fire safety, health and safety and, complaints.

The meetings included an action that assigned actions to team members and an agreed time line for completion. The inspector also observed that team meetings were signed and agreed by staff.

Judgment: Compliant

Quality and safety

Residents living in the centre were being supported in a manner that provided them with a quality and safe service.

Resident's were supported in line with their comprehensive suite of assessments and care plans that guided the staff team. The provider had robust systems in place to identify, assess and mitigate risk in the centre. Risk was also a standing item on the agenda of all meetings in the centre.

Where residents required supports in managing behaviours this was supported in a person centred, non-judgemental manner that guided staff in the promotion positive behaviour support.

The provider had also ensured that effective fire safety systems were in place throughout the centre.

Regulation 26: Risk management procedures

The provider had robust systems in place to identify, assess, mitigate and review risk in the centre. The provider had a comprehensive risk management policy in place. The provider also had risk registers in place for centre specific risk and for each resident living in the centre. The risk registers were reviewed and maintained by centre management. On the day of this inspection the inspector reviewed the centre risk registers, a sample of the risk assessments in place and, spoke to staff regarding key risks in the centre.

The inspector reviewed the risk register and assessments in place for two residents in the centre. The inspector noted risk assessments were in place in areas such as:

- restrictions
- missing person
- self injurious behaviour
- safety awareness
- property damage
- aggression

- company transport
- falls
- home visits

Risk assessments were observed by the inspector to have been reviewed between November 2025 and April 2026 which is in line with the providers risk management policy. The inspector reviewed risk assessments in place for aggression, company transport and restrictions in greater detail.

The inspector observed that risks were scored proportionately using an evidence based approach. For example, the assessment regarding company transport used evidence from incidents that had occurred while a resident was in the company transport. The control measures included an updated occupational therapy report which the inspector observed had occurred. Other control measures included staff training in managing behaviours of concern, which, as discussed in Regulation 16: Training and Development of this report had also been completed.

The risk assessment in place for one resident in regard to aggression included control measures such as 2:1 staffing, behaviour support guidance, a structured routine, communication supports and a daily plan. The inspector observed in reviewing rosters that staffing levels were appropriate for the resident, a visual daily plan was in place for the resident and clear communication supports were in place.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had adequate fire systems in place that included fire detection and alarm systems, fire doors, fire fighting equipment, emergency lighting and fire signage including the fire assembly point.

On the day of this inspection the inspector reviewed the providers fire folder, servicing dates for fire fighting and detection equipment, record of fire drills, fire safety checks completed by staff and fire training for the staff team. Following a review of the documentation the inspector observed the following:

- all fire doors had automatic door closers and all were tested by the inspector and found to be in working order
- fire fighting equipment such as extinguishers and fire blankets had been serviced in June 2025
- the fire drill schedule for 2026 was in the fire folder
- drills had been occurring in the centre on a regular basis to ensure residents were familiar with evacuation procedure including drills with the least amount of staff and most amount of residents
- quarterly checks of the alarm system and emergency lighting were completed in September 2025, December 2025 and March 2026

- each resident had their own personal emergency evacuation plan

In reviewing fire drill records the inspector observed that following one drill it was recommended that the drill was repeated for one resident. The inspector observed that a repeat drill was carried out for the resident in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Resident's in the centre each a comprehensive set of individualised assessments and plans that guided staff practice in meeting the assessed needs of the residents.

On the day of this inspection the inspector reviewed individualised plans in place for two residents living in the centre. The inspector observed plans in place in the following areas:

- intimate care
- feeding, eating, drinking and swallowing
- medication management
- making choice
- skin integrity
- diagnosed medical conditions

The inspector reviewed resident's intimate care plans in greater detail and observed clear guidance for staff that outlined resident's choices in dental care, shaving, showering, nail care, toileting and dressing. The inspector observed from the plans that the guidance was individualised, for example, for one resident it was clear that the aim of the plan was to promote and maintain the residents' independence in regard to personal care. Another resident required more specific supports.

The inspector observed regular input to care plans from members of the providers multi disciplinary team including speech and language therapy, occupational therapy and, behaviour support. Recommendations from members of the team were actioned as appropriate, for example, speech and language recommendation was for lamh training for the staff team. The inspector observed that this was scheduled for April 2026.

Where required resident's had access to health and social care professionals such as doctors, dentist, opticians and, dietitian. The inspector observed residents attending such appointments when needed.

Judgment: Compliant

Regulation 7: Positive behavioural support

Each resident in the centre had access to the providers behavioural support team with a specific behaviour support plan developed to guide staff in maintaining positive behaviour supports.

The inspector observed that supports were developed on an individual basis. For example, not all resident's in the centre required a formal behaviour support plan. Three residents had formal behaviour support plans with the remaining two residents utilising behaviour support guidance, including one interim plan as the resident was new to the centre. If residents behaviour needs changed over time they were subject to review and the possible introduction of a more formal behaviour support plan.

On the day of this inspection the inspector reviewed behaviour support guidance for all resident's in the centre. The inspector observed the following for each of the plans:

- plans gave a detailed background of residents
- sources of information for plans
- types of behaviour of concern observed
- specific individual triggers
- frequency of behaviours in visual graph form
- proactive and reactive strategies
- skills teaching

Plans gave staff clear guidance on how to identify residents escalation processes, what the associated behaviors at each stage may look like and what the strategies at each stage are for the staff team. The inspector observed that a clear distinction was made between a proactive and a reactive strategy. It was evident that the plans aimed at reducing the impact of resident's escalation using non-evasive techniques such as low arousal environments and giving resident's time and space.

The inspector observed a clear focus on strategies for staff in in re-engaging with resident's in a positive manner post behavioural incidents. For example, plans outlined to staff what a resident's presentation could look like when they are ready to re-engage with staff. Guidance was given that when staff observe these signs they can allow space for sensory activities or engage with the resident in a preferred activity.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant