



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

Issued by the Chief Inspector

Name of designated centre:	Oldcourt DC
Name of provider:	St John of God Community Services CLG
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	24 February 2026
Centre ID:	OSV-0002878
Fieldwork ID:	MON-0040877

About the designated centre

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

Oldcourt DC is a designated centre operated by St. John of God Community Services CLG. Oldcourt DC consists of two community houses within a two mile radius of each other. One of the houses is a detached bungalow in a housing estate near a large town in Co. Wicklow. It is situated within walking distance of local shops, the community centre, library, chemist, doctors surgery and a church. The house has four single bedrooms, with a sitting room, kitchen, staff office, and bathrooms. The second house is a detached two story house located in a different housing estate and also within close proximity to many local amenities. It has a small open garden to the front with side access to a large walled garden to the back. The house has four bedrooms, sitting room, conservatory, staff office and bathrooms. Oldcourt provides residential care 24 hours a day, seven days a week. The staff complement includes a person in charge, a social care leader, social care workers and staff nurses. Staffing levels are based on the support needs of the residents at a particular time and can be adjusted accordingly.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Tuesday 24 February 2026	09:30hrs to 17:00hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of the designated centre. The inspection was carried out in response to the provider's application to renew the registration of the designated centre.

The inspector used observations and discussions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life. Overall, the inspector found high levels of compliance with the regulations and standards.

The designated centre was comprised of two houses located a short distance from each other in a large town in Co. Wicklow. Both houses were located close to many services and amenities, which were within walking distance and had good access to public transport links. The centre was registered for eight beds and was home to seven residents at the time of inspection, four in one house and three in the other.

The person in charge, supervisor and programme manager were present to facilitate the inspection.

Overall, the inspection found both houses in the centre to be clean, bright and homely. The provider had endeavoured to make the living arrangements for residents as homely and personalised as possible throughout.

There was adequate communal space. Doors were observed to remain open throughout the course of the inspection making all communal areas accessible to all residents. The kitchen/living area of both houses were busy and accessed regularly by all residents for meals and also just to spend time in. Improvements to the storage arrangements in both houses had been made since the last inspection and a planned upgrade of a bathroom in one of the houses was underway.

Each resident had their own bedroom which was decorated in line with their preferences and wishes, and inspectors observed the rooms to include family photographs, and memorabilia that was important to each resident.

Residents were observed receiving a good quality person-centred service that was meeting their needs. The inspector observed residents coming and going from their home during the day. The inspector saw that staff and residents' communications were familiar and kind. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner.

During the inspection, the inspector had the opportunity to meet with six residents across both houses. All residents were aware of the inspection visit and were supported to meet with and talk to the inspector. Two residents showed the inspector their bedrooms and appeared proud of them. Both said that they were

happy living in the centre. A third resident briefly spoke to the inspector, as they were returning from an outing, about their plans for the evening.

In advance of the inspection, four residents had also completed Health Information Quality Authority (HIQA) surveys, with support from staff. These surveys sought information and residents' feedback about what it was like to live in this designated centre. The feedback in the surveys was very positive, and indicated satisfaction with the service provided to them in the centre, including the premises, meals, and staff, and also noted that residents felt safe and were able to make choices and decisions in their lives. One resident commented that they like being able to access all areas of their home when they want. Another resident said, they loved their bedroom and enjoy relaxing in it while listening to music.

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

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. Overall, the inspector found that there were effective leadership systems in place which were ensuring that residents were in receipt of good quality and safe care.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents including annual reviews and six-monthly reports, plus a suite of audits had been carried out in the centre.

There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation. From a review of the rosters there were sufficient staff with the required skills and experience to meet the assessed needs of residents available.

The inspector spoke with three staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. The

person in charge provided support and formal supervision to staff working in the centre.

The provider had effected a contract of insurance against injury to residents and had submitted a copy of their insurance policy to support the application for renewal of the centre's certificate of registration.

Records set out in the schedules of the regulations were made available to the inspector on the day of inspection. When reviewed by the inspector these were found to be accurate and up to date including an accurate and current directory of residents, residents guide and complaints log.

Furthermore, an up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

Overall, the inspector found that systems and arrangements were in place to ensure that residents received care and support that was person-centred and of good quality.

Registration Regulation 5: Application for registration or renewal of registration

An application to renew the centre's certificate of registration was made within the time frame as prescribed by the Regulations and the appropriate fee was paid.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs.

The inspector reviewed actual and planned rosters at the centre for January and February 2026. The person in charge maintained a planned and actual staff rota which was clearly documented and contained all the required information.

Staffing levels were in line with the centre's statement of purpose and the needs of the residents. Residents were in receipt of support from a stable and consistent staff team.

The inspector observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs.

The registered provider had ensured that they had obtained, in respect of all staff, the information and documents specified on Schedule 2 of the Health Act 2007. A sample of which had been requested by the inspector who reviewed three staff records and found them to be accurate and in order.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

All staff were up to date in training in required areas such as safeguarding vulnerable adults, infection prevention and control (IPC), manual handling and fire safety.

Staff had also completed human rights training to further promote the delivery of a human rights-based service in the centre.

Furthermore, staff had completed additional training in behaviour support, safe administration of medication and communication support.

Supervision records reviewed by the inspector were in line with organisation policy and the inspector found that staff were receiving regular supervision as appropriate to their role.

Judgment: Compliant

Regulation 19: Directory of residents

A current and up-to-date directory of residents was available in the designated centre and included all the required information specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured the records of information and documents pertaining to staff members as specified in Schedule 2 was correct and in order.

Similarly, the sample of records viewed pertaining to Schedule 3 and 4 were correct and in order and were made available to the inspector upon request including the designated centre's statement of purpose, residents' guide, fire safety log (including a record of drills and the testing of equipment) and a record of all complaints made by residents or their representatives or staff concerning the operation of the centre.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted a copy of their insurance along with their application to renew the centre's certificate of registration. The inspector saw that the provider had in place a contract of insurance against injury to residents and damage to the premises of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents. The provider had appointed a person in charge who had oversight of three additional designated centres that were located in the same region. They reported to a programme manager who in turn reported to a director of care. Additionally, a supervisor was appointed at local level in the designated centre to support the person in charge in fulfilling their regulatory responsibilities. The supervisor was not included in the roster, instead they had their own separate hours to carry out defined responsibilities including rostering and supervision of staff. The supervisor had responsibility for completing local audits which were then reviewed by the person in charge at regular meetings.

A series of audits were in place including monthly local audits (infection prevention control, safeguarding, fire safety, finance, person centred planning, restrictive practices) and six-monthly unannounced visits. These audits identified any areas for service improvement and action plans were derived from these.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies and residents had access to a transport vehicle.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed on inspection and was found to meet the requirements of the Regulations and Schedule 1 and clearly set out the services provided in the centre and the governance and staffing arrangements.

A copy was readily available to the inspector on the day of inspection.

It was also available to residents and their representatives.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents living in the designated centre. The inspector found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received. As part of the inspection, the inspector carried out observations of residents' daily routines, their engagement in activities and their interactions with staff. Residents regularly accessed activities in their local community, some attended activities close by including heading out for lunch, an evening in the pub, attending concerts and going on holidays, some residents attended the Fleadh in Wexford last summer, while another resident enjoyed going on and planning a cruise.

The premises was found to be designed and laid out in a manner which met residents' needs. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their tastes.

The designated centre was generally clean and well-maintained although there were some improvements required to one bathroom in one of the houses.

There were comprehensive communication plans in place that gave clear guidance and set out how each person communicated their needs and preferences.

There were suitable care and support arrangements in place to meet residents' assessed needs. Three residents' files were reviewed and it was found that

comprehensive assessments of need and support plans were in place for these residents.

A residents' guide was readily available in the centre. This provided information to residents on the day to day running of the service along with other information such as the complaints procedure and the procedure for accessing Health Information and Quality Authority (HIQA) reports.

The registered provider had safeguarding policies and procedures in place including guidance to ensure all residents were protected and safeguarded from all forms of abuse.

There were appropriate fire safety measures in place, including fire and smoke detection systems and fire fighting equipment. The fire panel was addressable and there was guidance displayed beside it on the different fire zones in the centre. The inspector observed the fire doors to close properly when released.

Positive behaviour support plans were developed for residents, where required. The plans were up to date and readily available for staff to follow. Staff had also completed training in positive behaviour support to support them in responding to behaviours of concern.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

Regulation 10: Communication

The inspector saw that residents in this designated centre were supported to communicate in line with their assessed needs and wishes.

The inspector found that residents were supported by staff who understood their communication needs and could respond appropriately.

Some residents' had communication care plans in place which detailed that they required additional support to communicate. The inspector saw that staff were familiar with residents' communication needs and care plans.

All staff spoken with during the course of the inspection demonstrated comprehensive knowledge of residents' needs, personal preferences, communication needs and how they expressed choice and preference.

Throughout the duration of the inspection, the inspector observed residents receiving information and being communicated with in the best way that met their assessed needs.

Residents had access to telephone and media such as radio and television.

Judgment: Compliant

Regulation 17: Premises

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

The registered provider had ensured that the designated centre was designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

There was adequate private and communal spaces and residents had their own bedrooms, which were being decorated in line with their tastes.

Since the previous inspection, many of the identified maintenance issues had been addressed and completed. However, there was some upkeep required to a bathroom in one of the houses. The inspector saw that funding had been allocated and a plan was in place for the refurbishment to be carried out in early 2026.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide which had been made accessible and contained information relating to the service. This information included the facilities available in the centre, the terms and conditions of residency, information on the running of the centre and the complaints procedure.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment.

There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements. The exit doors were easily opened to aid a prompt evacuation, and the fire doors closed properly when the fire alarm activated.

Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector reviewed fire safety records, including fire drill details and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had ensured that there were arrangements in place to meet the needs of each resident.

It was found that residents had an up-to-date and comprehensive assessment of need on file.

Care plans were derived from these assessments of need. Care plans were comprehensive and were written in person-centred language. Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met. Support plans included communication needs, social and emotional well being, safety, health and rights. They were personalised to reflect the needs of the resident including what activities they enjoy and their likes and dislikes.

Easy-to-read documents were included for each resident's assessment of need and they were consulted in all goal setting.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that where residents required behavioural support, suitable arrangements were in place to provide them with this. The inspector reviewed two of the resident's positive behaviour support plans and found that they clearly documented both proactive and reactive strategies.

Clearly documented de-escalation strategies were incorporated as part of residents' behaviour support planning with accompanying well-being and mental health support plans.

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

There were some environmental restrictions implemented within the centre, which included the use of bed rails and a sensor mat. The restrictive practices in use in the centre which were in line with the organisation's policy and procedures and had been notified to the Chief Inspector of Social Services. Restrictive practices were regularly reviewed with clinical guidance and risk assessed to use the least restrictive option possible.

Judgment: Compliant

Regulation 8: Protection

A review of safeguarding arrangements noted, for the most part, residents were protected from the risk of abuse by the provider's implementation of national safeguarding policies and procedures in the centre.

The registered provider had implemented measures and systems to protect residents from abuse. There was a policy on the safeguarding of residents that outlined the governance arrangements and procedures in place for responding to safeguarding concerns.

Safeguarding incidents were notified to the safeguarding team and to the Office of the Chief Inspector in line with regulations.

Staff spoken to on the day of inspection reported they had no current safeguarding concerns and training in safeguarding vulnerable adults had been completed by all staff.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Oldcourt DC OSV-0002878

Inspection ID: MON-0040877

Date of inspection: 24/02/2026

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Agreement already in place for Deepdales to move out to allow for the bathroom premises work to take place.</p> <p>Funding has been granted through the minor works.</p> <p>Drawings have been made by the architect for the new bathroom.</p> <p>Location has been arranged for residents to move into; a designated centre in Glenageary. This will take place by end June 2026. The current staff team will move with the residents.</p> <p>All work will be completed within that timeframe, including installing the new bath, new flooring and painting work needed in the bathroom and bedrooms.</p> <p>Works will be completed within 6 weeks.</p> <p>Many controls are already in place in this bathroom to ensure it meets the needs of the residents, such as handrails and non-slip mats.</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 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	30/07/2026