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:	Gort Na Mara
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	20 October 2025
Centre ID:	OSV-0003645
Fieldwork ID:	MON-0048555

About the designated centre

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

This is a centre providing full-time residential services to three adults with disabilities. It comprises three small terraced bungalows .The buildings are located in the north east of the country and are near several towns and villages. Where required, transport is provided to residents for ease of access to community-based amenities such as shopping centres, pubs, hotels, hairdressers, and barbers. Each resident has their own bedroom, decorated to their style and preference. The bungalows comprise two bedrooms, a sitting room/dining room (with a small kitchen area), and a bathroom. The centre is staffed on a 24/7 basis by a person in charge, a clinical nurse manager I (CNM I), a team of staff nurses, and a team of healthcare assistants.

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
Monday 20 October 2025	09:30hrs to 15:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out over the course of one day. The purpose of the inspection was to assess compliance with relevant standards and regulations, and to evaluate the quality of life and care provided to residents within the designated centre. Overall, the inspector observed good practice in many areas, and residents appeared to enjoy a positive quality of life. Staff demonstrated a strong understanding of the residents' needs and were seen to engage with them in a respectful and supportive manner.

However, the inspection also identified areas requiring improvement, particularly in relation to governance and oversight, and the protection of residents' regarding their finances. A significant concern arose during the review of an internal audit conducted in March 2025, which had noted that flooring in a resident's sitting room and hallway required replacement due to damage. The audit stated that funding had been arranged to address this issue. Contrary to this, the inspector found that the resident had personally paid for both the flooring and its installation. This was deemed inappropriate and not in line with best practice regarding the use of residents' funds.

An immediate action was issued during the inspection, and the registered provider was contacted. In response, the provider submitted assurances and reimbursed the resident in full before the inspection concluded. While the provider acted promptly, concerns remain regarding the initial use of the resident's funds and the failure of the provider's governance systems to identify and address the issue prior to the inspection. These matters will be discussed in greater detail later in the report.

During the inspection, the inspector met with all three residents, the three staff members on duty, and the person in charge. Each resident was supported on a one-to-one basis both day and night. The designated centre comprises three individual apartments, each of which had been decorated to reflect the personal preferences of the residents. The apartments were clean, tidy, and well maintained. Residents were supported to engage in daily activities outside of their homes, with three vehicles available to facilitate outings.

The inspector observed positive interactions between residents and staff throughout the day. Residents appeared relaxed and comfortable in their environments, and staff demonstrated a clear understanding of each resident's communication style and support needs. Individual engagements with residents further highlighted the person-centred approach adopted within the service, with residents actively participating in routines and activities that reflected their interests and preferences.

In summary, while the inspection found that residents were well supported and enjoyed a good quality of life, improvements were required in governance and

financial oversight to ensure that residents' rights are consistently upheld and protected.

Capacity and capability

As part of the inspection, the inspector reviewed the provider's governance and management arrangements and identified areas requiring improvement. As outlined in the opening section of this report, the provider failed to respond appropriately to a maintenance issue and inappropriately used a resident's finances to cover the cost of the works, which should have been funded by the provider. This issue will be discussed in more detail under Regulations 23 and 8. Of particular concern was that the inappropriate use of a resident's finances was not previously identified until the inspector's review of the records.

Despite the above, the inspector found that in many other areas, residents were receiving a good standard of service. A consistent staff team was in place, and the person in charge ensured that safe staffing levels were maintained daily. A review of records confirmed that staff were provided with appropriate training to support the residents effectively.

In summary, the inspection identified that while residents were receiving a generally good standard of care, with consistent staffing and appropriate training, there were governance and financial management concerns.

Regulation 15: Staffing

The inspector found that there were appropriate staffing arrangements in place. The inspector interacted with two staff members who spoke to the inspector about their roles and the support they provide to the residents.

The staff members presented themselves in a professional manner and demonstrated that they knew the needs of the residents and had good relationships with them.

The inspector reviewed the current roster and rosters from a two week period in August of this year. It was found that the residents were supported by a consistent staff team which led to continuity of care. The staff team comprised staff nurses and healthcare assistants. Nursing care was provided to the residents who required it with a staff nurse rostered most days and the person in charge and house manager providing nursing cover if required as well.

As noted earlier the residents received one-to-one support on a 24 hour basis. This was proving to be effective in meeting the needs of the residents. The provider and

the person in charge had also ensured that for one of the service users that they were supported by a male staff member day and night as this was important in promoting positive outcomes for the resident.

In summary the inspector found that the provider and the person in charge had ensure that staffing arrangements were appropriate to meet the needs of each resident.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector requested confirmation that the staff team had access to and had completed the necessary training. They reviewed the training records of a sample six members of the staff team and found that training needs were regularly assessed and that staff attended training as required.

Staff members had completed training in various areas, including:

- fire safety
- safeguarding vulnerable adults
- Dysphagia
- infection prevention and control (IPC)
- epilepsy and buccal midazolam
- first aid
- safe administration of medication
- Children first
- manual handling
- basic life support.

In addition, the inspector examined the systems in place to ensure that staff members received appropriate supervision. They reviewed the records of two staff members, and found that the staff members were being provided with guidance regarding best practice.

Judgment: Compliant

Regulation 23: Governance and management

This inspection focused on evaluating the provider's governance and management arrangements, with particular attention to decision-making practices and the handling of maintenance issues affecting residents.

The inspector identified a failure by the provider to act in the best interest of a resident on one occasion. This lapse raised concerns about the provider's decision-making processes and their commitment to safeguarding residents' welfare.

During the review of audits completed by the provider it was found that in June 2024 and March 2025, damage to the flooring in the hallway and sitting room of a resident's home was noted. Upon visiting the home, the inspector observed that the flooring had been replaced. However, during a review of documentation as part of the inspection the inspector found that the resident had paid for both the flooring and its installation using their own funds. This was not an appropriate use of the residents funds as these costs should have been covered by the provider.

An immediate action was issued to the provider regarding this matter on the day of the inspection and the resident was fully reimbursed during the course of the inspection. The provider acknowledged that the use of the resident's funds should not have occurred and committed to preventing similar incidents in the future.

In conclusion, the inspection highlighted a significant governance issue and a failure to act appropriately in relation to maintenance responsibilities. Although the provider took corrective action during the inspection, further improvements were required to ensure accountability and the protection of residents.

Judgment: Substantially compliant

Quality and safety

As previously outlined in the report, the inspector identified concerns regarding the use of a resident's finances to cover a maintenance issue that should have been addressed by the provider. This matter will be examined in greater detail under Regulation 8.

While these findings raised some concerns, the inspector concluded that, overall, the three residents were receiving a good standard of service. Examples of good practice included respectful and warm interactions between staff and residents, a homely living environment, and evidence that residents were supported to engage in meaningful activities of their choice. Additionally, care plans were found to be person-centred and regularly reviewed.

Regulation 10: Communication

The inspector found through observations and a review of documentation that residents were supported to communicate their needs and preferences in a manner that was tailored to their individual abilities. Staff were observed providing

information to residents in ways that suited each person's communication style, and interactions were respectful, patient, and person-centred.

The inspector reviewed the records of two residents and found that communication passports had been developed for both individuals. These documents clearly outlined each resident's communication strengths and areas where support may be required. For one resident, additional input had been provided by the provider's speech and language therapist (SLT), who was supporting the resident to use a tablet device to assist with decision-making. This resident was known to experience difficulty with transitions and making choices, and the tablet had been introduced as a tool to help them process information and express preferences more effectively.

In addition to the tablet, a daily planner was in place to support the resident with scheduling and understanding their routine. Staff were observed using gentle reminders to help the resident prepare for upcoming activities. For example, the resident was due to attend an appointment in the afternoon, and the staff member supporting them spoke about this at intervals throughout the day to help the resident prepare and reduce any potential anxiety.

Overall, the inspector found that the communication needs of residents were being met. Alternative and augmentative methods of communication were being used appropriately, and residents appeared at ease in their interactions with staff.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector found that residents were being supported to live active and fulfilling lives, engaging in activities that reflected their personal interests and preferences. Staff were observed to encourage and facilitate participation in meaningful experiences, and residents appeared content and at ease in their environments.

During the inspection, the inspector sat with one resident who shared their personal goal folder. The folder contained photographs and records of various activities the resident had participated in, including overnight breaks, dining out, attending sporting events, concerts, and cinema visits. The resident appeared happy while reviewing the folder and engaged in conversation with the staff member about some of the events they had attended.

A second resident's goal folder was also reviewed. It included images of the resident engaging in a wide range of activities such as shopping, attending family events, dining out, going to the cinema, and receiving beauty treatments. These records demonstrated that the resident was supported to maintain social connections and pursue personal interests.

Information regarding the third resident's activities was reviewed through documentation and discussions with the staff member and the person in charge.

This resident had transitioned into the service in 2024 and was living alone for the first time. Since the move, the resident had achieved several positive outcomes, including a reduction in incidents of challenging behaviour and increased engagement in daily activities outside of their home. The resident was supported to follow a structured routine and, on the day of the inspection, appeared happy and settled.

In summary, the inspector found that residents were being supported in a manner that promoted their independence, personal development, and overall wellbeing. The service demonstrated a commitment to enabling residents to lead active lives and to participate in activities that were meaningful to them.

Judgment: Compliant

Regulation 20: Information for residents

During the review of documentation, the inspector found that the provider had developed a residents' guide. The guide was reviewed and found to contain the required information as set out in the regulations. It accurately reflected the nature of the service being provided to residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that the provider had established effective systems for the assessment, management, and ongoing review of risk within the designated centre.

Key findings included a risk register was in place, capturing both environmental and social care risks. In addition, individual risk assessments had been developed for residents. The inspector reviewed these and found that the risk control measures were proportionate to the identified levels of risk.

A register of adverse incidents was reviewed by the inspector. Eight incidents had occurred during the year. The review showed that:

- staff had effectively managed resident safety during these incidents
- the management team had undertaken reviews of the incidents
- learning and improvement were promoted to reduce the recurrence of challenging events.

The inspector concluded that appropriate risk management systems were in place and actively used to support resident safety and service improvement.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector found that the provider had implemented suitable fire safety systems.

Key findings included:

- Personal Emergency Evacuation Plans (PEEPs) were in place for residents, with two reviewed by the inspector. Each plan provided clear guidance for safe evacuation
- fire evacuation drills were conducted three times so far this year, two during the day and one at night. Records showed successful evacuation by both residents and staff
- individual fire folders were maintained in each resident's apartment. Two folders were reviewed and showed evidence of regular checks on fire detection, firefighting, and containment systems by competent persons
- staff training records confirmed that appropriate fire safety training had been provided.

The inspector concluded that suitable fire safety arrangements were in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found that the provider had ensured appropriate assessments of residents' needs were conducted, and that these assessments informed the development of a comprehensive range of care and support plans. These plans were guiding staff in delivering consistent and person-centred care to each resident.

The inspector reviewed the personal plans and care plans of two residents. The documentation was found to be well written, clearly identifying areas where residents required support and outlining specific guidance for staff on how to provide that support. The plans reflected a good understanding of each resident's individual needs and preferences.

Importantly, the care plans were being updated regularly. For example, there was evidence that plans were revised following healthcare appointments to ensure that all staff were informed of any changes and were taking appropriate steps to meet the evolving needs of the residents. This demonstrated a proactive approach to care planning and a commitment to maintaining high standards of care.

In summary, the inspector found that residents' health and personal care needs were being appropriately assessed and supported, and that the systems in place were effective in ensuring continuity and responsiveness in care delivery.

Judgment: Compliant

Regulation 7: Positive behavioural support

The review of residents' information confirmed that all three individuals had received positive behaviour support from members of the provider's multidisciplinary team. The inspector was informed that each resident had an individual behaviour support plan. Two of these plans were reviewed and found to be well-written, providing clear and effective guidance on how to support the resident in achieving positive outcomes.

The plans included detailed information about each resident, the types of challenging behaviours they may present, insights into the potential reasons behind these behaviours, appropriate staff responses, and strategies for supporting the resident following an incident.

The inspector also reviewed adverse incidents that occurred during the year. It was noted that behavioural incidents were brief in nature and were managed effectively by staff, who supported residents to calm quickly.

Judgment: Compliant

Regulation 8: Protection

As noted in earlier sections of this report, the inspector identified a significant issue concerning the use of a resident's personal funds to pay for repair works within their home. Specifically, the resident had paid a combined total of €2,286.45 to purchase flooring and cover the cost of its installation. This expenditure should not have occurred, as it is the provider's responsibility to fund necessary repairs and maintenance within residents' homes.

The inspector reviewed the resident's financial records and confirmed the payments made. While it was acknowledged that the resident had expressed a preference to change the flooring after being informed it was damaged and had been involved in selecting the materials (supported by documentation including photographs) this did not negate the provider's obligation to cover the cost of the works. Notably, the provider's own audit from March 2025 had identified the flooring as damaged and in need of replacement, and had stated that funding had been arranged to address the issue. Despite this, the resident's personal funds were used.

Of particular concern was that this issue had not been identified by the provider or the service's management team prior to the inspector raising it during the inspection. This reflects a failure in the provider's governance and financial oversight systems. The use of the resident's money to pay for works that the provider had already acknowledged as necessary and committed to funding was not appropriate. It did not demonstrate that the resident's rights were upheld, nor that they were appropriately safeguarded.

This incident highlights a lack of accountability and oversight within the provider's internal systems. The inspector found that the governance arrangements to ensure residents are protected from inappropriate financial practices required review.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
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
Regulation 8: Protection	Not compliant

Compliance Plan for Gort Na Mara OSV-0003645

Inspection ID: MON-0048555

Date of inspection: 20/10/2025

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The provider will ensure that the cost of all essential maintenance is paid by the provider. The provider will review internal financial audits and practices templates relating to financial checks, to ensure greater oversight accountability in relation to safeguarding of resident's financial transactions.	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The service reimbursed the resident for the cost of the flooring and associated works once the error had been detected on the day of the audit. A retrospective referral has been made to the Equality and Human Rights Committee to acknowledge the breach of their Human Rights. A retrospective safeguarding referral has been submitted on behalf of the resident with associated safeguarding plan developed.	

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	21/11/2025
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	17/11/2025