



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

Issued by the Chief Inspector

Name of designated centre:	Shanlis
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	14 January 2026
Centre ID:	OSV-0003648
Fieldwork ID:	MON-0048468

About the designated centre

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

This residential service provides full-time care and support to five adults with disabilities. The house is located in a peaceful, rural setting in Co. Louth but is near a number of large towns and villages. Transport is provided so residents can access day services and community-based amenities such as shopping centres, hotels, pubs, and restaurants. The house is a large detached-bungalow on its own grounds. It consists of a large, very well-equipped kitchen cum dining room, a large separate sitting room, a number of communal bathrooms, a laundry facility, and well-maintained gardens to the rear and front of the premises. Each resident has their own bedroom, personalised to their style and preference. The healthcare needs of the residents are comprehensively provided for, and access to a range of allied healthcare professionals, including general practitioner (GP) services, form part of the service provided. Residents are also supported to attend a day service where they can engage in activities of their choosing. The house is staffed on a 24-hour basis. The staff team comprises a person in charge, house manager, staff nurses, and healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Wednesday 14 January 2026	09:15hrs to 16:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The inspection was conducted without prior notice and focused on evaluating the quality of care and support provided to residents. At the time of the inspection, residents appeared well cared for; however, some areas requiring attention were identified.

One significant concern related to the premises whereby the inspector observed mould in two bedrooms. Subsequent to the inspector seeing the mould, the provider established that the issue had persisted for over four weeks. The provider's response had been minimal, limited to email correspondence, and no substantial corrective action had been taken. Following the review of the bedrooms, the inspector issued an immediate action requiring the provider to take immediate action to prevent potential health risks and to ensure the living environment remained safe and suitable for residents.

The inspection also highlighted changes in the needs of one resident, which had resulted in an increase in incidents where their behaviours negatively impacted their peers. For example, kitchen utilities such as a kettle and microwave had been removed from communal areas to manage these behaviours. While this measure was intended to ensure safety for one resident, it restricted access for other residents and negatively affected their rights. The inspector found that provider audits had acknowledged this impact, and although some efforts were made to explain the situation to residents, further action was necessary to uphold the rights and independence of all individuals living in the service.

Upon arrival to the centre, the inspector was greeted by two care assistants and a staff nurse. One resident was awake and moving around the house, occasionally becoming vocal. Staff responded promptly and provided reassurance regarding the resident's morning routine. Later in the day, the inspector met with other residents, who appeared relaxed and comfortable in their interactions with staff. They engaged in activities such as listening to music, watching television in communal living rooms, and planning outings.

Residents were also supported to participate in activities outside the home, including walks, shopping trips, family visits, and short outings as part of their daily routines. One resident, in particular, was assisted in engaging in regular activities outside the house each day to meet their individual needs. The residents seemed to enjoy the company of the staff team, communicating through a combination of verbal and primarily non-verbal methods. Staff demonstrated a strong understanding of these communication styles.

The staff team supporting the residents were experienced, with some members having worked with the group of residents for over ten years. This continuity of care

was necessary for some of the residents who found it difficult to interact with unfamiliar persons.

The inspector also found that staff members had raised a complaint on behalf of four of the residents regarding their rights being impacted in relation to kitchen utilities not being readily available to them. This demonstrated that staff members were acting as advocates for the residents.

The communal areas of the residents' home were found to be clean, the kitchen area required repairs and painting, and there was a plan in place to address this. The inspector was informed that a new kitchen was due to be installed in the coming weeks. Other areas of the residents' home also required painting in order to improve its appearance, but again, there was a plan in place to address this.

In summary, the inspector found that the residents were receiving appropriate care and support, there were examples of the provider ensuring that steps were being taken to respond to the changing needs of some residents and that the provider's multidisciplinary team were engaging with residents on a regular basis.

The inspector did find that some of the measures taken to support a resident's needs had negatively impacted their peers, and that the provider needed to address this. The provider had not demonstrated appropriate governance and management regarding the mould issue in two of the residents' bedrooms. Immediate and effective action was required to ensure a safe living environment for all residents.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents' lives.

Capacity and capability

The inspector reviewed the provider's governance and management arrangements and found that improvements were needed.

It was found that the provider had failed to adequately respond to health and safety issues arising from mould growth in two residents' bedrooms. The provider had also failed to respond to matters identified by their own audits, firstly relating to measures taken that had negatively impacted the rights of some residents, and had also failed to arrange a communication assessment for a resident who required one. The impact of these issues will be discussed in more detail later in the report.

In contrast to this, the inspector found that the provider had taken adequate steps to ensure that there were suitable staffing arrangements in place and that the staff

team had received sufficient training to ensure that they could support the residents.

In conclusion, while the provider has demonstrated strengths in staffing and training, significant concerns remain regarding their management of health and safety, responsiveness to resident needs, and follow-through on audit findings. Addressing these shortcomings is essential to ensure the wellbeing and rights of all residents are fully protected.

Regulation 15: Staffing

Following a review of the staffing arrangements, the inspector was satisfied that the provider had ensured the service was appropriately resourced in relation to staffing. The inspector examined the current roster to assess continuity of care and to ensure that safe staffing numbers were being maintained; the inspector compared rosters from mid August 2025 with those from mid-November 2025. This review confirmed that safe staffing levels were consistently maintained and that a stable staff team was in place. Discussions with staff members and the person in charge identified that a settled staff team had been in place for a number of years and that this was very important for some of the residents.

Three staff members were on duty at day time, one staff nurse and two care assistants, at night one care assistant completed a live night shift.

Observations during the inspection indicated that staff interacted with residents in an appropriate and respectful manner, and residents appeared to enjoy the company of the staff team. At different periods the inspector asked two of the staff members a number of questions with the staff demonstrating that they knew the needs of the residents and how to support them.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed staff training records and confirmed that staff had access to and completed training relevant to their roles and the needs of the residents. Some improvement was required in updating records post-training, but the staff team had completed the necessary training.

Training completed by staff included:

- fire safety
- safeguarding vulnerable adults
- Dysphagia

- infection prevention and control
- Children First
- manual handling
- managing behaviour that is challenging
- safe administration of medication
- basic life support
- epilepsy and the administration of buccal midazolam (seizure rescue medication).

The review of records demonstrated that staff had received appropriate training, which guided the care and support being delivered to residents.

The inspector was provided with a sample of three staff members' supervision records. It was found that staff were receiving supervision in line with the provider's guidelines. The review also identified instances where the person in charge was effectively managing staff to ensure that residents were receiving the best possible service.

Judgment: Compliant

Regulation 23: Governance and management

The inspector reviewed the provider's governance and management arrangements and concluded that improvements were required. The provider's response to the mould growing in two residents' bedrooms was inadequate and demonstrated poor health and safety practices. This failure to act promptly on a significant environmental hazard raised concerns about the provider's ability to maintain safe living conditions for residents.

Further issues were identified regarding meeting residents' assessed needs. The provider's own audits had highlighted that a resident, whose needs had changed in recent months, required a communication assessment. The inspector found that the person in charge had recently contacted the provider's speech and language therapist to arrange an appointment. However, the person in charge was informed that there was a nine-month waiting period for such an assessment. This delay had the potential to impact negatively on this resident and the provider is required to address the matter to ensure that their were appropriate systems in place to meet the needs of all residents in a timely manner.

At the local management level, the inspector noted that oversight arrangements were generally appropriate. The person in charge conducted regular audits, and peer audits were also carried out to monitor the quality of care and support provided to residents. Examples of audits completed in 2025 included medication management, residents' finances, fire safety, and outbreak management. The inspector confirmed that the provider had ensured all required regulatory visits and reports were completed. The two most recent unannounced visit reports, from April

and October 2025, focused on the safety and quality of care and support in the centre.

The April audit identified issues with the premises, including mould growing in some areas. While this was addressed at the time, it highlighted an ongoing ventilation issue at the property. The October report identified more significant concerns, particularly regarding the impact one resident was having on their peers. The report recommended seeking consent from other residents before removing appliances from the kitchen area. When the inspector requested evidence that this had been completed, it was found that the matter had been discussed at two resident meetings following the audit, but no formal consultation or opinion had been sought from residents regarding the changes made to their environment. This practice required improvement to ensure residents' rights were upheld.

The inspector was informed that the existing kitchen was due to be replaced in the coming weeks and that a specialised tap would be installed, eliminating the need for a kettle. While these steps were positive, the inspector was not assured that the provider had adequately responded to actions identified in their own audits or ensured that the rights of all residents were respected.

In conclusion, the inspection found weaknesses in the provider's governance and management systems, particularly in responding to health and safety risks. Mould in residents' bedrooms was not addressed promptly, raising concerns about maintaining safe living conditions. Delays in arranging a communication assessment for a resident highlighted inadequate systems for meeting assessed needs. While regular audits and regulatory visits were completed, actions identified, such as addressing ongoing ventilation problems and ensuring proper resident consultation on environmental changes, were not adequately followed through on. Although improvements to the kitchen were planned, the provider had not demonstrated sufficient responsiveness to audit findings or consistently upheld residents' rights.

Judgment: Substantially compliant

Quality and safety

The inspection found that the care and support provided to the residents was appropriate; there was evidence that residents received regular input from members of the provider's multidisciplinary team and other allied healthcare professionals. The staff team and the provider were taking steps to respond to residents' changing needs, and the review of information indicated that, overall, residents were well cared for.

However, as discussed in earlier sections of the report, the provider failed to adequately respond to health and safety issues, as well as to the impact that some measures to support one resident's behaviours had on their peers. These concerns

will be discussed later in the report, but the provider needed to make improvements to come into compliance.

In conclusion, while the provider has demonstrated positive practices in resident care and multidisciplinary collaboration, there remain significant areas for improvement in health and safety, as well as in addressing the full impact of support measures on all residents. Continued attention to these concerns will be essential to ensure ongoing compliance and the highest quality of care.

Regulation 12: Personal possessions

During the review of residents' information, the inspector found that adequate systems were in place to assist residents in managing their finances. It was also noted that appropriate measures had been implemented to protect residents from financial abuse.

The inspector examined the financial management plans of two residents, noting their understanding of financial management and the specific guidance or support they required. Additionally, the inspector assessed the safeguards established to protect residents from financial abuse. Residents were allowed to keep a sum of money in their homes.

Staff members checked the amount of money held and any expenditures daily, ensuring transparency and accountability. The inspector verified the spending records of two residents and compared a sample of entries with stored receipts, confirming they matched.

Furthermore, residents were assisted in opening bank and savings accounts to promote their independence. The inspector observed that the management team regularly reviewed statements for these accounts to ensure that all withdrawals were accounted for and that residents were protected from potential financial abuse.

In summary, the inspector was satisfied that the provider had established robust systems to support residents in financial management and to safeguard them from financial abuse.

Judgment: Compliant

Regulation 17: Premises

During the inspection, the person in charge informed the inspector that mould was growing in two bedrooms. The inspector requested to review the issue and observed that thick, dark mould was present in one resident's bedroom, while mould was also visible in another resident's bedroom. When asked how long the mould had been

present, the inspector was informed that it had first been observed in early December.

Following this review, the inspector raised an immediate action with the provider, stating that suitable measures needed to be taken to address the issue. In response, the provider arranged for a member of their maintenance team to visit the premises. The inspector reviewed the affected areas with the maintenance staff, and the mould was cleaned during the course of the inspection. However, it was noted that further work was required to improve ventilation in both rooms, as poor ventilation had contributed to the development of mould.

The handling of this issue was not appropriate. A risk assessment had been completed by the person in charge on 14 December 2025, highlighting the concern. The matter had also been escalated to the person in charge's line manager, and the housing agency that owns the property had been contacted. Despite these steps, no physical action had been taken to clean the mould or improve ventilation until the day of the inspection. This failure demonstrated that the provider did not respond effectively to a health and safety issue within the residents' home.

Judgment: Not compliant

Regulation 26: Risk management procedures

The inspector found that appropriate risk management arrangements were in place within the service. This conclusion was based on a review of individual resident risk assessments, records of adverse incidents over the previous three months, and the systems established to support learning from such incidents.

Individual risk assessments for two residents were examined and found to be clearly linked to their assessments of need and behaviour support plans. The risk ratings were appropriate, as were the control measures implemented. The inspector found that improvements were required to the risk ratings relating to issues with the property, but the person in charge increased the risk level on the day of the inspection.

The inspector reviewed the adverse incidents recorded over the previous three months. Four incidents had been recorded in that period, two of which involved a resident being negatively impacted by peers, with high noise levels from other residents causing distress on both occasions. The incidents were brief, and the residents were well managed by staff.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the medication management systems. The inspector reviewed these with the staff nurse on duty, who found them appropriate.

The inspector found that medication storage arrangements were suitable. The inspector reviewed two residents' medication folders and conducted a stock check with the staff nurse to ensure that all PRN (as required) medication that was prescribed to both residents was available, which it was.

The staff nurse also explained the medication returns arrangements, which were found to be suitable as well. The inspector found that medication management plans had been developed for the residents, providing the reader with information about the prescribed medications.

The inspector also reviewed the developed medication protocols and found that weekly stock checks were being completed and that PRN medication use was being monitored, which was good practice.

In summary, the inspector found that suitable medication management practices were in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed information relating to four of the five residents during the course of the inspection and found that the provider had ensured that comprehensive assessments of each resident's needs had been completed. Care and support documents were developed following these assessments, and these documents outlined the supports required to meet the residents' individual needs. Two residents' care and support plans were examined in detail. These plans were found to be well written, regularly reviewed, and provided clear, practical guidance to staff on how best to support each resident.

When reviewing residents' information, the inspector found evidence that the provider had taken a structured and proactive approach to supporting the changing needs of some residents in 2025. There was evidence of some residents receiving increased mental health supports and behaviour support, along with a series of specific assessments that resulted in a new diagnosis for one of the residents. This diagnosis offered important insight into the nature of the resident's changing and challenging needs.

Following this development, the provider arranged for the staff team to receive training related to the resident's diagnosis to ensure they understood how to support the resident effectively. The inspector was also informed by a member of the provider's senior management team that an Advanced Nurse Practitioner in behaviour support was actively involved in supporting the resident. This practitioner

was working closely with other members of the provider's multidisciplinary team to promote positive outcomes and improve the resident's overall quality of life.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the behaviour support plans of two residents and found that they had access to a range of allied healthcare professionals and positive behaviour supports when needed.

The inspector noted that the residents' presentations were regularly assessed by allied healthcare members. Additionally, extra supports and assessments were provided for residents who required them.

Upon examining the positive behaviour support plans for the two residents, the inspector found that they were well-written and offered sufficient information on how to reduce incidents of challenging behaviour. The plans also outlined how to respond to residents during difficult situations and how to care for them after incidents. The review of training records indicated that the staff team had received appropriate training for managing challenging behaviours.

In summary, the inspector concluded that the provider had effective systems in place to offer positive behaviour support to residents as needed. This included support from members of the residents' multidisciplinary team (MDT), and there were examples of the MDT collaborating to address the changing needs of some residents.

Judgment: Compliant

Regulation 9: Residents' rights

As discussed in earlier sections of this report, actions taken to support the changing needs of one resident had negatively impacted the rights of the other four residents living in the service. Although the provider's audit had identified this issue, the response to address its impact was insufficient. Consequently, at the time of the inspection, four of the five residents continued to experience restrictions that negatively affected their rights.

In other areas, the inspector observed positive examples of residents' rights being promoted and respected. Staff were seen acting as advocates for residents, ensuring that their preferences and choices were supported. Residents were encouraged to engage in activities they appeared to enjoy, and observations during the inspection confirmed that staff provided support appropriately and respectfully.

Furthermore, during the review, the inspector noted that two compliments were received in 2025 regarding the quality of care and support provided to residents, which reflects positively on the service.

In summary, while the provider had identified that some residents' rights were negatively impacted prior to the inspection, their response to addressing these issues was inadequate. This demonstrates a need for stronger systems and practices to ensure that all residents' rights are consistently upheld

Judgment: Substantially 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 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Shanlis OSV-0003648

Inspection ID: MON-0048468

Date of inspection: 14/01/2026

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Regarding the upholding of resident's rights, all residents whose rights could have been infringed have been consulted with to ascertain their will and preference in relation to the setup of their kitchen. Possible Rights infringements have been reviewed as in line with policy. In consultation with the Assisted Decision-Making Coordinator a bespoke easy read document has been created to inform all residents of their rights relating to their home.</p> <p>A Communication assessment has been sourced for one resident.</p> <p>Areas of mould identified in the audit have been treated and are resolved.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Ventilation issues identified have been resolved.</p> <p>Risk assessments relating to mould have been reviewed and updated.</p> <p>Areas of mould identified in the audit have been treated and are resolved.</p> <p>Reviewing Risk is now an agenda item on PIC PPIM DC meetings</p> <p>A business case to replace the Kitchen has been submitted to the HSE.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>There is a stable staff team in place who are very supportive and knowledgeable on each of the residents' assessed needs.</p>	

- All staff have received training in Upholding Human Rights
- All Staff have been reminded of the processes in the Equality and Human Rights Policy
- All staff have received training in Supporting Decision Making and The ADM Act.
- A Human right referral has been submitted to the Human rights Committee on behalf of residents.

In consultation with the Assisted Decision-Making Coordinator a bespoke easy read document has been created to inform all residents of their rights relating to their home.

One resident who has been experiencing poor mental health has received extensive support from his Positive Behaviour Support team and his consultant psychiatrist and has had his positive behaviour Support plan reviewed and updated.

Staff have received training in Obsessive Compulsive Disorder, the Autism Reality Experience and had training on the detail in the individuals Positive Behaviour Support plan.

The organisation of daily activities has been reviewed to ensure the impact on residents if any resident is experiencing poor mental health is minimised.

Director of Nursing met with the Senior staff team to ensure they understood their obligations in relation to providing guidance to junior staff members. |

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.	Not Compliant	Orange	01/08/2026
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	19/01/2026
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not	Substantially Compliant	Yellow	20/02/2026

	limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			
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