



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

Issued by the Chief Inspector

Name of designated centre:	Ard Na Rithe
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	07 May 2025
Centre ID:	OSV-0005511
Fieldwork ID:	MON-0038261

About the designated centre

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

Ard Na Rithe is a five-bedroom full-time residential service located in Co. Louth. It is situated close to local amenities. Residents can either walk to or avail of the centre's vehicle or public transport if required. The centre supports male residents over the age of 18 years. Each resident has their own bedroom. The facilities include two communal areas, a kitchen cum dining room with a utility room to the side. Adequate bathroom facilities are also available. There is a garden at the back of the property. Management and staff work in partnership with families, allied health professionals, and the wider community to ensure the service delivered to the residents is based on their assessed needs, individual preferences, and community inclusion.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 7 May 2025	09:15hrs to 15:45hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This was an announced inspection. The findings of the inspection were positive, with all regulations reviewed found to be compliant with regulations and standards.

The review of the information regarding residents identified that they were supported to be active members of their local community. The residents chose to attend classes in their local community centre, where they engaged in their preferred hobbies. For example, one resident was volunteering at a farm, one had recently begun using a gym, one was attending a day-service programme, and all were attending social club events.

Discussions with staff members and the review of feedback submitted by three of the four residents' family members identified that the residents were engaging in the type of activities that they enjoyed.

During the course of the inspection the inspector was introduced to three of the four residents. One of the resident's greeted the inspector on their arrival at the house. The resident appeared happy and was interacting with a staff member.

The resident was observed going on an outing with staff and during the morning another resident was observed, listening to music, and watching television in their room. The resident enjoyed spending time in their room, and efforts were made to ensure they had their preferred items. There was also a visual aid board/social storyboard that was used to help the resident manage their daily routine.

The inspector was greeted by another resident who came into the room the inspector was using to review information. The resident did not interact with the inspector but spent some time in the room before leaving. The resident was engaging in their preferred activities, listening to music and theme songs from television shows from their youth. This resident went out during the morning and in the afternoon accompanied by staff and they appeared comfortable in their interactions with staff members and the other residents.

The third resident said hello to the inspector but chose not to interact any further. The resident had been out during the morning with their one-to-one staff support. Each day, a member of the staff team supported the resident in engaging in a range of activities. This approach was critical to the resident as it had allowed them to try new things and do the things they enjoyed, but the arrangement had also resulted in a reduction of incidents where the resident placed themselves and others at risk.

The review of information and observations on the day demonstrated that the residents could effectively communicate their needs and wants. The residents often used a mixture of verbal and non-verbal forms of communication.

Staff members were observed to interact with the residents respectfully and jovially,

and the residents were observed to enjoy this. For example, after returning from an outing, a resident who had a keen interest in gardening observed that a large lawnmower was being used in the estate. The resident requested to see it, which was facilitated by the staff.

Some of the residents were very involved with their families, having them visit them in their home, and the residents saw their families regularly. As part of the provider's annual review, family members were asked to give feedback on the quality of care and support offered to their loved ones. 3 out of 4 questionnaires were returned. The inspector reviewed these and found that the feedback was positive. The inspector also reviewed a number of compliments that had been made regarding the service, these had been submitted by external persons and also family members.

The 4 residents were also supported to complete questionnaires regarding how they felt about the service they were receiving. The feedback was again positive.

In summary, the review of information and observations during the inspection identified that the residents received a service tailored to their needs and wishes. The residents were engaging in things they enjoyed and were cared for and supported by a team promoting their rights.

Capacity and capability

The inspector evaluated the provider's governance and management arrangements and found them to be appropriate. These arrangements ensured that the service delivered to each resident was safe, suitable for their needs, consistent, and effectively monitored.

Additionally, the inspector assessed the provider's arrangements regarding the person in charge, staffing, staff training and the statement of purpose. This review confirmed compliance with the regulations in these areas.

The inspector also reviewed a sample of staff rosters and concluded that the provider maintained safe staffing levels. The person in charge ensured that the staff team had access to and completed training programmes necessary for caring for the residents.

In summary, the review indicated that the provider had systems in place to ensure that the service delivered to residents was person-centred and safe

Regulation 14: Persons in charge

The person in charge was responsible for only this service. Through discussions and the review of information, the inspector found that the person in charge had good oversight of practices and the care provided to the residents.

The inspector reviewed the person in charge's credentials and found that they were a qualified healthcare professional with additional qualifications in management.

Throughout the inspection, the person in charge showed their knowledge of the resident's needs. They spoke to the inspector about the various supports in place and plans for the residents.

Judgment: Compliant

Regulation 15: Staffing

The inspector sought to review a sample of staff rosters, and the person in charge maintained both the planned and actual schedules. The inspector examined the current staff roster as well as rosters from two weeks in January 2025.

The review of the rosters indicated that there had been minimal changes to the staff team, which was important for the residents, as they experienced better outcomes when supported by familiar staff. The staff were providing individual support to the residents in a consistent manner, which was crucial and had correlated with a reduction in adverse incidents in recent months.

The provider ensured that safe staffing levels were maintained, with two staff members scheduled each day and an additional staff member completing a short shift to facilitate social activities for one resident. At night, a staff member worked a waking night shift. The review of the rosters demonstrated that the person in charge and the staff team were regularly adapting the schedule to better support the residents, which was a positive finding.

The inspector spoke with two staff members, both of whom displayed a good understanding of the residents. They discussed various activities the residents engaged in, addressed the residents' behavioural needs, and informed the inspector that the residents got along well with one another and appeared to enjoy one another's company.

Furthermore, the provider and the person in charge were found to have gathered the required information for staff listed under Schedule 2 of the regulations. The information maintained for three staff members was reviewed and deemed to be compliant with the regulations as all information required was contained in each file reviewed. This demonstrated that the provider had safe recruitment practices in place to safeguard residents.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector sought assurances that the staff team had access to and had completed appropriate training. The inspector reviewed the training records for the staff members. Evidence showed that staff training needs were under regular review and that staff members attended training as required. A recent audit of training needs had been completed, which led to refresher training being booked and completed for a number of staff members.

Staff members had completed training in areas including:

- Fire safety
- Safeguarding vulnerable adults
- Dysphagia
- Infection prevention and control
- Human rights-based approach
- First aid
- Children first
- Manual handling
- Total communication training
- Medication management
- Positive behavior support.

The inspector also requested evidence that staff members were receiving supervision. The inspector reviewed two of the staff team's records and found that the service's management team had ensured that staff members were receiving supervision in line with the provider's guidelines.

In summary, the inspector found that the person in charge and the house manager had ensured the staff team completed training to ensure they had the required knowledge to meet the needs of the residents.

Judgment: Compliant

Regulation 23: Governance and management

A review of the provider's governance and management arrangements found them to be appropriate, ensuring that the service provided to residents was safe, tailored to their needs, consistent, and effectively monitored. The management structure was clearly defined, with leadership provided by the person in charge, supported by a house manager and the staff team.

There was a schedule of audits in place that ensured the care and support provided to residents was maintained at a high level. For example, the management team had completed several audits, including:

- Audits of residents' finances
- Hygiene audits
- Fire safety audits
- Individual personal plan audits
- Medication audits
- Finance audits.

The inspector reviewed these audits and noted that areas requiring improvement had been identified where necessary. The management team was prompt in responding to these actions. For instance, during the most recent audit of residents' finances, several required improvements were identified, and the inspector found that these actions had been addressed, resulting in the necessary improvements.

Another tool used was the monthly statistical report, which the person in charge and the house manager updated. This report included headings such as:

- Adverse incidents
- Risk management
- Restrictive practices
- Safeguarding incidents
- Rights restrictions
- Complaints
- Staffing matters.

Once completed, the statistical report was made available for review by members of the provider's senior management and the multidisciplinary team. This provided an additional way to evaluate the service provided to residents.

The inspector reviewed a sample of staff meeting minutes and found that the focus of these meetings was on information sharing to ensure all staff members provided consistent support and care to residents.

Overall, the management and oversight of the service provided to residents were found to be effective. The person in charge and the house manager were central to all decision-making regarding the care and support provided to residents. The staff team received appropriate training and carried out their duties in a manner that respected and promoted the rights of each resident.

As a result, the residents received a high-quality service.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider prepared a statement of purpose containing the information set out in Schedule 1 of the regulations. The statement was updated when required, and a copy was available to residents and their representatives.

The inspector reviewed the statement of purpose as part of the preparation for the inspection. On the inspection day, the inspector was assured that it accurately reflected the service provided to the residents.

Judgment: Compliant

Regulation 31: Notification of incidents

As part of the inspector's preparation for the inspection, they reviewed the notifications submitted by the provider. The inspection also involved studying the provider's restrictive practices and adverse incidents. This review showed that, per the regulations, the person in charge had submitted the necessary notifications for review by the Office of the Chief Inspector.

Judgment: Compliant

Quality and safety

The review of information and observations made during the inspection revealed that residents received personalised services aligned with their specific needs which was delivered in a manner that respected their rights.

The provider ensured that residents' needs were assessed and support plans were developed accordingly. The inspection noted that guidance documents were created to assist staff in providing the best possible support to residents.

The inspector evaluated several aspects of the service delivered, including risk management, general welfare and development, personal possession, medication management and fire safety measures. The review found all these areas to be compliant with regulations.

In conclusion, the provider, the person in charge, and the staff team effectively delivered safe and high-quality services to the residents.

Regulation 12: Personal possessions

The inspector examined the systems to assist residents with their financial matters. The provider effectively supported all residents in managing their finances. During the review, the inspector looked at the information of two residents. Finance care plans and financial passports had been completed. Residents were supported in opening personal bank and savings accounts. There were systems in place to safeguard the residents, with quarterly statements being reviewed by the management team and records of any spending being reviewed and updated regularly.

The inspector also assessed the system to ensure that the money stored in the house was subject to regular oversight. Staff members checked the residents' finances daily, and receipts were kept alongside the funds.

The review of the information indicated that appropriate measures were established. Residents had access to their finances when needed, and the staff team conducted daily checks to minimise the risk of financial abuse.

Judgment: Compliant

Regulation 13: General welfare and development

As mentioned in the opening section of the report, the residents were engaging in a range of activities in their local community and further afield. Some of the residents were involved in community groups, and some had also been on overseas holidays.

One resident was attending a day service program, one volunteered at a farm three days per week, another received an individualized service from their home, and one resident had recently retired and was being supported to identify things they would like to do, such as attending a gym.

Observations during the inspection and the review of the information showed that the residents were, as much as possible, supported to be the decision-makers regarding their daily routines and to identify social activities and goals.

In summary, the residents were, as much as possible, getting to do the things they wanted to do.

Judgment: Compliant

Regulation 17: Premises

This service was previously inspected in 2024, during which it was noted that improvements were required to ensure the residents' home was suitable to meet

their needs. The recent inspection found that the provider and the person in charge had taken steps to address the issues identified in the previous inspection. Additionally, there are plans in place for further enhancements to the residents' home.

The person in charge had submitted funding requests for a new kitchen installation. While the kitchen was functional, it appeared dated at the time of the inspection, and the person in charge was awaiting approval for the funding.

The residents' home was observed to be clean, well-presented, and free from clutter. Recent painting had been completed in several areas, and pictures of residents adorned the walls throughout the house. Residents had decorated their rooms according to their individual tastes.

Furthermore, the garden had been modified to meet the needs of one of the residents, which not only improved that resident's experiences but also reduced negative impacts the resident had on their peers and led to a decrease in adverse incidents.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the current risk management procedures. The inspector examined two residents' risk assessments and found them to be specific to each resident and linked to their behavior support plans and care plans. The inspector noted that a large volume of risk control measures were in place for some residents. These measures were implemented to maintain the safety of the residents and included restrictive practices introduced for their protection.

There had been periods in the past where the current residents placed themselves and others at risk of injury. However, the review of adverse incidents occurring this year showed a reduction in incidents. Furthermore, when incidents did occur, they were brief, with the staff members effectively managing the situations and minimizing the risk to residents.

When incidents occurred, the inspector found that they were reviewed by the services and senior management, and potential learning's were identified and shared with the staff team to reduce the recurrence of incidents and lower the level of risk.

In summary, the risk management practices were found to be effective. The risk control measures implemented were proportionate to the level of risk, and the frequency of adverse incidents had decreased.

Judgment: Compliant

Regulation 28: Fire precautions

The provider ensured that there were fire safety measures in place. There was fire detection, containment, and fighting equipment, and the inspector found evidence that these had been serviced, ensuring they were in good working order if required. A review of staff training records confirmed that staff members had received fire safety training.

Two fire drills had been completed this year. Both drills demonstrated that the residents and staff members could safely evacuate the premises. Personal emergency evacuation plans had been developed for the residents. The inspector reviewed three of these; one resident required verbal and physical prompts to evacuate the building, and there was step-by-step guidance on how to safely evacuate that resident.

In summary, the inspector found that the provider and the person in charge had ensured that appropriate fire safety measures were in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the medication management practices with the staff nurse on duty. During this review, they examined two residents' medication recording sheets, medication protocols, PRN (as needed), and regular medications.

The findings indicated that the storage and administration of medications were appropriate. Medication stock checks were conducted regularly, and a system was in place to closely monitor PRN medication administration. Additionally, suitable arrangements were made for managing discontinued or expired medications.

In summary, the inspector found that the provider and the person in charge had ensured that the medication management practices were appropriate and under review

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed two of the resident's information. The appraisal identified that assessments of the resident's needs had been completed. These were

conducted annually or more regularly if required. The inspector found that care plans had been developed following the assessments. The care plans captured the residents' needs and showed how the staff members should respond to residents and support their needs.

In summary, the review of the resident's information showed that the person in charge and the staff team had ensured proper assessments of the resident's needs. The assessments were well written and clearly guided the reader on best supporting the residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector was informed that all of the residents were supported by the provider's positive behaviour support team. The inspector reviewed two of the residents' behaviour support plans. The inspector found that the plans were focused on the individual needs of the residents, provided a synopsis of the residents' history, an understanding of their needs, an explanation of why they may present with challenging behaviours, and guidance on how best to support them during and after incidents.

The provider ensured that the staff team received suitable training in the management of challenging behaviours. The inspector reviewed recordings of adverse incidents and found that staff members responded in a manner that deescalated the situations and ensured the residents' safety.

In summary, if residents needed support, they were receiving it. The positive behaviour support plans that were reviewed were found to be comprehensive, giving the reader an understanding of the residents' behaviours and outlining the steps to follow in order to best support each resident.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant