



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

## Issued by the Chief Inspector

Name of designated centre:	An Diadán
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	11 February 2026
Centre ID:	OSV-0005654
Fieldwork ID:	MON-0048926

## About the designated centre

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

An Diadán is a community residential house situated in a small village in Co. Louth. This house is home to four gentlemen over the age of eighteen some of who have health care and emotional needs. The house is a large bungalow with four bedrooms (one of which is en-suite), one bathroom, a large kitchen dining area, utility room and two communal areas. There is a garden to the back of the property and a driveway to the front. The gentlemen are supported by a team of staff 24 hours a day. The team consists of social care workers, nurses and health care assistants. There are three staff on duty all day and one waking night staff. The person in charge is responsible for three other centres under this provider. In order to assure oversight of the centre they are supported by a clinic nurse manager who works 19.5 hours in this centre. The gentlemen do not attend a formal day service and are supported by staff to access meaningful activities during the day. A bus is provided in the centre in order to facilitate this.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
--	---

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 11 February 2026	09:45hrs to 16:45hrs	Miranda Tully	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to monitor ongoing compliance with the regulations. On the day of inspection there were four adults living in the centre. Overall, the inspection found that residents were in receipt of good care and support.

While residents were found to be receiving a good standard of care and overall high levels of compliance were found, improvements were required. On review of the rosters, staffing was not consistent as per residents' assessed needs. In addition, some health care plans required review to ensure they appropriately guided staff.

On arrival to the centre, the inspector was greeted by the person in charge and introduced to three residents and three staff members. Three of the residents were finishing their breakfast in the dining area in the kitchen. The inspector spent some time with the residents and staff in the kitchen area speaking about interests and upcoming plans. The fourth resident was in bed at the time of inspector's arrival, staff advised they were particularly tired on the day and choose to spend more time in their room and in bed. The inspector did meet with the resident later in the day however, they choose not to engage and remained in their room. The inspector could hear staff engaging with the resident throughout the day.

When residents had finished their breakfast and were supported with their personal care, three of them chose to participate in the house food shopping. Staff advised this also included shopping for their own personal items such as magazines and enjoying a coffee. On return, the residents assisted with bringing in the shopping. Later in the afternoon, some residents choose to remain in the centre and went between spending time in the sensory room and also sitting with the inspector and person in charge. Other residents left the centre to deliver birthday invitations. Overall residents were actively involved in the centre and in their local community. Each resident appeared comfortable in the presence of staff and staff were very familiar with each resident's needs.

The centre comprised of a detached bungalow situated in the middle of a small town. There was a garden to the back of the property where residents could sit out and relax. It was evident that some of the residents liked gardening and some of them had decorated and built some garden decorations. Residents had recently been awarded a prize for their efforts in the local community tidy towns.

The house contained four resident bedrooms (one of which was en-suite) an open plan kitchen/dining area, a utility room, a sensory room, a sitting room and a bathroom and toilet. The premises was clean, homely and nicely decorated in line with the residents' preferences. Residents' bedrooms were comfortable and personalised to their individual tastes.

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

## Capacity and capability

Residents were found to be receiving a good standard of care at the time of inspection; however, the staffing arrangements required review. At times, staffing was not as per residents' assessed needs. The staffing arrangements on the day of inspection included a qualified nurse, who was supported by one health care assistants and one intern student nurse during the day and one health care assistant at night.

Clear lines of authority and accountability were in place within the service. The centre was led by a suitably qualified and experienced person in charge, who was supported by a senior manager involved in the management of the centre. The person in charge and person participating in management held monthly meetings which reviewed the running of the centre. At this meeting the person in charge raised issues such as staffing, access to staff training and maintenance issues.

Staff had access to and have completed training that is up to date and appropriate to the service provided, their role and the needs of residents.

The person in charge had ensured that incidents occurring in the centre were notified to the Office of the Chief Inspector of Social Services (Chief Inspector) in accordance with the requirements of the regulations.

The provider has established and implemented effective complaint handling processes to attain the most appropriate outcome for residents. All staff were provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaints policy.

## Regulation 15: Staffing

The inspector reviewed the rotas between December 2025 and February 2026. The rotas showed that planned staffing levels were not always maintained. The person in charge explained this was as a result of both planned and unplanned leave. For the most part the person in charge provided cover using staff who had previously worked in the service and/or extra hours however, there were times when the

allocated staffing was not provided for. For example, in December 2025, there was seven days when only two staff were on duty.

This posed a risk to the quality and safety of residents' care. On speaking with staff, they advised that on such days household tasks such as cleaning of the bus would be rescheduled and the care and safety of residents would be prioritised.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training as part of their professional development and to support the delivery of effective care and support to residents.

The inspector reviewed the staff training logs with the person in charge. The records showed that staff were up to date with their required training, and had completed training programmes, included on the safeguarding of residents from abuse, fire safety, manual handling, basic life support, behaviour support, infection prevention and control, administration of medication, epilepsy management, and supporting residents with modified diets.

Judgment: Compliant

### Regulation 23: Governance and management

The centre had a clearly defined management structure in place which was led by a person in charge. The person in charge had monthly meetings with the person participating in the management of the centre. They noted a wide range of topics, including incidents, safeguarding concerns, complaints, restrictive practices, risks, notifications, staffing matters, the premises, and residents' plans.

The designated centre was being audited as required by the regulations and an annual review of the service had been completed for 2025, the person in charge was awaiting representative feedback however was still within the allocated time frame for completion. Six-monthly unannounced visits to the centre were carried with the most recent completed in January 2026. These audits were to ensure the service was meeting the requirements of the regulations and was safe and appropriate in meeting the needs of the residents. .

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge had ensured that incidents occurring in the centre were notified to the Chief Inspector in accordance with the requirements of this regulation.

The inspector reviewed a sample of the incidents occurring in the centre, which included the use of restrictive practices, minor injuries to residents, and allegations of abuse. They found that the incidents had been appropriately notified.

Judgment: Compliant

## Regulation 34: Complaints procedure

The registered provider had prepared an effective complaints procedure. The procedure was underpinned by a written policy, which included information on advocacy services and how complaints were to be managed. The procedure had also been prepared in an easy-to-read format to make it more accessible to residents and their representatives.

Staff spoken with during the inspection were aware of how to respond and record any complaints made by residents or their representatives. The person in charge maintained a complaints register. There were no complaints recorded in 2025 or 2026.

Judgment: Compliant

## Quality and safety

Residents assessed needs were for the most part clearly documented within their individual care plans, and appropriate systems were in place to support and promote their well-being. The inspector found that one resident's specific health care plan required further review and cohesion to ensure that it outlined all associated interventions for staff to be aware of.

Effective risk management systems were implemented, with each resident having individual risk assessments completed.

Safeguarding measures were also in place to protect residents, and any adverse incidents occurring within the centre were appropriately responded to and investigated.

## Regulation 10: Communication

Residents were supported to communicate in accordance with their individual needs and preferences. Preferred methods of communication were clearly documented within residents' personal care plans. Communication assessments were scheduled to take place later in February.

Residents had access to a range of communication resources including telephones, televisions and radios.

Staff had regular meetings and or check-ins with the residents where they could communicate, discuss and address any issues they may have in the centre. A residents meeting was scheduled for the day of the inspection. Staff were observed to demonstrate awareness of, and respect, for each residents preferred communication methods.

The person in charge and two staff members spoken with were able to clearly discuss and describe residents care plans and associated protocols with the inspector.

Judgment: Compliant

## Regulation 17: Premises

The centre had been decorated to ensure it was homely in presentation, warm and well maintained. The inspector completed a walk around of the premises and found that there was adequate communal and private space for residents.

The staff team had supported residents to display their personal items and in ensuring that their personal possessions and pictures were available to them. All residents had their own bedroom which were decorated to reflect their individual tastes.

The centre was found to be spacious, bright, well ventilated and very clean. The person in charge discussed identified works which required completion such as flooring and bathroom upgrades.

Judgment: Compliant

## Regulation 26: Risk management procedures

There were effective arrangements for the identification, assessment and management of risks in the centre. These arrangements were underpinned by the provider's written risk management policy. The inspector also found that incidents occurring in the centre were appropriately recorded, reported and reviewed to identify actions to reduce the likelihood of them reoccurring.

The inspector reviewed the centre's risk register as well as a sample of the residents' individual risk assessments. The risk assessments were wide in scope and included matters, such as accidental injury, behaviours of concern, infection prevention and control, and environmental risks. The risk assessments were up to date, and outlined the associated control measures. The inspector reviewed a sample of the control measures, and found that they were in place; for example, specific staff training and care interventions.

There were good arrangements for the reporting, management and review of incidents. The inspector reviewed the reported incidents in 2025 and 2026. They found that the incidents had been escalated to the relevant parties, and had been reviewed to identify potential learning to reduce the likelihood of the incidents recurring. The person in charge maintained a log of the incidents, and they were discussed at team meetings, management meetings, and noted in quality and safety reports.

Judgment: Compliant

### Regulation 28: Fire precautions

There were systems in place for fire safety management. All staff had received suitable training in fire prevention and emergency procedures. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There were adequate means of escape and escape routes were clear from obstruction.

In addition, there was evidence of regular fire evacuation drills taking place in the centre. The inspector reviewed the documented fire drills and noted that residents could be safely evacuated.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, personal and social care needs had been assessed to inform the development of associated care plans. However, one resident's specific health care plan required improvement.

The inspector reviewed a sample of all four residents' assessments and care plans. They were found to be up to date, and readily available to inform staff practice. The plans related to residents' health, behaviour, communication, intimate care, social goals, safety and well-being. They reflected input from a wide range of multidisciplinary team services, including psychiatry, nursing specialists and occupational therapy. The plans also included important information on residents' interests, personalities, and preferences.

The inspector found that one resident's specific health care plan required further review and cohesion to ensure that it outlined all associated interventions for staff to be aware of.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

Residents were supported to experience positive mental health and where required, had access to a behavioural support specialist. Residents were supported to have behaviour support plans in place, which were found to be detailed and offered guidance to staff on how to support the resident. Each plan was specific to the residents' individual needs. Staff spoken with were aware of how to support residents in a person-centred manner and in line with their plans.

A number of restrictive practices were in use in the centre and risk management documentation evidenced clear rationale for their use. Any use of restrictive practices had been notified to the Chief inspector on a quarterly basis, as required by Regulation 31.

Judgment: Compliant

### Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for An Diadán OSV-0005654

Inspection ID: MON-0048926

Date of inspection: 11/02/2026

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing rosters are developed two weeks in advance. Planned leave is allocated on a phased basis to provide continuity of care. Planned and unplanned leave will be replaced in the 1st instance by on-call who are familiar to the DC. In the case where the on-call panel cannot provide staff the Person in Charge will request overtime from the PPIM. The use of Agency staff will only be used as a last resort as the residents prefer familiar staff in their home.</p> <p>"Staffing" is an Agenda item at the fortnightly DC meeting with the PIC &amp; PPIM, at this forum staff deficits &amp; work force planning issues are raised and addressed.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>A full review of one resident's healthcare needs has taken place on 23.02.26 by Clinical Nurse Specialist in Chronic Disease Management and a specific health care plan identified has been fully reviewed, and associated interventions are clear for staff.</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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	28/02/2026
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently	Substantially Compliant	Yellow	28/02/2026

	than on an annual basis.			
--	--------------------------	--	--	--