



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

Issued by the Chief Inspector

Name of designated centre:	Killowen House
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	28 October 2025
Centre ID:	OSV-0005671
Fieldwork ID:	MON-0047592

About the designated centre

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

The centre is a two-bedroom bungalow located close to the centre of a large town in Co. Louth. Two gentlemen live in this centre. The centre is spacious and homely and each resident has a large bedroom. The staffing levels in the centre comprise of nursing, social care workers and healthcare assistants. There are two staff members on duty during the day, who provide individualised supports to each resident and one staff member supports residents at night. The person in charge is responsible for three other centres under this registered provider. They are supported in their role by a house manager to ensure effective oversight. Residents do not attend a formal day service, instead they choose activities on a daily or weekly basis that are in line with their personal wishes and goals. A car is provided so that residents can travel to a range of activities they enjoy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 28 October 2025	09:00hrs to 16:00hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

This inspection was unannounced and carried out with a specific focus on safeguarding, to ensure residents felt safe in the centre they were living in and that they were empowered to make decisions on their care and how they wished to spend their time. The inspection was carried out in one day by one inspector.

Overall, the inspection found that residents were in receipt of good care and support and found positive examples of how residents were supported to live lives of their choosing. However, training and development of staff, protection and the premises were found to be substantially compliant.

On arrival to the centre, the inspector met with two staff members, the two residents and their dog who lived there. One resident was sitting in a chair in the hallway while the other resident was having a cup of tea in the kitchen area. One staff member invited the inspector to look around the centre and the first resident was invited to show the inspector their bedroom. They did so briefly before returning to the kitchen. The house was warm and tidy on arrival. Some areas of wear and tear were observed, for example kitchen cupboards and furniture, however overall the home was inviting and personalised to the residents. For example, one resident liked Christmas decorations and there was a small Christmas tree and framed decorations in their bedroom.

The first resident greeted the inspector and appeared to want to have a cup of tea with the inspector. The second resident did not acknowledge the inspector and continued with their morning routine, finishing their tea, putting away their cup and moving from room-to-room holding a football scarf. The staff described how the resident communicated through gestures or by guiding staff. They described the resident as sociable and active in the community. They enjoyed attending football and rugby matches and had recently traveled to Dublin on the train.

The first resident sat in the kitchen area with the inspector and staff member. The resident responded on occasion to the inspector but was observed to be more responsive to the familiar staff member. It was evident the staff member knew the resident well. The resident and staff member spoke of preferred activities such as getting the newspaper and a drink each day, going to the local pub and also how the resident communicates their wish to relax by seeking their slippers or pyjamas at the end of the day. They also spoke about their dog and the positive impact this has on the household.

During the conversation, the staff member received a call inviting the residents to a retirement party for a long-standing senior staff member. The resident at first appeared reluctant but decided to attend. The person in charge arrived to the centre and spoke briefly with the inspector, staff and resident in the kitchen before the inspector and person in charge moved to the office. The resident could be heard making vocalisations which was thought to be in response to the unexpected

presence of additional people on the day. The resident was supported by staff who knew them well and attended the retirement party.

The residents returned later in the afternoon. Both residents came into the living room where the inspector and management team were seated. One resident sought their preferred seat using gestures, the second resident joined in the room shortly after, wearing their slippers as previously mentioned. The inspector spoke with residents and staff about their day before thanking them for their time and leaving the centre.

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

Overall, the inspector found that there was a clearly defined management structure in the centre. The person in charge was an experienced CNM3 who had taken responsibility of the centre in October 2025. They were also responsible for three other centres supported by a CNM1. The person in charge and CNM1 for the centre facilitated the inspection.

In terms of safeguarding, there were systems in place for the identification, reporting and management of safeguarding concerns. Improvements were required in the identification and reporting of safeguarding events as not all incidents had been identified and reported within the prescribed time frames. There was a designated officer in relation to safeguarding appointed within the centre. If they were absent or on leave, someone would be the appointed to manage and report relevant incidents.

Overall it was found that consistency of staffing was generally maintained. Improvements were required in terms of staff training however all staff had completed safeguarding training. Staff members spoken with over the course of the inspection did demonstrate sufficient knowledge around how to keep residents safe.

Regulation 15: Staffing

The inspector reviewed the staffing arrangements in place between 30/06/2025 and 03/11/2025 and found that staffing arrangements were sufficient to support the needs of the residents.

Two staff members were on duty each day. One staff member worked 08.00 to 21.00 and the other worked 09.00 to 22.00. One waking staff member was present at night. The staff team consisted of staff nurses, healthcare assistants and social care workers. There was a social care worker vacancy at the time of inspection which was in the process of being recruited for.

The provider was seen to recognise the importance of consistency and familiarity in staff and made efforts to minimise unfamiliar staff where possible. On the day of the inspection, the inspector met with two staff members on duty. One staff member was a regular relief staff and the second was introduced as a new staff member. Both staff were seen to be knowledgeable in their roles and both residents appeared content in their presence.

Judgment: Compliant

Regulation 16: Training and staff development

From reviewing the training records of eleven staff members, the inspector found that they were, for the most part, provided with the required training to ensure they had the necessary skills to respond to the needs of the residents and to promote their safety and wellbeing.

Staff had undertaken training which included safeguarding of vulnerable adults. The provider had also taken steps to improve staff knowledge and awareness in the area of safeguarding. For example, the inspector reviewed staff meeting minutes and safeguarding was a standing agenda item. Meeting minutes for July demonstrated that safeguarding was discussed in detail.

The person in charge highlighted to the inspector there was a focus to ensure staff had also undertaken other training so as to ensure a safe living environment for the residents. For the most part 100% of staff had completed and or were booked to attend refresher training. This training included, fire safety training, manual handling and crisis prevention intervention. However there continued to be gaps in staff training predominately in the area of infection prevention and control (IPC).

The person in charge had a schedule in place to ensure all staff received supervision twice yearly as per the provider's policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in this service. The centre had a clearly defined management structure in place which was led by a person in charge. They were supported in their role by a house manager. The person in charge and the house manager were additional to the staff roster at all times.

The designated centre was being audited as required by the regulations and an annual review of the service had been completed for 2024 along with six-monthly unannounced visits to the centre carried out in January and July 2025. 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.

For example, the auditing process identified the following:

- PRN (as required medication) protocols required review to provide guidance to staff
- IPC guidance updates were required
- premises issues such as wear and tear were identified
- staff training and development gaps were identified.

In addition, the unannounced visit in July identified a safeguarding incident which had not been identified and reported within the prescribed time frames. The inspector found an additional incident of a similar nature which occurred in April, which had not been reported. This is discussed further under Regulation 8. It was identified that the provider had taken measures to mitigate further incidents.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents were of a good standard. The inspector observed that residents had opportunities to take part in activities and to be involved in their local community. Residents were actively making decisions about how they wished to spend their time, and were supported in developing and maintaining connections with their family and friends. On the day of inspection, residents attended a retirement party for a long-standing senior member of staff.

The premises was spacious and suitable for the needs of the residents living there, albeit some minor upgrades were required.

The management and staff team were striving to provide person-centred care to the residents in the centre. This meant that residents were able to express their views, were supported to make decisions about their care and that the staff team listened to them.

As noted previously improvements were required in the identification of safeguarding concerns and reporting to the relevant authorities. In addition, improvements were required in the recording and oversight of residents property and finances to ensure appropriate oversight.

Regulation 10: Communication

Residents were assisted to communicate in accordance with their assessed needs and wishes. Each resident had a communication passport which outlined their preferred communication style and preferences. Staff on duty on the day of the inspection were able to easily describe to the inspector what this looked like for each resident. The inspector also observed interactions between staff and residents, and it was evident residents were comfortable in their presence and could make their needs and wishes known.

Easy-to-read information on safeguarding was available to the residents which helped support them to communicate their feedback on the quality and safety of care provided in the service.

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.

Residents had access to telephones and other such media. For example, one resident bought the newspaper each day as this was very important to them. Both residents also had television subscriptions as they greatly enjoyed watching live sports.

Judgment: Compliant

Regulation 17: Premises

The premises was laid out to meet the assessed needs of the residents and was generally kept in a good state of repair, so as to ensure a comfortable and safe living environment for the residents. Each resident had their own bedroom which was decorated in a tasteful manner and had personal items on display in line with the residents' wishes and preferences. The house had some decorations up in preparation for Halloween. In addition, as mentioned previously, one resident had Christmas decorations in their room as this was their preference.

Areas for improvement had been identified in the most recent unannounced provider audit and were also observed on inspection. For example, kitchen cupboards required upgrade, some furniture was observed to be worn and have tears, curtains needed to be re-hung and rust was visible on the shower seat in the main bathroom. The person in charge did advise the inspector that the shower chair was in the process of being replaced at the time of inspection.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available and each resident had a number of individual risk assessment management plans on file, so as to support their overall safety and wellbeing.

There was a summary of risks in place with a series of risks recorded such as, risk of slips, trips and falls, out of date staff training and exposure to violence, harassment and aggression.

Incidents and accidents were being logged and reported through the National Incident Management System (NIMS). The inspector reviewed a sample of (23) incidents to date.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed both residents' personal files which contained an up-to-date comprehensive assessment. The assessment informed the personal plans which guided the staff team in supporting the residents with identified needs and supports.

Personal plans were found to be person-centred and driven by the resident. It was clear from discussion with the residents and review of their person plan and support plans that they were directing their care and support. The personal plans captured the residents well, they identified their needs and preferences and how they could be met.

Each resident had an annual review with their circle of support, when goals were also reviewed. The two residents had identified goals which included examples such as going to a Christmas pantomime, going on the Viking Splash and drumming lessons.

Progress against goals had been reviewed and recorded.

Judgment: Compliant

Regulation 7: Positive behavioural support

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. One plan was scheduled for review as it had been a year since its last review.

There were no restrictive practice in use in the centre at the time of inspection.

Judgment: Compliant

Regulation 8: Protection

Residents were observed to be safe and well cared for in this centre. The inspector observed residents to be up, well presented and content in their home on arrival. The provider had systems in place for the detection, management and reporting of safeguarding concerns. However, improvements were required.

An unannounced visit in July identified a safeguarding incident which had not been identified and reported within the prescribed time frames. The inspector found an additional incident of a similar nature which had occurred in April had not been

reported. It was identified that the provider had taken measures to mitigate further incidents. For example, the provider had recognised that separate mealtime routines would benefit both residents.

The inspector reviewed residents' finances. Both residents had financial passports and plans of care. One resident was supported to count their money daily. Staff advised that one resident liked to carry money on their person in a wallet. Care plan documentation noted this to be five euro. On review of the finance records on the day of inspection, money had not been recorded as taken out, reflecting a seventy euro deficit. It was confirmed later in the day that the resident had the difference on their person. This was in excess of the sum recorded in care plan documentation and also did not allow for appropriate oversight of finances.

The inspector reviewed personal inventories and found one record had not been updated since 2023. Records also included items which the person in charge advised did not belong to the resident. The accuracy and system for accounting for residents personal items required review to ensure appropriate oversight.

Judgment: Substantially compliant

Regulation 9: Residents' rights

From review of documentation, discussion with staff members and from the inspector's observations, residents were supported to exercise their rights. Residents were provided with relevant information in a manner that was accessible to them and allowed them to make a decision. They were supported to make choices about how they wished to spend their day.

Resident meetings were occurring and included alternative ways to discuss safeguarding such as roleplay and activities and or games.

All staff members spoke to residents in a respectful, supportive manner and care and support was observed to be delivered in a caring and professional manner.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Killowen House OSV-0005671

Inspection ID: MON-0047592

Date of inspection: 28/10/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • Staff members directed to complete outstanding training through supervision meetings. Staff to furnish all certs to PIC by 31.12.25 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • Kitchen cupboards to be refurbished. To be completed by 30.03.2026 • Armchairs with Fabric covering and tears to be replaced. To be completed by 30.01.26. • Curtains rehung completed on 30.10.2025 • Seated wall mounted Shower chair ordered by OT to be completed by 30.01.2026 	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection:	

- Finance plan of care reviewed by keywork and PIC .Completed 30.11.2025
- All staff received local SOP on housekeeping and personal finances. SOP discussed with regards to guidelines on record keeping of all financial transactions at team meeting on 13.11.2025
- Personal inventory process was discussed at Team meeting 13.12.2025. Inventories updated to reflect residents' personal possessions. Completed on 17.11.2025

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/12/2025
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/03/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/11/2025
Regulation 08(3)	The person in charge shall initiate and put in place an	Substantially Compliant	Yellow	30/11/2025

	Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.			
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