Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	DC19
Name of provider:	St John of God Community Services CLG
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	07 October 2025
Centre ID:	OSV-0005815
Fieldwork ID:	MON-0046482

About the designated centre

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

DC 19 is a ground floor apartment style building located on a campus setting in Co. Kildare with other residential centres operated by the registered provider. The apartment has capacity for two adults with an intellectual disability and mental health diagnosis. Residents avail of services within the campus such as access to a GP, laundry services and other healthcare professionals. Residents are supported by nursing staff 24/7 and are also supported by social care workers and care assistants. The designated centre has two kitchen areas combined dining areas and there is a separate living room. Residents are supported to access the local community, which is in walking distance and the designated centre also has two vehicles available for transport.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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
Tuesday 7 October 2025	11:00hrs to 17:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with both residents in this designated centre, as well as speak with their support staff team, and review documentary evidence of their personal, health and social care supports and how residents were consulted and involved in their support, as evidence to indicate the lived experience of people using this service.

On arrival, both residents were home in their personal living rooms with one resident colouring and watching television and the other sitting in their own living room which had a door directly outside where they could watch people coming and going. This resident greeted the inspector outside before having a proper chat during the inspection. The resident told the inspector some of their news and what they liked to do with their day. The resident was a big fan of music, and showed the inspector their collection of harmonicas and enjoyed playing music loudly on their electric keyboard and their CD player. The second resident did not speak directly with the inspector, but was comfortable and satisfied to do their own thing and staff were observed engaging in a respectful and encouraging manner. The residents had been supported to decorate their living spaces how they wished.

Later both residents went for an outing with the two staff on duty. The inspector observed their vehicle which was exclusive to the centre and wheelchair accessible. It was however, becoming increasingly unreliable on the road and required replacement to ensure the safety and comfort of all travelling. However, residents were getting on their routine trips based on their wishes, and the associated risk was being discussed at team and provider level.

Nurses were on site providing seasonal flu and COVID-19 vaccinations for residents and staff on the campus. The two residents in this centre were scheduled for the day of inspection, and the inspector observed that it had been discussed with them beforehand and they had made informed consent to receive them. The inspector read a sample of recent resident meetings and found meaningful discussion of topics with the residents. Meetings were used to plan and provide updates on scheduled events and trips, and plan out the week ahead. Residents talked about their favourite restaurants they wanted to visit in the coming days, their wishes to dress up for Halloween, and what they want to get for their birthday. These meetings were also used to discuss matters important to the house such as reminders to be respectful of the shared living space and how to make complaints, as well as educational topics such as good hand hygiene and voting in the upcoming presidential election.

Residents' bedrooms were highly personalised and the walls were adorned with tickets and posters from events the residents had been to recently or were due to attend in the coming weeks. This included tickets for the cinema, Gaelic football matches, concerts, and music and arts festivals including Ablefest for people with additional needs. The residents had their tickets bought for a winter light show and

Christmas pantomime. The residents enjoyed overnight trips to Waterford, Kerry, Roscommon and Cork. One resident had a personal goal to visit every county in Ireland. The inspector observed a large map with stickers on counties they had checked off.

The 2024 annual report for the centre dedicated a significant portion of its content to the lived experiences of the residents, and their key achievements and events for the year, along with nice pictures of them at their activities and trips, with their friends and family and support staff. The residents had attended a summer party and dinner dance organised with the service provider and were dressed in their best suits for this. Residents had enjoyed trips to the Hill of Tara, Knock Shrine, and were pictured riding public transport in Dublin to attend shows and concerts. Residents were supported to visit family and to receive them in their home, to go shopping, go for a pint, and go the movies.

Separate from recreational goals, the residents were also being supported with life skills including meal preparation, laundry and independent activities of daily life. Some examples were observed of how staff were measuring this to ensure their positive progress and retain consistent support to achieve these objectives, though the inspector was advised that some records evidencing whether these were happening were omitted. Having previously been done in a central laundry on campus, residents clothes and bed linens were now being washed in their own home.

The next two sections of the report present 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 service being delivered.

Capacity and capability

This inspection was unannounced and completed to review the arrangements the provider had to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Adult Safeguarding (Health Information and Quality Authority and the Mental Health Commission, 2019).

In the main, the inspector found that this service was ensuring that that principles of residents' human rights of fairness, respect, equality, dignity and autonomy were upheld by staff. The provider had arrangements in place to ensure that residents were supported by a familiar and consistent staff team, with staff overtime hours and a limited number of relief and agency personnel ensuring that shifts affected by absences were filled. The inspector was advised by staff that certain times required additional personnel to come from elsewhere and that it would be useful to have a third staff on shift for these times, however this was not formally being reviewed to

indicate how often or for how long this was the case to provide assurance that the resources were sufficient at all times.

Team meetings discussed topics meaningful to the protection and safeguarding of residents, including risk controls, incidents and adverse events, and changes to residents' support needs. The person in charge supervised the duties of staff through regular one-to-one meetings, with some development required to ensure the minutes of these meetings reflected the staff development initiatives described by staff and the person in charge.

Regulation 15: Staffing

At the time of this inspection, the provider had a full complement of staff working in this designated centre, and staffing numbers and skill mix reflected that of the statement of purpose, including the provision of a nurse on site at night. The inspector observed rosters for front-line staff to be overall clear on hours and shift patterns worked in the centre. The inspector reviewed three months of worked rosters and found that in the main the provider had effectively managed the continuity of staff support through a small cohort of regular relief and agency personnel. This was important for the support needs of the residents, as insufficient or unfamiliar staff personnel had been identified as a contributing factor to adverse incidents, resident distress and cancellation of outings. It was important to residents that they were supported by familiar people with whom they had built a trusting relationship. A query arose during this inspection regarding when staff from other centres were required to work with residents, which is referenced elsewhere in this report.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector observed evidence which identified that staff had completed mandatory training sessions including safeguarding of persons at risk of abuse, positive behaviour support, and safe manual handling procedures. In the latter training, three staff were out of date, however evidence was available that they had been scheduled to attend the next available refresher course. Audits conducted in the centre included observations of staff understanding and implementation of their training.

Staff were supervised through individual meetings with their line manager and in house team meetings. The inspector reviewed minutes for five team meetings in 2025 and found these discussed topics which were meaningful to the centre operation, and relevant risks and changing needs for the residents.

Judgment: Compliant

Regulation 23: Governance and management

The inspector was provided a report from an inspection carried out by the provider in May 2025. This report was centre-specific and described the evidence relied upon to judge compliance with regulations, standards and policies, and followed up on matters identified in the previous six-monthly inspection. Incidents, near-misses and matters discussed in team meetings were also collated to inform lines of enquiry by the provider. The inspector also reviewed the annual report for this centre for 2024. This report summarised the key achievements and challenges of the residents in the past year, and trips, shows and events of note which residents enjoyed. This report also collected commentary from the residents and their representatives on their satisfaction with this service, and their opinions on the staff, facilities, activation and lived experience of the people using this service.

Local audits on specific topics such as finances, personal plans and restrictive practices took place in this house, and while the majority of these were conducted by the person in charge, some front-line staff took the lead on these as a learning and development opportunity. The inspector reviewed the minutes of performance development meetings for a sample of three staff members, and the records of the most recent supervision meetings for the same three staff. While these meetings took place with the frequency instructed by provider policy, the minutes of these meetings were generic in nature and similar to each other, and contained limited specific or measurable information on staff members' career goals, development plans and job performance objectives, and did not reflect examples of these verbally described by the person in charge and staff members.

Some areas of oversight required improvement to identify and address gaps in records related to quality care and support. For example, in the sample reviewed, some residents' goals were recorded as not progressing, with staff advising that they were but records were not always filled. For one resident a diary was kept confirming that residents were getting to their activities and outings per their preference, but this was empty for four weeks prior to this inspection.

A query was raised during this inspection regarding consistency of the house having sufficient staffing resources at all times. Two front-line staff worked in this house during the day, and one resident required two staff to support them when leaving their house. The inspector queried how the second resident was supported during these times as neither resident was to be left alone at home. The inspector was advised that in addition to the person in charge supporting, or day service staff coming to the house to support a resident to go there, that occasionally staff would attend who worked in other designated centres on the same site, or the second resident would travel too. The inspector discussed with senior management how

frequently this was required and if the reliance of external personnel had been risk assessed; this had not been formally evaluated.

Judgment: Substantially compliant

Quality and safety

In the main, the inspector observed that residents were encouraged and facilitated to be active participants in their care and support. Residents were supported to enhance their autonomy and independence in line with personal goals agreed with them, and to engage in stimulating and meaningful community outings and events. The residents had a vehicle to support this access, however it was no longer reliable and roadworthy and the need to have a replacement was being flagged through 2025 by the centre team.

Residents had person-centred and evidence based personal plans which guided staff on the residents' support needs, including in eating and drinking, activities of daily living and positive behaviour support. While the frequency of incidents and adverse events in this service was low, where trends had emerged, they were used to inform ongoing review and revision of care plans and staff guidance. Some gaps were observed in support plans which were not in accordance with the practices observed on this inspection. Other risk assessments on matters affecting residents were not in place or clear on how risk controls were established.

Residents felt safe in the centre and enjoyed their living space, staff and activities. Systems were in place to ensure that decisions and event planning took place with the residents' involvement.

Regulation 10: Communication

The inspector reviewed assessments and personal plans related to supporting effective communication with the residents and observed examples of how staff facilitated residents to understand and be understood by others. In some residents' meetings, simple language explanatory documents were used to advise residents of subjects such as accessing advocacy services, voting in the upcoming election, and making complaints. In the minutes of a recent staff meeting, there was a plan to conduct a review to identify if any residents across services may require hearing aids.

In one communication plan, last reviewed in November 2024, the staff were advised to use symbol-based communication and photos to support choice making. This plan included a further goal to support the resident to use a computer tablet containing phrases to support them to express themselves, without staff prompting. This goal

was linked to a positive behaviour support strategy to support the resident to use their words to express themselves with the view of reducing the need for restrictive practices. However, staff were not aware of these objectives or this communication guide, and confirmed that the resident did not have access to or use symbols, photos or a computer tablet for these purposes.

Judgment: Not compliant

Regulation 17: Premises

The premises of this designated centre consisted of a bungalow in which the residents preferred to spend time apart in their separate living rooms, which had been personalised based on their preferences. The provider had supported the residents to contribute to the house decoration and was in the process of purchasing a second comfortable recliner for a resident who liked to stay in two areas during their relaxation time. The house had level access bathroom facilities and ramps outside to reduce risk of falls and support wheelchair users. Since the previous inspection, laundry appliances had been added to the house to facilitate residents to have their clothes and bed sheets washed in their own home rather than having these sent to a central laundry on the campus.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed records of incidents, accidents and adverse events and found that where patterns or concerns had arisen from these incidents, they were escalated for team and provider review and used to update relevant risk assessments and support plans including risks related to falls or choking hazards. In the main, risk assessments were relative and proportional to the risk identified. As referenced earlier in this report, however, there had not been any risk analysis of how frequently residents were being supported by staff who did not work in this centre. The inspector observed residents' wallets being locked in a safe to which they did not have access after they had had their money in the community, but there was no risk analysis or capacity assessment which informed this practice, with different members of staff citing different reasons this was necessary.

At the time of this inspection, there was an ongoing risk identified regarding the suitability and roadworthiness of the vehicle used by the centre. While the vehicle could accommodate a wheelchair user, the person in charge and staff identified in team discussions that the size of the vehicle was not optimal to accommodate the residents, two staff, and their belongings and equipment comfortably on their journeys. More concerning was that the vehicle was noted to frequently break down,

with the inspector being advised that it had done so four or five times in 2025. The risk to comfort, safety and impact on community access and travel plans had been identified and rated suitably high, and there was evidence that the subject had been escalated to the provider, who also referred to it in their quality of service audit in May 2025. However the person in charge and their team had had no indication of when this would be resolved beyond reference to the "near future".

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of assessments and the associated personal care and support plans related to both residents' safety and wellbeing. In the main, the provider was responding to incidents or escalating risks with revisions of the relevant care plans, such as supporting residents at risk of falls or choking. Plans overall were evidence-based, written in a respectful fashion and easy to retrieve the salient staff guidance to mitigate the relevant risk.

The inspector reviewed support plans related to skills development for activities of daily living. For example, one resident was being encouraged to shave independently. Staff maintained a checklist of every step in this process and noted which the resident did themselves, and in a review of these notes from July to September 2025, the inspector observed that the resident was gradually relying less on staff to do it for them in favour of doing it themselves. Other life skills were identified such as doing laundry and preparing food, however the progress in these were noted as not progressing in routine goals review meetings.

The residents were also being supported in life development and enhancement through meaningful social goals such as visiting all counties of Ireland, attending concerts and music groups, and going on holiday. These goals were being tracked and there was evidence available that they had been successful, were progressing, or if they had not been effective, why this was and if alternatives were considered.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed care plans and staff guidance related to supporting residents who may express anxiety or frustration in a way which posed a risk to themselves or others. Both residents were routinely reviewed by psychiatry services as required. Where risk control involved the use of restrictive practices, these were kept under formal review three times annually or as required, and the provider demonstrated how they were assured that the risk control remained the least restrictive option

available and where restrictions were not required, they were stopped or phased out. Responsive behaviours had been recognised as a form of communication, and communication strategies had been incorporated into restraint reduction planning.

Judgment: Compliant

Regulation 8: Protection

From meeting residents, speaking with staff and reviewing safeguarding and protection plans, the inspector observed evidence to indicate that residents were protected from potential abuse and felt safe in their home. Residents were content to primarily spend time on their respective sides of the house, however residents had the option of sharing space with each other and there was no concern with them travelling together. There had been no peer-to-peer abuse incidents in this centre in a review of the past two years of notified events.

The provider had a system by which they could account for residents' income and expenditure to ensure they were safe from financial abuse, and their personal property and valuables were also inventoried to ensure they were protected. Support plans related to intimate and personal hygiene protected residents' dignity, and promoted independence noting where they did and did not require staff support, in line with their goals related to life skills.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed examples during this inspection of care being led by resident choice and consent, and personal development objectives which were varied, meaningful and set out with a view to increase residents' autonomy in their routines. Residents were kept up to date on news and events meaningful to them through house meetings and easy-read documents. Residents were kept informed on how to avail of advocacy services, and invited to provide feedback on their experiences in this centre. They also received newsletters from their day service and advocacy group. Staff were also observed to be identifying where residents had been adversely affected by matters such as centre resources. Residents' access to their local community and further away was supported with planning for meaningful and varied recreation and event attendance.

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	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	Not compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for DC19 OSV-0005815

Inspection ID: MON-0046482

Date of inspection: 07/10/2025

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Person in Charge will ensure that the PDRs and supervisions are individualised. The Person in Charge has ensured that the goals have been reviewed and updated. The Registered Provider has initiated the introduction of an electronic recording for care plans which all goals and tracking will be completed for 2026 using this method. The Person in Charge has developed a data collection sheet to ascertain the need for additional staff within the area. This data will guide future staffing plans within the area.	
Regulation 10: Communication	Not Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: The Person the Charge has ensured an email has been sent to all staff re: communication strategies for residents completed on the 19th of October The Person in Charge has ensured the communication passport has been updated for all residents completed on the 19th of October The Person in Charge has introduced a recording sheet to further ascertain the resident engagement and benefit whilst using communication device. Completed on the 14th of November	

The above evidence will be reviewed by the Person in Charge and Person Participating in Charge and information will be submitted to Speech and Language Therapist 31ST of January

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The Person in Charge has developed a data collection sheet to ascertain the need for additional staff within the area. This data will guide staffing risk assessments for the designated centre.

The Registered Provider has developed a Vehicle Replacement log, the vehicle for DC19 has been prioritised. This has been escalated to the HMHQ in Stillorgan. Further escalation and requests for funding have been sought through the HSE and also the Better Life Grant systems.

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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Not Compliant	Orange	31/01/2026
Regulation 10(3)(b)	The registered provider shall ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.	Substantially Compliant	Yellow	31/01/2026
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	Substantially Compliant	Yellow	31/03/2026

	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	31/03/2026
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/03/2026
Regulation 26(3)	The registered provider shall ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced,	Substantially Compliant	Yellow	30/09/2026

	insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.			