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:	High Lane
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	16 July 2025
Centre ID:	OSV-0007751
Fieldwork ID:	MON-0038722

About the designated centre

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

High Lane is a four-bedroom bungalow situated in a rural setting in Co. Louth. Four adult males live here. The centre comprises a large kitchen dining room, two sitting rooms, a utility room, and a large bathroom. There is a large garden to the front and the back of the property. Garden furniture is provided where residents can sit and enjoy the countryside views. There is a garage to the side, which has been converted to provide additional storage facilities. The staff team is made up of staff nurses and health care assistants. Residents are supported on a twenty-four-hour basis.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 16 July 2025	09:00hrs to 16:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This was an announced inspection, and the findings were positive. The inspector reviewed sixteen regulations, all of which were found to be in compliance with the regulations, demonstrating that the residents were receiving a well-managed service that met their needs and also that the provider had responded to actions identified in a 2024 inspection.

The inspector noted a warm and relaxed atmosphere in the residents' home, which was clean and well-presented. Residents were seen enjoying the sitting room, while one resident preferred to relax in their room. Some residents engaged in activities outside the home, with two of the four residents going out for brunch with staff during the morning of the inspection.

The four residents were advanced in age, and as a result, the activities and support provided were tailored to their individual needs and interests. The inspector observed improvements in this area since the last inspection in 2024, noting more evidence of residents engaging in community activities and outings. Residents were supported in going on day trips aligned with their social goals, with further events planned for the coming months.

The inspector met all four residents, who primarily communicated through non-verbal means. The staff team interacted with the residents in ways that were easily understandable for them. Although the inspector did not speak directly with the residents, they appeared comfortable in their home and at ease with the staff, smiling and laughing together.

After reviewing extensive information and observing interactions between residents and staff members, the inspector was satisfied that the rights of the residents were being promoted and respected. Residents were encouraged, alongside staff, to engage in activities of interest to them. There were also instances of staff actively communicating with stakeholders on behalf of residents to ensure they received appropriate services to meet their needs.

In summary, the inspection found that the provider and the person in charge were ensuring that the residents received a good service. Residents' health and social care needs were being assessed and met, and they appeared happy in their home.

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

Capacity and capability

The inspector reviewed the provider's governance and management arrangements and found them appropriate. They ensured that the service provided to each resident was safe, suitable to their needs, consistent, and effectively monitored.

The inspector also reviewed the provider's arrangements regarding staffing, staff training, statement of purpose and admissions. The review of these areas found that they complied with the regulations.

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

In summary, the review of information demonstrated that the provider had systems in place to ensure that the service provided to the residents was person-centred and safe.

Regulation 15: Staffing

The inspector aimed to verify that the provider and the person in charge had adequately staffed the service to meet the residents' needs. The staff team included the person in charge, house manager, staff nurses, a social care worker, and healthcare assistants. Each day, two staff members were scheduled, and one staff member was on duty at night.

The inspector reviewed the current roster along with the rosters from the first week of May and March of this year. By comparing these three rosters, it was evident that a consistent staff team was in place who understood the needs of the residents. The review also indicated that safe staffing levels were maintained daily.

During the inspection, the inspector spoke with two of the three staff members. They demonstrated a strong understanding of the residents' needs and the support systems in place for the residents.

In summary, the inspector found that the provider had ensured that the skill mix and number of staff supporting the residents were appropriate.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector requested confirmation that the staff team had access to and had

completed the necessary training. They reviewed the training records of the staff members and found that training needs were regularly assessed and that staff attended training as required.

Staff members had completed training in various areas, including:

- Fire safety
- Safeguarding vulnerable adults
- Dysphagia
- Infection prevention and control
- a human rights-based approach
- Epilepsy and buccal midazolam (rescue medication)
- First aid
- safe administration of medication
- Children first
- Manual handling

In addition, the inspector examined the systems in place to ensure that staff members received appropriate supervision. They reviewed the records of two staff members, and the appraisals showed that staff performance was being effectively managed.

Judgment: Compliant

Regulation 23: Governance and management

A review of the provider's governance and management arrangements found them to be appropriate. This represents an improvement compared to the previous inspection, which was completed in 2024 and shows that the provider adequately addressed the action.

This inspection found that the governance and management arrangements ensured the service provided was safe, relevant to the residents' needs, consistent, and effectively monitored. A clearly defined management structure was led by the person in charge, who was supported in their duties by a house manager and the staff team.

The inspector reviewed the minutes from the previous three staff meetings and noted that information sharing was the focus of these meetings, ensuring that all staff members provided consistent support and care to the residents. The provider ensured that the required annual review and the six-monthly reports were completed, with a focus on the safety and quality of care and support provided in the centre.

Additionally, the inspector found that the management team was conducting audits and that a system of peer audits was also in place. Where necessary, action plans were created to address any concerns raised during these monitoring practices. The

inspector observed that the identified actions were being addressed promptly, demonstrating a commitment to improving the care and support offered to the residents.

Moreover, the management team completed a detailed audit, known as the monthly quality and safety report, every month. The inspector reviewed the three most recent reports and found that various topics were covered, including:

- safeguarding
- staffing matters
- restrictive practices
- adverse incidents.

The findings from these reviews are shared with the provider's senior management and escalated if necessary.

The inspector's review of the audits revealed no areas of concern. In summary, the review of the provider's governance and management arrangements revealed improvements compared to the findings from the 2024 inspection. There is now strong oversight of the service provided to residents, and documentation and recording practices have improved, adequately reflecting the quality care and support offered.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

A resident had moved into the service in late June. The provider had recently developed a detailed transition process document, and the inspector reviewed it. The appraisal of the document revealed that the resident had been prepared for the move with visual aids and social stories, that their new housemates had visited them, and that the resident's family had been included in the planning of the move.

The document also noted that the resident's care and health needs had been effectively transferred between their previous care team and the new team supporting them. The resident's previous home environment had been loud and busy, and it had been identified that the resident preferred a quieter environment. As mentioned earlier, their new home provided this. The resident was relaxing in their room during the inspection, as per their wishes. The staff team and the house manager spoke of the resident's transition as positive, noting that the resident appeared happy in their new home.

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 and on the inspection day, the inspector was assured that it accurately reflected the service provided to the residents.

Judgment: Compliant

Quality and safety

The review of information and observations concluded that residents received a service tailored to their specific needs, provided in a manner that respected their rights and dignity.

The provider conducted a comprehensive assessment of the residents' needs, resulting in the development of personalised support plans. The inspection revealed that guidance documents had been created to assist staff in providing the best possible support to the residents.

The inspector assessed several areas, including communication, health care, medication management, the residents' guide, fire safety management, food and nutrition and positive behaviour support systems. The review found these areas to be compliant with regulations.

Regulation 10: Communication

As stated in the opening section of the report, the residents primarily communicated their needs through non-verbal means, with some residents possessing limited verbal communication skills and occasional phrases. During the inspection, the inspector observed staff members interacting with the residents respectfully and in a manner that was understandable to them. The inspector noted that staff members effectively responded to the residents' non-verbal communication, including their facial expressions and gestures.

The provider's speech and language therapist had reviewed the residents, and communication profiles, along with communication passports developed by staff members, had been created. The inspector reviewed two of the residents' profiles

and passports and found that both documents effectively captured the residents' communication skills and contained relevant information to facilitate effective communication between residents and staff.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector reviewed the systems in place to assist residents with their financial matters. The provider was supporting all residents with their finances. The inspector examined the financial information for two residents and assessed the system used to ensure that the money stored in the house was regularly reviewed. Staff members checked the residents' finances daily, and receipts were stored alongside the funds. Upon reviewing a sample of the receipts, the inspector found that the spending records matched, demonstrating good oversight in this area.

Additionally, there was a system in place for a monthly review of residents' bank accounts, along with ongoing reviews of savings accounts to ensure effective oversight. The review indicated that appropriate measures were in place, allowing residents to access their finances as needed. The staff team checked finances daily to minimize the potential for financial abuse.

Judgment: Compliant

Regulation 13: General welfare and development

As mentioned in earlier sections of the report, an inspection conducted in 2024 found limited evidence of residents being supported to engage in meaningful activities. However, this inspection revealed significant improvements in this area.

Evidence showed that residents were being supported to participate in regular activities both inside and outside the home. They had been going on day trips with their peers and staff members, with future excursions also planned. Daily records documented residents going out for coffee or lunch with staff.

The inspector found that meaningful individual care plans had been developed for the residents. These plans were being updated daily and accounted for the residents' activities, clearly showing the improvements made. Social goals had been identified, and upon reviewing two of the residents, the inspector found that they were being supported to achieve some of these goals, with plans in place to work towards completing the others.

In summary, the inspector concluded that the actions identified in the previous inspection had been fully addressed and that residents were being supported to

engage in meaningful activities

Judgment: Compliant

Regulation 17: Premises

As noted in the opening section of the report, the residents' home was found to be clean and well-presented. Some painting had recently been done, and there was a plan for further enhancements to be made to the appearance of the home. The provider had scheduled painting and some repair work to be completed in the kitchen area. The inspector was satisfied that a plan was in place to address this issue and that, at the time of the inspection, it was not having a negative impact on the residents.

In summary, the residents' home was well-maintained. The provider and the person in charge had identified some areas that needed improvement, and a plan was in place to address these.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector met with the house manager and members of the staff team to discuss the residents' assessments conducted by the speech and language therapist. Following these assessments, the residents were prescribed modified diets tailored to meet their specific needs. One staff member described the food and fluid textures prescribed for the residents, and the inspector confirmed that these were in line with the guidance documents, demonstrating the staff member's appropriate knowledge. Additionally, the inspector reviewed meal planners and found that the residents were provided with a balanced diet.

Judgment: Compliant

Regulation 20: Information for residents

A resident's guide had been developed. The inspector reviewed this and found that the document contained the information per the regulations and was readily available for residents to review.

Judgment: Compliant

Regulation 28: Fire precautions

The provider ensured that adequate fire safety measures were 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, depicting one daytime and one night time scenario. 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 two of these and found them to be appropriate. Staff members spoken to also demonstrated that they had good knowledge of the evacuation procedures.

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 house manager. During this review, they examined the medication recording sheets of two residents, as well as their medication protocols, PRN (as needed) medications, 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 the administration of PRN medications. 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

Following the appraisal of a sample of two residents' information, the inspector was assured that comprehensive assessments of the residents' health, personal and social care needs had been conducted. Following the assessments, care plans were created to guide staff on how to support the residents best best.

The inspector reviewed the care plans for two residents and found that they accurately reflected the residents' presentations and the areas in which they required support. The care plans were under review, providing the reader with detailed information on caring for and supporting the resident.

In summary, the inspector found that the residents' needs were being met and that they were receiving a good service.

Judgment: Compliant

Regulation 6: Health care

Assessments of the residents' health needs were completed in 2024. The inspector reviewed two of these assessments and confirmed that they documented the residents' medical histories and current health needs. Care plans were developed with a focus on helping the residents maintain their health, and there was evidence that the residents attended medical appointments as needed. The inspector found that there were short-term and long-term healthcare plans that accurately reflected the areas where the residents required support. The inspectors observed that in some cases, care plans were being updated daily and were treated as live documents, accurately reflecting the residents' health.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector was informed by the house manager that the residents were receiving support from the providers' Positive Behaviour Support Team. The inspector reviewed the Positive Behaviour Support plans developed for two of the residents. These plans focused on understanding the residents' behaviors, providing insights into the reasons behind these behaviors, and outlining effective strategies for preventing and responding to incidents when they occur.

The primary aim of the behavior support plans was to promote more positive experiences and outcomes for the residents. A review of adverse incidents within the service over recent months indicated that no behavioral incidents had occurred, demonstrating that the supports in place were effective at the time of the

inspection.
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	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant