



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

Issued by the Chief Inspector

Name of designated centre:	Naomh Eoin
Name of provider:	St John of God Community Services CLG
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	03 September 2025
Centre ID:	OSV-0007823
Fieldwork ID:	MON-0047896

About the designated centre

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

Naoimh Eoin provides full-time care to four older adults with an intellectual disability. The residents have additional medical, healthcare, and mobility needs. The group of residents requires high levels of support each day.

Nursing care is available at all times, supported by care assistant staff. The residents do not attend day services but have individual day supports implemented from the centre. The building is a four-bedroom detached bungalow, with four single bedrooms. One has an en-suite bathroom, a large combined sitting room, dining area, and kitchen. It is wheelchair accessible and has a garden and patio area. The centre is located in a rural village and transport is available for the residents.

The following information outlines some additional data on this centre.

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

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 3 September 2025	09:15hrs to 16:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This inspection was conducted without prior notice to assess compliance with relevant regulations and standards. The findings from the inspection were generally positive. Out of the 16 regulations reviewed, two were found to be substantially compliant and the remainder were found to be compliant with regulations and standards. The regulations requiring improvement were Regulation 17: Premises and Regulation 27: Protection Against Infection and these will be discussed in detail later in the report.

Upon arriving at the residents' home, the inspector noticed three staff members seated with one resident during breakfast. One staff member was new to the facility and was undergoing induction, receiving updates on the daily routine and expectations.

The inspector was introduced to all four residents. They were observed relaxing in various areas, including the dining room, their individual rooms, and the sitting room. Three residents communicated through non-verbal methods, while one resident was able to communicate verbally. The residents appeared comfortable in the presence of the staff, who responded to both verbal and non-verbal cues with care.

The inspector reviewed samples of the personal plans for all four residents. The review indicated that the residents were receiving appropriate care and support. As they were advanced in age and no longer attended day service programs, they were encouraged to engage in a variety of activities both at home and within the community.

During the inspection, the residents took part in a jamboree class, which they clearly enjoyed, with laughter heard from some of them. They also participated in musical and sporting events, as well as dining outings with the support of staff members.

Throughout the inspection, the inspector interacted with three staff members and the house manager. Staff were observed engaging with residents in a respectful and caring manner. They made an effort to put the residents at ease, interacted in enjoyable ways, and sat with residents to look at meaningful photos on their tablets.

The inspector found the residents' home to be clean. However, several areas needed painting, and repairs were necessary for the walls and skirting boards in the hallway. These issues slightly detracted from the otherwise warm and welcoming appearance of the home.

In conclusion, the inspection highlighted the overall positive environment for residents, characterised by attentive staff interactions and appropriate support for activities. While there were minor issues that need addressing, the care provided to residents was, ensuring a safe and caring atmosphere for the residents. Further

attention to the identified concerns will enhance the quality of the service being provided.

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 found that the governance and management arrangements of the provider were appropriate, ensuring that, that the service provided was safe, suitable to residents' needs, consistent, and effectively monitored.

The inspector also reviewed the provider's arrangements for:

- staffing
- staff training and
- notification of incidents.

These areas were found to be compliant with regulations.

A review of a sample of staff rosters confirmed that safe staffing levels were maintained and staff had access to and completed relevant training programmes to support residents' care.

In conclusion, the provider was found to have effective systems in place to ensure that appropriate care and support was delivered to residents.

Regulation 15: Staffing

The inspector reviewed the staffing arrangements in place. Each day, three staff members were on duty, and at night, two staff members were on duty. A staff nurse was present 24 hours a day and led each shift, making the service nurse-led.

The inspector examined a sample of staff rosters, including the current roster, a roster from the week in September, and a week's roster from February of this year. Upon comparison, the inspector found that a consistent team was in place. Although there had been some recent changes to the staff team, a plan was in place to address these, and the service manager was able to demonstrate this to the inspector.

In summary, following the review of the rosters, the inspector found that the provider was maintaining safe staffing levels. The provider was also ensuring that

nursing care was being delivered in accordance with the service's statement of purpose.

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 staff members and found that training needs were regularly assessed, and that staff attended training as required.

Staff members had completed training in a range of areas, including fire safety, safeguarding vulnerable adults, dysphagia, infection prevention and control, a human rights-based approach, epilepsy and the administration of buccal midazolam (rescue medication), basic life support, safe administration of medication, Children First, and manual handling.

Judgment: Compliant

Regulation 23: Governance and management

The inspector reviewed the provider's governance and management arrangements, which were found to be effective in ensuring that the service provided to residents was appropriate, safe, and responsive to their individual needs. There was clear evidence of structured oversight and accountability, with systems in place to monitor and improve the quality of care.

A range of governance tools were in use to support effective service delivery. Monthly statistical reports were completed by the service's management team, covering key areas such as:

- adverse incidents,
- safeguarding referrals
- restrictive practices
- staff matters
- risk management.

The inspector reviewed reports from the previous three months and found that no concerns had been raised during this period.

The provider ensured that all required reports and visits to the service were completed. For example, an unannounced visit was conducted on 23 April 2025, followed by a written report focusing on the safety and quality of care and support

provided in the centre. The inspector reviewed the findings of this visit alongside the Annual Review for 2024 and found that the provider's auditing processes were appropriate, effectively identifying areas requiring improvement and implementing systems to address them.

In addition, the service's management team conducted audits in specific operational areas, including:

- residents' finances
- fire safety management
- hygiene and cleanliness.

These tools demonstrated a proactive approach to quality assurance, with a clear focus on maintaining high standards of care and safety.

The governance structure supported effective leadership, with clear lines of responsibility and a strong commitment to person-centred care. The inspector reviewed team meeting records from May to August, which showed appropriate information sharing between management and staff, review of adverse incidents when they occurred, and a consistent focus on learning and service improvement.

The inspector also reviewed samples of information from all residents. The appraisal demonstrated that residents' needs were being consistently assessed and addressed. Care plans were up to date, tailored to each individual, and reflective of residents' preferences, health status, and support requirements.

In summary, the provider's governance and management arrangements demonstrated effective oversight and proactive quality assurance practices which ensured that residents' individual needs were met.

Judgment: Compliant

Regulation 31: Notification of incidents

As part of the inspector's preparation for the inspection, they reviewed the notifications submitted by the provider. This review showed that, per the regulations, the person in charge had submitted the necessary notifications for review by the office of the Chief Inspector of Social Services.

Judgment: Compliant

Quality and safety

The inspection concluded that residents received a service tailored to their individual needs, delivered in a manner that upheld their rights and dignity. A comprehensive assessment of each resident's needs was undertaken by the provider, resulting in the development of personalised support plans. Staff were supported in delivering high-quality care through the provision of clear guidance documents.

The inspector reviewed several key areas including:

- personal possessions
- protection
- healthcare
- risk management
- general welfare and development
- positive behaviour support systems.

All of these areas were found to be compliant with relevant regulations.

However, the inspection also identified areas requiring improvement for example, Infection Prevention and Control (IPC) whereby storage practices for mop heads and mop buckets need to be improved. In addition premises maintenance required review in relation to the interior of the residents' home, particularly the main hallway which was noted to require repair and redecoration.

Overall, the inspection found that residents were receiving a high standard of care in a respectful and person-centred environment. While some minor improvements were identified, the service demonstrated strong compliance with regulatory requirements and a commitment to continuous improvement.

Regulation 10: Communication

As identified in the opening section of the report, three of the four residents primarily communicated through non-verbal means. The inspector found that communication profiles and communication passports had been developed for each resident. Upon reviewing two of these documents, the inspector noted that they were well-written and provided clear guidance on interpreting residents' non-verbal cues and on how staff should effectively communicate with them.

A staff member shared that these documents had significantly supported their ability to understand and engage with the residents, enhancing both communication and relationship building.

During the inspection, staff were observed responding appropriately to both verbal and non-verbal communication from residents. The inspector was satisfied that the communication strengths and needs of the residents had been assessed and that staff were communicating with residents in a manner that was responsive and suited

to their individual needs
Judgment: Compliant
Regulation 12: Personal possessions
<p>The inspector reviewed the arrangements in place to support residents in managing their finances. Financial passports had been completed for all residents. The inspector examined two of these passports in detail and found that they provided clear information on each resident's involvement in managing their finances, as well as the supports they required. The current group of residents relied on staff members to assist them with financial management.</p> <p>The inspector also reviewed the systems in place to safeguard residents from financial abuse. Residents maintained a sum of money in their home, which was stored securely in safes located in their bedrooms. The amount of funds held and any spending were checked daily by two staff members, ensuring transparency and accountability. The inspector checked the spending records of two residents and reviewed a sample of entries against stored receipts, finding that they matched.</p> <p>In addition, residents had been supported to open bank accounts and savings accounts, promoting independence and financial inclusion. The inspector found that statements for these accounts were being reviewed regularly by the service's management team to ensure that withdrawals were accounted for and that residents were safeguarded from potential financial abuse.</p> <p>In summary, the inspector was satisfied that the provider had robust systems in place to support residents with financial management and to protect them from financial abuse.</p>
Judgment: Compliant
Regulation 13: General welfare and development
<p>The inspector found that residents, who were advanced in age, were engaging in activities that were both age-appropriate and tailored to their individual preferences. Staff had actively supported residents in identifying and pursuing personal social goals. Examples included attending sporting events and concerts, dining out with family, meeting friends for coffee, and visiting preferred cafés.</p> <p>In addition to external outings, staff and the house manager facilitated meaningful social activities within the home. Notably, residents enjoyed a jamboree session in the sitting room and received complementary therapies such as reflexology and gong therapy also from their home.</p>

In conclusion, the inspector was satisfied that residents were being supported to engage in enjoyable and suitable activities that met their social care needs.

Judgment: Compliant

Regulation 17: Premises

During a walk-through of the residence with the house manager, the inspector observed that while the home was generally in good condition, some areas required maintenance. Specifically, painting was needed in several locations, including the hallway, and there was visible damage to walls and skirting boards. These issues detracted from the overall appearance of the residents' home.

Documentation reviewed by the inspector indicated that these works were originally scheduled for completion in March of this year. However, delays had occurred, and at the time of inspection, no confirmed date for the completion of the works had been set.

In conclusion, although the home was overall well maintained, the outstanding repairs and painting works were noted as detracting from the environment and should be addressed.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The inspector evaluated the provider's processes for identifying and managing risk. A review of adverse incident records showed that few incidents had occurred in recent months. Where incidents did arise, they were reviewed by the service's management team and discussed during team meetings to identify learning opportunities and reduce future risk.

Risk assessments had been developed for each resident. The inspector reviewed two of these assessments and found that they were clearly linked to the residents' individual needs and support plans. The documents were concise, well-written, and contained all necessary information to ensure resident safety. The risk control measures in place were found to be appropriate to the level of risk identified.

In conclusion, the inspector was satisfied that effective risk management systems were in place and that risks were being appropriately assessed, monitored, and mitigated.

Judgment: Compliant

Regulation 27: Protection against infection

On arrival at the residents' home, the inspector noted that a mop bucket and mop head had been left outside. Upon further inspection, it was observed that the bucket was filled with rainwater. When this was brought to the attention of staff members, they were unaware of the issue, and it was discovered that the mop bucket had been left outside overnight during heavy rain. The storage of mop buckets and mop heads outdoors was not appropriate. These items should be stored in a manner that allows them to dry thoroughly after use, in order to prevent the spread of infection.

The house manager showed the inspector the designated storage area for mop buckets and mop heads, and the inspector was satisfied that appropriate storage facilities were in place. However, staff had not followed these procedures, and this required improvement.

During the course of the inspection, the inspector observed that the residents' home was clean. As noted earlier in the report, hygiene audits were being conducted, and these were identifying areas requiring improvement. The inspector found evidence that actions were being taken in response to audit findings. For example, a shower chair had recently been replaced because damage to its surface posed a risk, as it could no longer be cleaned appropriately.

The inspector also reviewed the arrangements in place for managing respiratory infections, including COVID-19. The information and guidance available reflected best practice and provided clear instructions on how to respond to respiratory infections.

Overall, the inspection found that while the home was clean and hygiene audits were actively identifying and addressing areas for improvement, there were lapses in staff adherence to infection control practices, specifically regarding the storage of cleaning equipment.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector reviewed the fire safety measures in place and found that staff had received appropriate fire safety training. There was evidence that fire detection and firefighting equipment had been serviced regularly, ensuring that systems were maintained in good working order.

Records and observations confirmed that both residents and staff could be safely

evacuated during daytime and night time scenarios. The provider had also taken proactive steps to enhance fire drill realism by using mannequins to simulate the evacuation of residents from bedrooms using ski pads.

In conclusion the inspector was satisfied that effective fire safety arrangements were in place and that the provider had taken appropriate measures to ensure the safety of residents in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had a system in place whereby residents' information was collated within their individual personal plans. These plans served as a central resource for documenting each resident's needs, preferences, and supports, ensuring that care delivery was tailored and consistent. The inspector reviewed a sample of these plans, focusing in particular on the personal plans of two residents, and found that they were comprehensive, up to date, and reflective of the residents' current health status and support requirements.

Overall, the inspector found that the service's management team had ensured that the social and healthcare needs of residents were appropriately assessed. Care and support plans had been developed following these assessments, and residents were receiving care in line with their identified needs. This demonstrated person-centred planning and effective service delivery.

Judgment: Compliant

Regulation 6: Health care

The inspector found that healthcare assessments had been completed for the residents. They reviewed two residents' personal plans in detail and found that the medical needs of each individual were clearly documented. The plans included relevant healthcare information, such as diagnoses, treatment protocols, and ongoing support needs. This demonstrated that the staff team was actively monitoring residents' health and ensuring that appropriate medical care was being delivered in line with their assessed needs.

The review of the information revealed that residents could access a range of allied healthcare professionals if needed. Additionally, evidence showed that the staff team acted as advocates on behalf of the residents, seeking updates and arranging follow-up appointments as necessary.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the residents' information and found that, where necessary, they had access to positive behaviour support services. A positive behaviour support plan had been developed for one resident, which the inspector examined in detail. The plan provided clear and concise information about the resident, including how they presented when upset or angry, and outlined the steps staff should take to help reduce such behaviours. It also detailed how staff should respond to the resident's behavioural needs and how to support them following any incidents. Overall, the plan reflected a person-centred approach to behaviour support.

The inspector spoke with a staff member on duty about the behavioural needs of the residents. The staff member demonstrated a good understanding of these individual needs, and when asked how a resident was supported during incidents, their response aligned with the guidance outlined in the resident's behaviour support plan. This indicated that the staff were familiar with and actively applying the strategies detailed in the plan, contributing to safe and appropriate support for residents during behavioural incidents.

Additionally, the inspector reviewed the restrictive practices that had been introduced. They found that these practices were implemented to maintain the residents' well-being. The inspector determined that the use of restrictive practices was warranted. A positive finding was that for one resident, a restrictive practice reduction plan had been successfully introduced. This plan identified that the resident no longer required the restriction, leading to its removal.

Judgment: Compliant

Regulation 8: Protection

The inspector found that appropriate arrangements were in place to respond to safeguarding concerns when required. The person in charge had initiated investigations into reported concerns, and there was evidence of safeguarding preliminary screenings being conducted and safeguarding plans being developed where necessary.

At the time of the inspection, there were no open safeguarding plans. A review of staff training records confirmed that staff had received appropriate training in safeguarding residents from all forms of abuse.

During discussions with a staff member, the inspector was satisfied that staff were knowledgeable about safeguarding procedures and understood their responsibilities.

in protecting residents.
Judgment: Compliant
Regulation 9: Residents' rights
<p>Throughout the inspection, staff were observed interacting with residents in a respectful and dignified manner. Residents were participating in a variety of activities both inside and outside the home, and the service was found to be effectively meeting their individual needs.</p> <p>A staff member highlighted the importance of treating residents as individuals, building relationships, and understanding non-verbal communication. The use of communication passports was noted as a valuable tool in supporting residents and enhancing staff understanding of their preferences and needs.</p> <p>In summary, the inspector found that residents' rights were being upheld through respectful interactions and person-centred care practices.</p>
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 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Naomh Eoin OSV-0007823

Inspection ID: MON-0047896

Date of inspection: 03/09/2025

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none">• Email sent reminding staff of the importance of storage and maintenance of mop heads and mop buckets in assigned areas as per IPC guidelines completed 22/09/25• IPC measures were discussed at team meeting completed 24.09.25	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: <ul style="list-style-type: none">• Damaged plaster on walls in the residents hallway to be addressed and painted date to be completd by 30/12/2025• Skirting boards to be repaired and painted date to be completd by 30/12/2025	

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 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	30/12/2025
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	24/09/2025