



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:	Announced
Date of inspection:	21 January 2026
Centre ID:	OSV-0007823
Fieldwork ID:	MON-0040536

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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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 21 January 2026	09:30hrs to 16:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This was an announced inspection carried out to monitor compliance with regulations and standards, and to help inform the decision regarding the centre's ongoing registration. The inspection findings were positive, with all areas reviewed found to be compliant with the regulations.

The service was previously inspected in September 2025. That inspection identified that some areas required improvement. These had been addressed prior to this inspection, identifying that the provider had responded to the identified actions.

The inspector found the atmosphere in the house to be welcoming and calm. The residents' home was found to be clean, free from clutter and parts of the house had recently been painted, which enhanced its appearance.

During the inspection, the inspector met with all four residents, the three staff on duty, the person in charge, and the house manager.

On arrival at the resident's home, the inspector was greeted by the staff nurse on duty. At this time, one of the residents was up and about to have breakfast. There were two other staff members on duty, supporting the other residents with their morning routine.

The residents were observed to be comfortable in their home. Residents relaxed in common areas, and some also took time away in their own rooms, listening to music. The weather on the day of the inspection was quite poor, so the residents completed in-house activities.

The review of information and observations on the day found that the residents' rights were being promoted and respected. Residents were being supported to identify activities they would like to engage in, and the inspector also found that social goals were in place for them. There were examples of such goals being achieved and of staff members taking steps to complete further identified goals, such as going on holiday.

The review of records and discussions with staff identified that the residents were active in their local community and beyond. For example, some of the residents were due to go on a holiday in the coming weeks, others had booked tickets to attend music events in the summer, and the residents attended sporting events when the weather was better. There were plans for residents to join the local "men's shed" when it was established, and some residents also enjoyed walking on a nearby greenway. Staff informed the inspector that they had gotten to know their neighbours through this and other activities.

Three of the four residents communicated non verbally. The inspector found that communication assessments had been completed for the residents. Discussions with staff members and observations of their interactions with the residents confirmed that the staff team knew how to communicate effectively with the residents.

During the review, the inspector found that three of the four residents' family members had submitted feedback about the service their loved ones were receiving. The feedback was positive, with family members noting the care and support the residents were receiving and the efforts staff members were making to support them.

The inspector found that systems were in place to ensure the residents' needs were regularly reviewed. Some residents received enhanced support due to changes in their presentation. There were also examples of staff members closely monitoring residents, seeking guidance from allied healthcare professionals, and taking steps to promote residents' health.

In summary, the inspection findings highlighted a positive evaluation of the service, confirming that all areas reviewed met regulatory requirements. The centre had previously addressed identified improvements, demonstrating responsiveness to feedback. The inspector noted a welcoming environment, engaged residents, and supportive staff. Residents' rights and social inclusion were actively promoted, with individual goals and community involvement encouraged. Communication needs were well met, and family feedback was very positive.

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 and the complaints procedure. 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 found that suitable staffing arrangements were in place. This was established by reviewing a sample of rosters, interacting with staff members, and examining the staff team's skill mix relative to the residents' needs.

The inspector studied the current staff roster for a two-week period from November 2025. The comparison showed that there was a settled staff team. The person in charge informed the inspector that there had been some changes to the staff team in 2025, but the provider had ensured that safe staffing levels were maintained and that the skill-mix of the staff team was appropriate.

The service was nurse-led, with a staff nurse rostered day and night. The staff nurses led all shifts. During the day, three staff were rostered, usually one staff nurse and two care assistants. At night, one staff nurse and one care assistant supported the residents. The review of the rosters identified that the required staffing numbers were maintained each day.

Throughout the inspection, the staff demonstrated that they had the appropriate knowledge to support the residents. On a number of occasions, the inspector sought information from staff members, and they were able to answer the questions or show the inspector where the information was located, demonstrating good knowledge.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed staff training records and confirmed that staff had access to and completed training relevant to their roles and the needs of the residents. Training completed by staff included:

- fire safety
- safeguarding vulnerable adults
- Dysphagia
- infection prevention and control (IPC)
- Children First
- manual handling
- managing behaviour that is challenging
- safe administration of medication
- Basic life support
- Epilepsy and the administration of buccal midazolam (seizure rescue medication)
- positive behaviour support

- human rights.

The review of records demonstrated that staff had received appropriate training, which guided the care and support delivered to residents.

For example, the inspector spoke to two staff members about how they prepared the residents' modified diets. All residents were prescribed modified diets due to swallowing issues. The staff members explained how they prepared the residents' meals and showed the inspector where information regarding meal preparation was stored if they needed to review it.

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.

The inspector found that a schedule of audits was in place, with audits being completed by the services management team and by management from other services, as the provider had developed a peer audit system to promote learning.

The inspector reviewed a sample of audits completed in 2025 and found that they covered a number of areas related to how the service was run and the care and support provided to residents. The inspector found that completing these audits ensured that the service provided to residents was effectively monitored.

Audits completed included;

- Medication management
- IPC
- residents finances
- outbreak management.

The provider had also ensured that the annual review of the service provided to the residents was completed for 2025. The inspector reviewed this and found that it gave the reader sufficient information about the service, governance and management arrangements, the care and support provided to the residents, and important milestones and activities the residents had achieved or engaged in over the previous year.

The provider had also ensured that the required unannounced visits to the service by a provider representative had been completed and that a report had been furnished following the visit, which focused on the safety and quality of care and

support provided to the residents and put a plan in place to address any concerns regarding the standard of care and support.

The inspector reviewed reports from the two most recent visits completed in April and October 2025. The April report identified no issues with the service being provided to the residents. The October report identified areas that required improvement. These included improvements to positive behaviour support practice, residents' communication needs, and the documentation of efforts to support residents' general welfare and development.

As part of the inspection process, the inspector followed up on the actions and found that they had been addressed or were being progressed, identifying an effective response to monitoring practices and a focus on improving the service provided to the residents.

The inspector also reviewed the three most recent team meeting records. The inspector found that there was a focus on sharing information between management and the staff team, promoting potential learning from adverse events, reviewing activities residents had engaged in, discussing future goals, and discussing residents' presentations and upcoming appointments. These practices ensured that the staff team supporting the residents was well-informed. Discussions with the staff team during the inspection corroborated this, with staff members answering any queries the inspector had in line with care and support plans.

In summary, the inspector found that the provider had ensured that appropriate governance and management arrangements were in place. The service was effectively monitored, improvements had been made since the last inspection, and the provider had demonstrated that systems were in place to self-identify areas requiring improvement, with steps being taken to address these.

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 the resident and their representatives.

On the inspection day, the inspector was assured that the statement of purpose accurately reflected the service provided to the residents.

Judgment: Compliant

Quality and safety

The inspection concluded that residents were receiving a good standard of care and support. Assessments of residents' needs had been completed, which informed the development of their care and support plans. The inspector reviewed samples of these plans and found them to be well written and reflective of the residents' changing needs.

Key areas, including risk management, communication, general welfare and development, and behaviour support, were examined and found to be compliant with regulatory requirements.

In summary, residents appeared happy in their home, and the information reviewed indicated that they were engaging in activities they enjoyed.

Regulation 10: Communication

Following a review of residents' information, the inspector was assured that appropriate steps were being taken to support residents' communication needs. The inspector examined the information for three of the four residents and found that communication passports and communication profiles had been developed for each of the three residents.

The inspector found that these documents accurately captured the residents' communication needs and provided clear guidance to staff on how best to support each resident.

During the inspection, the staff nurse on duty showed the inspector a new communication profile that was being developed for one resident. This need had been identified through the provider's own audit processes. The inspector noted that the new profile included additional detail, with a stronger focus on how the resident expresses themselves and how they interpret information. For example, a communication dictionary was being created for the resident. The inspector reviewed this and found it to be a very positive piece of work which, once completed, should further enhance the resident's communication.

In summary, the inspector found that the provider had taken adequate steps to support residents' communication needs.

Judgment: Compliant

Regulation 13: General welfare and development

The review of information and observations on the day confirmed that residents were receiving appropriate care and support. The inspector reviewed samples of information from three of the four residents and also reviewed a scrapbook containing images of residents engaging in a range of activities. The inspector found that residents were supported to be active members of their local community. Some residents had been supported to become members of local clubs, and there was evidence of residents going on regular excursions with staff support. For example, some residents were due to go on a short holiday break in the coming weeks.

The inspector found examples of staff members supporting residents to maintain contact with their families and, in some cases, to reconnect with family members.

Residents, as much as possible, were identifying things they would like to achieve or engage in. Person-centred plans had been developed alongside meaningful day plans. The inspector found that residents had been supported to achieve many social goals in 2025 and had identified goals for 2026, with the staff team supporting them to achieve these goals. For example, residents had purchased tickets for a musical event during the summer and were preparing to go on holiday.

Overall, the inspection confirmed that residents were receiving appropriate, person-centred care and support. Residents were actively involved in their community, maintained meaningful family connections, and were supported to pursue personal goals.

Judgment: Compliant

Regulation 20: Information for residents

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

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector evaluated the provider's processes for identifying and managing risk. A review of adverse incidents recorded for 2025 showed that incidents had occurred in recent months. The changing needs of a resident had resulted in an increase in incidents. The inspector found that the staff team were responding to the incidents and de-escalating them. Incidents 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 the assessments for two residents and found they were clearly linked to their 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.

For example, the inspector reviewed the dysphagia risk assessments for the residents and also reviewed the steps being taken to maintain the residents' safety regarding their eating and drinking needs with staff members. The inspector found that the staff team had adequate knowledge to support the residents and maintain their safety.

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 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 regularly serviced, ensuring that the systems remained in good working order.

Records and observations confirmed that both residents and staff could be safely evacuated during daytime and nighttime 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.

The inspector reviewed three of the residents' personal emergency evacuation plans. The review found that the plans were accurate, under review, and provided the reader with the required information to safely evacuate the residents.

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 6: Health care

The appraisal of information identified that the health needs of the residents were being met. The inspector reviewed two residents' information and found that

healthcare assessments had been completed and that, following these assessments, healthcare and support plans had been developed.

The inspector reviewed samples of both residents' care plans. The plans were directly linked to the assessments and provided adequate information to help staff understand the residents' health needs and how to support them in maintaining good health. The inspector identified that one of the care plans needed to be updated, and this was addressed promptly by the house manager.

The review of information and discussions with staff members demonstrated that residents' health needs were under close review. For example, the needs of one resident changed in 2025. The inspector found that the resident received enhanced care and support from the provider's multidisciplinary team. Changes were made to the resident's medication, with evidence of follow-ups being completed and further steps taken to support the resident. The staff nurse on duty noted a recent change in the resident's gait, which triggered a medical review and further adjustments to the resident's medication to ensure their health was maintained.

In summary, the inspector found that residents' health needs were under close review, staff members were actively responding to those needs, and the provider had suitable systems in place to support and maintain residents' health.

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.

The inspector found evidence that the resident had received support from members of the provider's multidisciplinary team, including specialists in positive behaviour support and psychiatry, following changes in the resident's presentation. The records showed that the resident received regular input, and the reviews led to changes in the resident's medication, resulting in positive outcomes such as a reduction in the frequency and severity of incidents and improved overall wellbeing,

Restrictive practices were used in the service to maintain residents' safety. Where possible, the provider had taken steps to reduce the use of such practices. For example, a long-standing restrictive practice had been discontinued for one resident, demonstrating positive steps in reducing restrictive practices.

As mentioned earlier, the provider's audits identified that some improvements were required under positive behaviour support. This is related to the documentation

regarding PRN (as required) usage. The inspector discussed this with the person in charge, who explained that documentation had been updated following the audit. The inspector reviewed this and found a greater focus on recording the steps taken before PRN usage was considered, the reasons for administration, and whether it was effective. This demonstrated appropriate follow-up from the service's management team and that the use of PRN medication was being properly monitored.

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 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant