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:	Designated Centre 20
Name of provider:	St John of God Community Services CLG
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	13 February 2025
Centre ID:	OSV-0007904
Fieldwork ID:	MON-0041949

About the designated centre

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

DC20 is a designated centre operated by St. John of God Community Services CLG. The designated centre consists of two houses. One house is located in a rural location near the County Kildare/Meath border and provides full-time residential services for up to three male adults with intellectual disabilities. The house is supplied with a transport vehicle and provides secure, large outdoor garden and parking spaces. The house is a detached two-storey house with a large kitchen and dining area and two separate living room spaces. The second house is located in the centre of a busy town in Co .Kildare and can accommodate up to three residents either male or female. Residents have their own private bedrooms which have been decorated to residents' personal preferences and with due regard for residents' assessed needs. The centre is staffed by social care workers and health-care assistants and is managed by a person in charge who is also responsible for one other designated centre. They report to a person participating in management who supports them in their management role.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Thursday 13 February 2025	11:20hrs to 16:30hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

The purpose of this inspection was to follow up on a site visit conducted in June 2024 regarding a new property that the provider proposed to add to an existing designated centre through an application to vary its registration. The existing designated centre consisted of a single house in a rural area in County Meath. The new house, a bungalow located in the centre of a busy Kildare town, was registered in September 2024 following the site visit. The inspection found that the new house provided a supportive environment where residents were able to engage in activities of their choice, develop links with the local community, and develop their independent living skills. At an organisational level, improvements were required to the assessment of need as discussed further in the report.

Due to the nature of verifying the operations of the new house within the centre, the inspector only visited one of the two houses that comprise Designated Centre 20. The focus of the inspection was to assess how the new house was operating since its registration, and determine residents' experiences since moving into their new home. In addition, following an increase in the notification of behaviours of concern that impacted other residents in the other house within the house in the latter half of 2024, the inspector reviewed relevant documentation related to these incidents.

Upon arrival, the inspector observed that the house was initially empty as staff had left to transport a resident to day services. Shortly thereafter, the person in charge, accompanied by the new social care leader, arrived to facilitate the inspection. The inspector was informed that three residents had moved into the centre shortly after registration. However, one resident had recently transferred to another house with a vacancy because they shared closer age and interest profiles with the other occupants, a move that the resident reportedly welcomed.

The inspector was advised that discussions were underway regarding the potential transition of another resident into the house. The current residents, who are in their 20s and 30s, were reported to be enjoying their living arrangements and the benefits of the house’s central location. Additionally, compatibility assessments had been completed to ensure that the mix of residents was supportive of a positive living environment.

A walk-around of the centre was conducted with the person in charge, which confirmed that the physical environment, including bedrooms and communal areas, was well maintained. The house was a single-level property with a contained courtyard. The kitchen was modified with lowered counters to facilitate wheelchair users, and a ramp was installed to improve accessibility. The new house provides a well-designed, accessible, and socially integrated environment for residents.

Later in the day, following their return from day services, the inspector was able to spend time with both residents. This provided an opportunity to observe their

interactions within the home and discuss their feedback of living in the centre. The two residents had transitioned from other houses within the organisation, with one previously living in a rural location and the other having lived alone. It was evident that both residents enjoyed the move to a more urban setting, where they had the opportunity to engage with another resident and receive increased staff support. The benefits of their new living arrangement were reflected in their enthusiasm about the house, with one resident stating they "loved it" and that staff treated them very well. Both residents appeared comfortable in their surroundings, with each other, and with management.

The house was warm and inviting, with framed photos displayed, showing a resident attending a Christmas dinner dance and celebrating their move into the house. One resident gave the inspector a tour of their bedroom, expressing particular appreciation for the storage space for their belongings and the convenience of having an ensuite bathroom. They appeared proud of their personal space, which was decorated to reflect their individual style and preferences.

During the inspection, a request was made for meeting minutes to verify pre-admission discussions and to obtain a copy of the centre's admissions, discharge, and transition policy. While it was apparent that the transitions into the centre was well planned and resulted in positive outcomes for residents, it was found that the assessment of residents' needs was disjointed and did not comprehensively capture all aspects of their support requirements. As a result, some key areas of need were not adequately reflected in their personal plans, requiring further review

Residents were encouraged and supported to maintain connections with family and friends. Staff facilitated social outings and ensured that residents remained engaged in community activities based on their interests and aspirations. Residents spoke about the various activities they were engaged in and how their independence was supported in the centre. One resident spoke of their experiences of independently travelling to various locations and taking on new activities within the local community such as yoga, working in the local GAA club and shopping in the local shopping centre.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The inspection found that there were effective management systems in place to ensure that the service provided to residents was safe, consistent, and appropriate to their needs. This was reflected in the high levels of compliance observed during the inspection. The provider had also ensured that the centre was well-resourced, with sufficient staffing, facilities, and supports available to meet the needs of

residents.

The rosters reviewed by the inspector confirmed that planned staffing levels were maintained, and residents reported that staff were always available to support them when needed. The inspection also found that systems for recording and monitoring staff training were effective. A training needs analysis was conducted periodically for all staff, with refresher training provided as part of ongoing professional development.

The provider and local management team had implemented structured monitoring and oversight mechanisms to maintain and improve service quality. These included annual reviews, six-monthly reports, and a suite of audits, with identified actions in place to drive continuous improvement. Management were found to be actively involved in the day-to-day operations of the centre. Residents confirmed they knew who the managers were and felt comfortable approaching them.

The admission process was structured to ensure compatibility between existing and new residents. The provider demonstrated an awareness of the potential negative impacts of unsuitable admissions and had systems in place to consult with current residents before any new admissions were finalised. Prospective residents were given opportunities to visit the centre, meet with staff, and discuss the service before making a decision to move in.

Regulation 15: Staffing

The inspection found that there was good continuity of staffing in the centre. This consistency enabled residents to build strong relationships with their support workers and feel secure in their daily routines. Staff retention strategies had been put in place to reduce reliance on agency workers, ensuring familiarity and stability for the residents. Duty rosters reviewed during the inspection confirmed that planned staffing levels were maintained, preventing disruptions in care.

One resident had moved out of the centre in January 2025, leading to slight adjustments in the centre's roster requirements. Current staffing arrangements included live-night shifts, relief staff, and permanent staff. Due to the change in resident numbers, the staffing arrangements were being kept under ongoing review to ensure that the level of support remained appropriate to residents' needs. The potential transition of a third resident was also being considered, with staffing arrangements forming a part of the decision-making.

Judgment: Compliant

Regulation 16: Training and staff development

All staff training was up to date and covered key areas such as fire safety, safeguarding, behaviour support, and human rights. There was a system of oversight in place to monitor staff training, ensuring that all necessary training was completed and maintained. This was achieved through a centralised training matrix and training needs analysis. Documentation made available during the inspection confirmed that all core staff, as well as relief staff, had completed both mandatory and centre-specific training to support residents effectively.

To further support staff in their roles and maintain consistency in the operation of the centre, regular team meetings were held and chaired by the person in charge. These meetings provided an opportunity for staff to discuss residents' needs, review polices and procedures, and address any emerging issues within the centre.

Judgment: Compliant

Regulation 23: Governance and management

The management structure within the centre was clearly defined, with clear lines of authority and accountability. The person in charge was employed full-time and was found to have the necessary skills, experience, and qualifications for their role. The person in charge also had responsibility for another designated centre. The inspector was informed that they would be taking on responsibility for an additional centre, and as a result, the social care leader would be stepping into the person in charge role for this centre to maintain continuity of leadership.

Management were actively involved in overseeing the service and were visible within the centre, ensuring they were known to residents. Feedback mechanisms were in place, allowing residents, staff, and family members to share their views, which informed ongoing improvements in the service.

The last six-month unannounced audit was carried out by the provider's quality and safety department in October 2024. As part of this review, a quality and safety advisor visited both houses within the centre, engaging with residents and staff to gather their feedback on the quality and safety of care and support provided. This approach ensured that the audit was comprehensive and reflective of the lived experiences of those in the centre.

Actions identified during this review, along with findings from other audits conducted in the centre, were documented within an overall quality enhancement action plan (QEAP). This allowed for clear tracking of progress, ensuring that identified improvements were being addressed in a timely manner. Where necessary, actions could be escalated to senior management for further intervention.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The admissions process respected residents' right to choose where and with whom they wanted to live. For example, due to the identification of a more suitable placement for one resident, the move was supported to ensure a positive outcome. The provider ensured that admissions were carefully planned and aligned with the centre's statement of purpose, taking into account the needs and preferences of existing residents. The residents currently living in the house were consulted about any potential new admissions. Compatibility assessments were conducted to ensure that the mix of residents would support a positive living environment. The provider recognised the potential impact of inappropriate admissions and took steps to ensure that new residents had opportunities to visit the house and meet with staff before making a final decision to move in.

A transition review conducted one month after a resident's move-in highlighted positive experiences, such as increased independence and engagement in social activities.

Improvements identified in the pre-admission assessment of need is captured under Regulation 5: Assessment of needs and personal plans.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all notifiable incidents, as outlined under this regulation, were reported to the Chief Inspector in line with regulatory requirements. Records reviewed demonstrated compliance with the notification requirements.

Judgment: Compliant

Quality and safety

The inspection findings highlighted a well-managed and resident-focused service. Residents reported positive experiences, strong relationships with staff, and a sense of belonging in their home. Residents expressed satisfaction with the house's central location, which placed them within walking distance of local amenities, workplaces, and day services, thereby enhancing their overall quality of life. As previously mentioned, the approach to formally assessing residents' needs was an area of

improvement for the provider.

Residents were supported to enjoy a good quality of life in the centre. They engaged in a range of social, leisure, and occupational activities that aligned with their personal interests and preferences. The availability of sufficient resources, including adequate staffing levels and access to a vehicle, enabled residents to participate in their chosen activities and access services and amenities in the community.

An increase in recorded incidents of behaviours of concern was reported in one house, prompting the development of safeguarding plans to ensure the safety and wellbeing of residents. While a positive behaviour support plan (PBS) was in place, it was overdue for an update, The need for a revised PBS was acknowledged to ensure that residents had the most current strategies in place to support residents effectively. As part of the safeguarding measures additional staffing was introduced to provide increased support and this intervention appeared to have a positive impact.

While regulatory requirements state that assessments must be reviewed and updated at a minimum of once per year, it is important that a comprehensive assessment of need is completed before a resident is admitted to a centre. This ensures that the centre is adequately equipped to meet the resident's needs and provide the necessary supports for their well-being.

Fire safety precautions were well implemented in the centre. Staff carried out regular checks on fire safety equipment and ensured that all fire precautions were maintained to a high standard. The centre had arrangements in place for the regular servicing of fire equipment.

Regulation 13: General welfare and development

Residents were actively supported in maintaining relationships with family and friends and engaging in their chosen communities. Opportunities for social inclusion were encouraged based on each resident's interests and aspirations. The centre facilitated the development of residents' skills and capacities to promote greater independence and integration. Residents were supported in taking part in meaningful activities that aligned with their preferences such as drama classes, shopping, cinema, visiting family members and meeting up with friends.

Judgment: Compliant

Regulation 17: Premises

The house was found to be well-maintained, both internally and externally. The

premises were clean, in good repair, and designed to meet residents' needs. The location of the centre provided easy access to community amenities, public transport, and social opportunities, supporting residents' autonomy. The design of the premises followed universal design principles, ensuring accessibility for all residents, regardless of age or ability. The layout promoted independence while maintaining a homely and comfortable atmosphere.

Feedback gathered from residents indicated that they appreciated having personalised bedrooms and spacious communal areas, including a large sitting room, open-plan kitchen and dining area, and dedicated bathrooms, all of which contributed to a homely atmosphere.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety measures were in place to mitigate risks, and appropriate fire prevention strategies were implemented. The provider sought guidance from fire safety experts to ensure compliance with regulations. Fire safety training was provided to all staff, covering emergency procedures, building layout, and escape routes. Fire equipment was adequately maintained and serviced in line with required standards, and regular checks were recorded.

Residents were supported in understanding fire safety procedures. Fire evacuation plans and individualised evacuation plans had been developed, and their effectiveness was tested through regular fire drills conducted in the centre.

The fire panel was easily found in the hallway. It was addressable, with identifiable fire zones. The inspector tested the fire doors, by releasing them, and observed that they closed properly.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed two residents’ personal plans and assessment records and identified gaps in the formalisation of the assessment of need process. Previous inspections in the provider’s other designated centre had highlighted the importance of ensuring that assessments of need directly inform the development of personal plans, particularly upon admission. However, it was noted that while a range of assessment forms were in use, there was no overarching comprehensive assessment, leading to gaps in identified needs and a lack of corresponding support plans. This inconsistency meant that some residents' specific support requirements

were not adequately captured or addressed.

Additionally, key assessments had not been completed, including the "Using Your Home & Community" assessment, which is essential for supporting residents' engagement with their surroundings, and the Rights Restriction Awareness form, which remained unfilled at the time of inspection.

Further concerns were noted regarding delays in accessing psychology services, particularly for residents experiencing anxiety.The need for an updated Behaviour Support Plan (PBS) for one resident was also outstanding at the time of inspection, despite an increase in behaviours of concern in one of the houses.

Financial independence and management also required further attention. While some residents had independent access to their finances, others required support, and self-assessments of financial needs had not been completed for some individuals. Furthermore, discussions around residents' abilities and preferences for storing and managing their own money had not been fully explored, and their preferences had not been formally established.

The above highlight the need for a more structured approach to assessing residents' needs, ensuring that residents are supported in making informed choices about their care.

Judgment: Not compliant

Regulation 8: Protection

The person in charge provided updates on the actions taken to address safeguarding concerns in the second house of the designated centre, outlining the implementation of additional safeguarding measures, staffing and an additional vehicle to ensure residents safety. Records indicated that all incidents had been appropriately reported in line with regulatory requirements, and where necessary, safeguarding plans had been put in place to mitigate risks and provide appropriate supports to residents.

Although there had been an increase in reported safeguarding incidents between October and December 2024, the inspector found that the provider had responded appropriately, ensuring that actions were taken to reduce risks and protect residents' wellbeing. At the time of the inspection there had been no reported incidents in 2025.

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 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Designated Centre 20 OSV-0007904

Inspection ID: MON-0041949

Date of inspection: 13/02/2025

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 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The registered provider has commissioned the development of an assessment of need for use on an electronic care planning system that will come into use Q2 of 2025. This will ensure that all residents have an up-to-date assessment of need completed and the assessment of need will be completed on admission for any residents that transition into a home.
Date for completion: 29.05.2025

The person in charge will ensure that a comprehensive assessment of need that will directly inform the development of personal plans has been developed in order to ensure that all care needs are identified, and a corresponding support plan will be in place. This assessment of need will be completed in hard copy for all residents in DC 20 ahead of electronic system implementation as outlined below.
Date for completion: 25.04.2025

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 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.	Not Compliant	Orange	25/04/2025
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	29/05/2025