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:	Forest View
Name of provider:	St John of God Community Services CLG
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	25 June 2025
Centre ID:	OSV-0008377
Fieldwork ID:	MON-0038665

About the designated centre

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

Forest View is a detached bungalow located on the outskirts of a town in Co Meath. It can cater to the needs of four adults with an intellectual disability. There are four bedrooms, two of which have ensuite bathrooms. The house offers a sitting room, kitchen/diner, living room, main bathroom and large bathroom. The house is within a short distance of a pharmacy, shops, butchers, barbers and pubs. The house is staffed twenty-four hours by staff nurses and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 25 June 2025	08:30hrs to 15:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This was an announced inspection and the findings from the inspection were positive. The review of a large volume of information revealed that the residents were well cared for, active, and were as much as possible able to do the things they enjoyed.

There were good examples of residents' views being respected and acted upon, and the interactions observed between staff members and residents were seen to be respectful.

The inspector reviewed fifteen regulations; fourteen were found to be compliant, and one was deemed substantially compliant. The area that requires improvement relates to a period where there was a gap in support being provided to a resident. The concerns will be discussed in more detail later in the report.

The inspector was introduced to the three current residents. On arrival at the residents' home, the inspector was introduced to a resident who was waiting outside and was eager to engage in their planned activities. The resident said hello to the inspector but chose not to have any further interaction. The resident then got into the car and waited for staff to come out to bring them to their activity. The resident had a set routine and their preference was to engage in activities outside of their home each day. Arrangements had been made, with the support of staff members, for the resident to complete deliveries to the providers' other services three days a week. This activity was very important to the resident and one that they really enjoyed. The person in charge explained that it also served as a social outlet for the resident. During the afternoon, the resident returned for their lunch; once they had finished this, they requested to finish their deliveries, and this was facilitated by the staff member supporting them.

The inspector was introduced to the second resident as they were relaxing in the kitchen area. The resident greeted the inspector. The resident, who communicated through verbal but mostly non-verbal communication, was being supported by a staff member. The resident and the staff member went out that morning to have a coffee and visit a nearby village. The resident and the staff member also went for lunch as per the resident's preferences. Upon their return, the resident relaxed in the sitting room, playing board games and watching television. There were periods when the resident appeared upset, and the staff member was observed using phrases to reassure and comfort them.

The inspector had a brief interaction with the third resident. The resident had been getting ready to attend their day service programme. They came and said hello to the inspector before leaving and did not return before the inspection concluded. The resident attended their day service four days a week.

The inspector found that the residents' home was clean and well-presented. The

atmosphere in the house was calm, and there was adequate social space for residents with two sitting room areas. There were pictures of the residents on display throughout their home, creating a warm and inviting environment. There were two vehicles available for their use. This was important, as noted earlier, because one of the residents engaged in activities outside their home, and a second vehicle was required to ensure that this did not negatively impact the other residents.

In summary the inspection process identified that the provider was ensuring that the residents were receiving a good service.

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.

The inspector also reviewed the provider's arrangements regarding, staffing, staff training, and the statement of purpose. The review of these areas found them to comply 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 appropriate.

Regulation 15: Staffing

The inspector sought to ensure that the provider and the person in charge had ensured that the service was appropriately staffed to meet the needs of the residents. The staff team comprised the person in charge, staff nurses and healthcare assistants. Two staff members were rostered each day, and one staff member was on duty at night time.

The inspector studied the current roster and the rosters from the first week of February and April 2025. The comparison between the rosters revealed that there

was a consistent staff team in place, which was essential to the group of residents. The review of the three roster periods showed that safe staffing levels were being maintained. There was also evidence of additional staff being recruited since February to ensure that staffing levels were suitable to meet the needs of the residents.

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

Judgment: Compliant

Regulation 16: Training and staff development

The inspector sought assurances that the staff team had access to and had completed the necessary training. They reviewed the training records for 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 administered in prolonged seizure)
- First aid
- safe administration of medication
- Children first
- Manual handling
- Dementia.

Additionally, the inspector examined the systems in place to ensure that staff members received appropriate supervision. They reviewed the records of three staff members, and the appraisals demonstrated that staff performance was being effectively managed.

Judgment: Compliant

Regulation 23: Governance and management

The inspector reviewed a substantial sample of information that reflected the

management of the service. This included audits conducted by the person in charge, as well as audits and reviews completed by the provider, all focusing on the quality of care and support provided to residents. The review indicated that appropriate assessments of the service offered to residents had been conducted. When necessary, both the person in charge and the provider identified areas needing improvement and took steps to address them.

A detailed audit, known as the monthly quality and safety report, was completed by the person in charge each 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 were shared with the provider's senior management team and escalated when necessary.

Additionally, the inspector noted that monthly audits were being conducted by the person in charge, and a peer audit system was in place. This meant that management from other locations conducted audits in this centre to promote a consistent approach across all of the provider's services.

However, the inspector identified one area requiring improvement regarding the provider's response to the changing needs of residents. This issue is being addressed under Regulation 5: Individualised Assessment and Personal Plan.

In summary, the inspector found that the regular assessments and audits were ensuring that the care provided to residents was appropriate. Residents were receiving safe and effective care that was tailored to their individual needs.

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.

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

However, one area that required improvement was the provider's response to changes in a resident's condition and the increased use of PRN (as needed) medication for support. This will be discussed in more detail under Regulation 5: Individualized Assessment and Personal Plan.

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

Regulation 10: Communication

During the review of the information for two residents, the inspector discovered that they had received support from a Speech and Language Therapist to enhance their communication skills and address their communication needs. The inspector found that communication support plans and passports had been created for both residents. Upon reviewing these documents, the inspector noted that they detailed how the residents communicated, explained the meaning of their non-verbal and verbal expressions, and provided staff members with clear guidance on how to interact effectively with the residents.

In summary, the inspector determined that the residents had received appropriate support to help them express their needs and wants. Additionally, staff members were given clear instructions on how to communicate with the residents.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector reviewed the systems in place to support residents with their financial

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

Additionally, there was a system in place where residents' bank and savings accounts were reviewed on a monthly basis to ensure effective oversight. The review of the information showed that appropriate measures were in place, residents had access to their finances when needed, and the staff team checked finances daily to minimise the risk of any financial irregularities.

Judgment: Compliant

Regulation 13: General welfare and development

As mentioned in the introduction of the report, the three residents were actively engaged in various activities. The review of key working sessions, person-centred plans, and goal setting and tracking documents indicated that the residents were participating in a variety of activities tailored to their preferences. Importantly, the review showed that these activities were aligned with what the residents wanted to do and enjoy.

As previously discussed, having a set and structured routine was essential for some residents, and the staff team ensured this was implemented. Two of the residents had retired or chosen not to return to day service programs, while one resident attended their day program four days a week. For the two residents not attending day services, the staff provided a consistent, activity-filled week designed around the residents' choices.

In conclusion, the inspector found that the residents were being supported in identifying activities they enjoyed and were encouraged, as much as possible, to engage in or achieve these activities with the assistance of the staff team.

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 25: Temporary absence, transition and discharge of residents

Before the inspection, the inspector was informed that a resident had chosen to move out of the service. The inspector sought to review how the provider and the staff team had supported the resident to do so.

The resident was supported by the provider's assisted decision-making coordinator, who met with the resident. The resident clearly expressed their wishes, which were in line with those of the resident's family.

When a vacancy became available, the resident was supported to visit the new premises and to get to know the staff team who would be supporting them. The provider had developed a thorough transition document which captured information on areas including the resident's medical history, their current health needs, their social interests and areas where they may require support.

There was evidence that the Forest View staff team and the new house staff shared information regarding the resident to ensure an effective handover was completed. Both sets of staff also attended medical appointments in the run-up to the resident's transfer to further enhance the knowledge of the new staff team.

In summary, the inspector found that the resident's voice had been respected and acted upon. The resident had been supported in moving back to the area they wished to, and the resident was reported to be happy with the outcome.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector reviewed the fire safety management systems in place and found that they were appropriate, as ensured by the provider and the person in charge. There was clear evidence that staff members had received training in fire safety management. Upon examining the fire evacuation drills conducted this year, the inspector noted that both residents and staff members safely evacuated the premises.

The provider identified areas for improvement in supporting residents' safe evacuation through audits. As a result, enhancements were made, including the creation of a new path and evacuation point in the residents' front garden, which facilitates a safer evacuation process for all.

The inspector also evaluated the checks and maintenance of fire detection,

containment, and firefighting equipment. It was found that this equipment was being serviced regularly to ensure it remained in proper working order. In summary, the inspector concluded that the provider had implemented appropriate fire safety management arrangements.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector examined the systems related to medication management. Initially, the inspection focused on medication storage practices, which were found to be appropriate. The inspector then reviewed the medication information for two residents. They assessed the medication recording records and the medication kardex, both of which were well-maintained.

Together with the person in charge, the inspector checked the availability of all prescribed PRN (as needed) medications and confirmed they were readily accessible to residents. The inspector also found effective systems in place for conducting stock checks and tracking PRN usage, indicating good oversight.

However, the inspector identified one area for improvement regarding the review of a resident's prescribed medication. This issue is being addressed under Regulation 5: Individualised Assessment and Personal Plan.

In conclusion, the inspector determined that the provider and the person in charge had established appropriate medication management arrangements.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the information of two residents. The appraisal included the study of assessments completed to identify areas where residents required support, as well as a review of care plans that had been developed.

The inspector found that assessments of residents' needs had been completed. However, the inspector noted that some improvements were required to ensure that the changing needs of one of the residents were adequately addressed.

Changes to a resident's medication had been made following an appointment in early April; following the changes, the resident experienced an increase in emotional outbursts. On some of these occasions, to best support the resident, staff members administered PRN (when necessary) medication. The resident had been administered PRN medication on thirteen occasions between April and the date of

the inspection. This raised concerns that the resident's current medication was not effective in meeting their needs.

The inspector sought clarity on why the resident's medication had not been reviewed following the increase in PRN usage. The person in charge explained that an appointment had been scheduled in recent days but had been cancelled by the prescribing doctor without an explanation. Following this discussion the person in charge confirmed that the resident's presentation would be reviewed by the prescribing doctor that afternoon.

While assurances were provided that the resident would be reviewed, the inspector was not satisfied that the provider had appropriately responded to the changing needs of the resident. There were, therefore, improvements required

Judgment: Substantially compliant

Regulation 6: Health care

The inspector found that health assessments had been completed for the residents. They reviewed two of these assessments, which captured the residents' medical histories, current needs, and provided information on the supports in place to maintain their health.

Based on the assessments, health care plans were established containing detailed information about each resident's specific needs. The inspector reviewed a sample of these plans, including care plans focused on supporting a resident with dementia, assisting a resident in managing their epilepsy, and maintaining a resident's cardiac health. The inspector determined that the residents' health needs were regularly reviewed, and that they attended medical appointments as necessary.

In summary, the inspector found that effective systems were in place for tracking, responding to, and meeting the health needs of the residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

The review of information indicated that the provider had ensured residents had access to positive behavior support when necessary. The inspection included a review of a resident's positive behavior support plan. This plan focused on understanding the resident's behaviours, providing insights into why these behaviours may occur, and outlining the best ways to prevent and respond to incidents when they arise. In some cases, the plan included specific scripts for staff

to follow when communicating with the resident to help de-escalate situations.

Upon reviewing various aspects of the residents' information, the inspector found that the staff team was implementing the proactive strategies listed in the behavior support plan on a daily basis. The residents were provided with structure in their routines and were supported by a consistent staff team which was important for the residents.

In summary, the inspector found that positive behavior support was provided to residents as needed, and that the staff team was effectively implementing the prescribed strategies to promote positive outcomes for the residents.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector reviewed information about all residents, including one who had been recently discharged. During the review, the inspector found that the residents' views and wishes were being promoted and respected by the staff supporting them. As previously mentioned, one resident was assisted in moving to their desired location.

Additionally, another resident recently went on holiday with a peer and staff members. There was also evidence that social goals were being identified for residents to engage in activities that interest them.

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 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Forest View OSV-0008377

Inspection ID: MON-0038665

Date of inspection: 25/06/2025

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Resident was reviewed by psychiatrist on 25th June and again on 12th July. Next appointment booked for 22nd August or sooner as required as requested by Psychiatrist. Resident has also been reviewed in the Positive Behaviour Support clinic on 22nd July and Advanced Nurse Practitioner in Positive Behaviour Support will carry out a Moss-PAS assessment with resident on 31/07/25.	

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)(b)	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 subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	31/08/2025