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:	Individualised Services
Name of provider:	St Christopher's Services Company Limited by Guarantee
Address of centre:	Longford
Type of inspection:	Announced
Date of inspection:	21 July 2025
Centre ID:	OSV-0008405
Fieldwork ID:	MON-0038826

About the designated centre

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

The centre comprises three properties, two located in Longford town and one located in Legan village. All houses are bungalows and provide a home to one person in each house. Residents are both male and female, with moderate to severe/profound intellectual disabilities, complex needs, sensory needs and behavioural needs. Residents are supported by social care workers and support workers under the governance of a person in charge.

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
Monday 21 July 2025	14:30hrs to 18:30hrs	Úna McDermott	Lead
Tuesday 22 July 2025	10:30hrs to 14:30hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

The inspector was assured that the provider had the capacity to provide a good quality and safe service, where the support provided was person centred and residents' rights were respected. Improvements in documentation relating to tenancy agreements would further add to the quality of the service.

This inspection was an announced inspection which took place over two days. The purpose of the inspection was to monitor and review the arrangements that the provider had in place to ensure compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013) and to inform a registration renewal application.

The layout of the designated centre changed since the last inspection. It comprised three houses. Two were located close to a busy town. The third was located in a village setting and within driving distance of house one and two. Each house provided a home for one resident.

The inspector visited all houses during the course of the inspection and met with all three residents and three support staff. Each house was accessible and level access was provided throughout. This meant that they were suitable for residents as they aged or as their needs changed. In the main, the rooms were spacious and bright. They were nicely decorated, with a homely feeling, with items of personal interest to each resident was displayed. The kitchens were well equipped and laundry facilities were provided. Each house had a garden for residents to enjoy if they choose to do so.

The inspector met with the resident at house one on the first day of inspection. They returned to their home at 16:30 and were observed settling in for the evening. They interacted with staff using pictures on a communication board and with sign language. The inspector noted that staff were very familiar with this communication style and their interactions with the resident were kind and supportive. Later, the resident showed the inspector their bedroom and the assisted technology that they used to alert them in case of fire. They had a good understanding of how this worked and of what to do if required. In addition, they showed the inspector their paintings which were displayed on the wall.

A visit to the second house found that while it was smaller in size, it met with the needs of the resident living there. This resident liked to move around their home, however, they were unsteady on their feet and therefore required constant support and supervision. This was provided by the staff member and in addition the resident was observed wearing a gait belt. The person in charge told the inspector that this was a falls prevention strategy and provided stability for the resident while maintaining their independence. The resident walked with the inspector to their bedroom, bathroom and living room. They did not engage in conversation, but were observed smiling with their staff member and reaching to them for support if

required. The inspector noted art work displayed in the hallway. The resident completed this for a competition for which they won a prize.

The inspector visited the third house on the second day of inspection. The resident was observed preparing for their day. Likewise, they did not engage with the inspector during their time there. They were noted to be comfortable with the staff member on duty and familiar with their home. They liked to spend time in a spacious and bright sun room where they had objects that they liked to interact with. There was a door from this room to the garden where ramped access was provided. Colourful flowers were planted in raised beds and there was a swing seat which the resident was reported to enjoy.

All residents had the support of day service staff between the hours of 9:30 and 16:30. During this time, they were supported to participate in activities at home or to use transport provided to visit their communities. Some participated in structured classes and other community activities if they wished to do so.

Overall, from conversations held and observations made, it was clear that the service was designed to suit the assessed needs of the residents. Each person was observed as happy in their home and with good connections with their families and communities.

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

Capacity and capability

This service was well governed and lines of accountability were clearly defined. The person in charge was skilled and experienced. While there were changes in the governance at provider level, this did not impact on the quality of the service provided at local level.

Staffing levels met with the residents' assessed needs. While there was a vacancy, the registered provider had a plan in place to address this and consistent staffing was provided in the interim. Staff had received training in modules that were relevant to the care of the residents and this training was largely up to date.

The provider maintained good oversight of the service through routine audits and unannounced visits. Findings from audits were recorded and actions to address gaps were documented on a time-based action plan. The service was well resourced with staff, equipment, transport and other resources required.

In the main, documentation systems were comprehensive and well maintained. Improvements to some tenancy agreements would further improve the standard of

service provided. This will be expanded on under Regulation 24 below.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted the documentation to renew the registration of the designated centre within the timelines provided. This was reviewed by the inspector and met with the requirements of this regulation.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector met with the person in charge on both days of inspection. They had good knowledge of the regulatory requirements of their role. They were employed full-time, were skilled and experienced and met with the requirements of the regulation.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed the planned and actual rotas for a sample period (2 June 2025 to 20 July 2025). Information was available in each house. It was clear and the rotas were well maintained.

A team of social care and support workers were employed at this designated centre from both the residential services and day services team. While there was one vacancy at the time of inspection, a recruitment campaign was ongoing. An interim arrangement was used to ensure that sufficient familiar staff were employed to support residents. This meant that consistency of care and support was provided.

An three step on-call arrangement was used out of hours and at weekends. Staff spoken with told the inspector that this worked well.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a programme of professional training and development. This included both in-person and online training and a range of mandatory and refresher training modules were provided.

The inspector reviewed the training matrix and found that in the main, the required training was up to date. Where bespoke training was required, this was provided. For example, training in sign language was provided and this was observed in use on the day of inspection.

Also, training in specific clinical skills was provided in order to support a resident with a specific healthcare diagnosis. This was reported to work very well.

Where training was outstanding, there was a rationale for this and a plan was in place. This did not impact on the quality of the service provided at the time of inspection.

The person in charge had a staff supervision schedule. A sample of supervision meeting minutes reviewed found that this was a supportive process for staff which occurred on a three to four month basis.

In addition, the registered provider had an appraisal process which provided an addition level of performance management and development for staff. This meetings occurred on an annual basis.

Overall, staff spoken were satisfied with the level of training, support and supervision provided and compliance in this regulation had improved on the last inspection. The regular updating of staff skills and knowledge enhanced the quality of care delivered to the residents.

Judgment: Compliant

Regulation 22: Insurance

The inspector reviewed the registered provider's insurance arrangement for this designated centre. This found that an adequate insurance measures were in place which met with the requirements of this regulation.

Judgment: Compliant

Regulation 23: Governance and management

As outlined, there were changes in the senior management and leadership arrangements at the centre since the last inspection. This included a new chief executive officer (CEO) and a change in the residential manager post. At service

level, the person in charge remained consistent and they were observed to be experienced and with good regulatory oversight.

The management structure and lines of accountability were clearly defined. Both the CEO and the residential services manager attended the inspection at different times over the course of the two days. This included attendance at the feedback meeting. The person in charge said that they felt supported in their role, and the inspector noted that the regulatory process was given attention at all levels of governance.

From a walk around of the centre, and from discussions with staff, the inspector found that the designated centre was well resourced in order to meet with the assessed needs of the residents. Sufficient staff were on duty, transport was available, and where specific equipment was recommended, this was provided. This enhanced the day to day living experience for the residents. Where the inspector saw that two of the vehicles provided had signs of wear and tear, they met with road safety requirements. The registered provider told the inspector that they were aware of this and had a plan in place to address this.

The inspector reviewed the audits for the centre. The annual review of care and support for residents at the centre was completed 22 February 2025. The six-monthly unannounced provider led audit was completed over two days in March and April 2025. Actions identified were documented, actioned and signed when complete.

While documentation systems were of a high standard, some improvements were required with contracts for service provision. This is further outlined under Regulation 24 later in this report.

Overall, the governance and oversight arrangements at both centre and provider level ensured that a good quality and safe service was provided to residents, which was subject to regular review.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

As outlined, there were some changes to the layout of this designated centre since the last inspection. This included the admission of resident in July 2024.

A review of the admission process completed by the inspector found that it was guided by an admissions policy and the statement of purpose for the centre. This included a stepped transition plan which included the resident and their representatives. This was a successful process as observations on the first day of inspection found that the new resident appeared very happy in their new home.

The inspector completed a review of two of three residents' contracts of care and support, and tenancy agreements. Both provided clear information on the terms of

residency. In addition, they were available in easy to read version for residents' use.

However, some improvement was required as follows:

- A tenancy agreement dated 10 May 2023 required review to ensure that where the resident was not capable of providing informed consent, that it was reviewed and signed by their representative.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose for the service. It was updated in line with the requirements of the regulation on the day of inspection. This included an update to the persons participating in management of the centre as they had changed since the last inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the incidents arising at the centre. This found that where required, statutory notifications were reported to the Chief Inspector of Social Services in line with the requirements of this regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an effective complaints process available for residents' use. The complaints policy was up to date and the complaints procedure was in easy to read format for residents' use. This meant that residents and their representatives were supported through the provision of information on how to make a complaint if they wished to do so.

There were no open complaints at the time of inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies, procedures and guidelines for the designated centre were reviewed by the inspector, who found that they were available in each house.

The registered provider had a policies officer who had oversight of the Schedule 5 requirements and the person in charge told the inspector that this worked well. All policies were in date and subject to regular review.

Judgment: Compliant

Quality and safety

The inspector found that this centre provided a good quality service. The residents' needs were assessed and appropriate supports put in place to meet those needs. Good communication systems underpinned the delivery of the service.

The registered provider ensured that a person-centred service was provided in this centre. The residents' health, social and personal needs had been identified and assessed. The necessary supports to meet those needs had been put in place. Staff were provided with clear streamlined information in order to support these needs.

The safety of residents was promoted in this service. Staff were aware of the systems in place to ensure residents' safety. This included risk management systems and fire safety arrangement. Risks to residents and the service as a whole had been identified and control measures put in place to reduce those risks.

Further findings relating to the regulations under this section of the report are provided below.

Regulation 10: Communication

This service acknowledged that the ability to communicate effectively is fundamental to each persons wellbeing, social relationships and quality of life. The registered provider and the staff team ensured that residents were supported to communicate with the assistance of allied health professionals and in line with their individual needs.

A review of documentation completed by the inspector found that a range of communication guidance was available for staff. This included social stories, communication passports and the use of assisted technology such as electronic

communication boards. Access to the internet and local newspapers was provided.

As outlined, one resident required a communication board in order to support their needs. This was a comprehensive picture based system which was displayed in their kitchen. The person in charge observed the resident using this effectively. Furthermore, the staff team were observed using sign language to converse with the resident and had additional training provided in order to ensure they were skilled in this area.

A second resident liked to use objects of reference such as keys for going out in the car, and a cup for a drink. This was recommendation of their multi-disciplinary team and a board with these items was displayed in the resident's home.

Judgment: Compliant

Regulation 17: Premises

As outlined, this premises comprised three properties with some changes to the overall footprint since the last inspection. The inspector visited all houses during the course of this inspection and completed tours of each home provided.

The layout of the designated centre met with the assessed needs of the resident. Each person had their own individual home and it was clear to see that this was in their best interest. Each person had quiet enjoyment of their home and staff spoken with told the inspector that this worked very well for each individual.

Each house was well presented, welcoming, homely and with person items of interest displayed. The kitchens were well equipped and laundry facilities were provided. Bedrooms were comfortable and personally decorated. Adequate space and suitable storage facilities were provided for residents' use.

Overall, the layout of the centre enhanced residents' quality of life and met with Schedule 6 of the regulation.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had implemented good systems for the assessment, control and ongoing review of risk.

The inspector reviewed the risk register for each house. Risk were appropriately documented and risk rated and were subject to regular review.

Residents had individual risk screening completed and associated risk assessments if required. The inspector reviewed these, all of which were in line with the provider's policy and provided clear guidance on how to control the risks identified. If required, additional guidance for staff was in place. For example, risks in relation to lone working had guidance on the use of electronic pendants for support if required. Risk relating to falls were managed with the support of the multi-disciplinary team.

Furthermore, where restrictive practices were required, a risk assessment was in place. For example, the use of a sensor beam to promote resident safety was assessed, risk rated and control measures were in place.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place including arrangements to detect, extinguish fires and to evacuate each premises.

The fire prevention policy was up to date and all staff had fire training completed.

Residents were provided with personal emergency evacuation plans and all of these were reviewed by the inspector. They were subject to regular review and staff employed were familiar with how to support each resident. Where suitable, residents were involved in the promotion of fire safety. One resident showed the inspection the assisted technology they used such as a rumble pillow and flashing light system. It was clear that they were supported to understand what to do if required.

Fire drills were competed on a regular basis, and both daytime and night-time scenarios were used. Safety checks were taking place regularly and the information was recorded.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had individual folders with assessments of their health, social and personal care needs. A person centred approach was promoted and information to support staff with this was displayed in the centre.

The inspector reviewed each residents' assessment and found that they were well presented, well maintained and in date. They documented goals such as art competition entries, attending music festivals, planning a garden and day and overnight trips. Residents' representatives attended the meetings along with

members of the senior management team where practicable.

Overall, the inspector found that staff were provided with clear information through person-centred support plans. Activities of interest were arranged with the input of residents, their representatives and in line with residents' preferences.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate healthcare support which took their personal plan into account.

All residents had a general practitioner (GP) and where medical treatment was recommended this was supported by the staff team.

In addition, residents had access to allied health professionals such as occupational therapy, physiotherapy, audiology, chiropody and dental appointments. Where residents declined to attend clinic appointments, home visits were arranged and facilitated in line with their preferences.

Where a resident had specific medical needs, they were supported to understand this and to learn how to care for their needs independently with the support of named staff. This approach was person centred and supported their dignity and autonomy in meeting their healthcare needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

A review of positive behaviour support arrangements found that supports were provided in line with residents needs.

One resident had a positive behaviour support plan which was reviewed on 10 March 2025 and provided clear guidance for staff on how to identify triggers and provide support in a proactive manner when required. A second resident had behaviour support guidelines which met with their needs at the time of inspection.

The registered provider had a policy on positive behaviour support which was up to date and staff had access to training. A restriction free environment was promoted at this service. Where restrictions were used they were subject to six monthly review by a restrictive practice intervention committee. Where they were no longer required, they were removed.

Overall, from a review of documentation and discussions with staff, it was clear that design of the individualised service enhanced residents' quality of life. There was a marked reduction in incidents of behaviours of concern and residents were observed as content in their homes.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that a rights based approach was embedded in the service offered to residents. This included the right to live alone in their own home which underpinned each persons autonomy and independence.

From a review of documentation, discussions with staff and observations made, it was clear that the will and preference of the resident was at the centre of support provided. This was enhanced through communication systems which allowed residents to have their voice heard and to make choices about their lives. For example and as outlined, the use of picture based communication boards and objects of reference. One resident was observed using their communication system to make choices which were respected by staff.

At provider level, an advocacy group council was in the early stages of establishment which meant that a commitment to the human rights of people was acknowledged at all levels of service provision.

In addition, the provider was working with their funding agency to enhance the support needs for a resident based on their request for full time residential staff. The arrangement at the time of inspection was that the resident had day service staff during daytime hours which meant that they were required to return home at 16:30 in the afternoon to meet with the residential staff for the evening. The registered provider had initiated a process to address this resident's request which was in process at the time of inspection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	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 9: Residents' rights	Compliant

Compliance Plan for Individualised Services OSV-0008405

Inspection ID: MON-0038826

Date of inspection: 22/07/2025

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 24: Admissions and contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

Discussion was held with resident representative on the 23rd July, regarding signing of tenancy agreement on behalf of family member. Tenancy agreement has being signed by the residents Mother

At the next scheduled review of the Admission Policy in October 2025, all contracts and agreements pertaining to admissions and the provision of care will be reviewed taking into account the guiding principles of the Assisted Decision-Making Act 2015.

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 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	08/12/2025