



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

Issued by the Chief Inspector

Name of designated centre:	Port Lodge
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	31 October 2025
Centre ID:	OSV-0008865
Fieldwork ID:	MON-0048055

About the designated centre

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

Port Lodge is a residential community home that provides 24-hour care and support to adults with mild to severe intellectual disabilities. It is a two-bedroom detached bungalow situated in a quiet rural location.

The house features two large living rooms and a spacious kitchen/dining room. Port Lodge includes two bedrooms, one of which has an en-suite bathroom, as well as a large shared bathroom. Additionally, there is a multipurpose room available. There are gardens located at both the front and rear of the house.

Port Lodge is conveniently located near a village in County Louth, which offers various amenities, including a pharmacy, butcher shop, church, small grocery store, pubs, an Italian restaurant, and several take-away options.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 31 October 2025	08:45hrs to 15:45hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This inspection was conducted without prior notice and focused on assessing the quality of care and support provided to residents. The service was previously inspected in December 2024, during which significant concerns were identified regarding the standard of care and governance arrangements.

In contrast, this inspection found that the provider had made notable improvements. Residents were observed to be receiving a good standard of care and support, and enhancements to governance and management systems were contributing to a more effective and responsive service. The inspection involved a review of a substantial volume of documentation, direct observation of care practices, and engagement with residents, staff members, and the person in charge.

A total of 13 regulations were reviewed during this inspection. Compliance was noted across most areas, with one regulation requiring further attention due to a delay in sourcing mobility aids for a resident. The impact of this delay is discussed later in the report.

During the inspection, the inspector was introduced to both residents currently living in the service. The inspector also met with the two staff members on duty and the person in charge.

One resident greeted the inspector with a handshake and spoke briefly about a past interaction with another resident. At the time, this resident was preparing to go out with staff and was observed following a structured morning routine, which was noted to be important to them. Staff were seen supporting the resident in a respectful and consistent manner, and the resident appeared comfortable in their interactions, engaging in short conversations with staff.

The second resident was introduced to the inspector but chose not to engage further. This resident also follows a structured daily routine, typically having breakfast after waking and then engaging in physical activity, such as walking. Recent changes to the resident's daily plan have resulted in increased physical activity, now occurring three times per day which has had a positive impact on their wellbeing. The resident appeared at ease in their interactions with staff.

Both residents had communication passports in place. One resident used a combination of verbal and non-verbal communication, while the other relied primarily on non-verbal methods with some vocalisations. Staff demonstrated a clear understanding of each resident's communication style and described how they interpret and responded to residents' needs and preferences in line with their communication passports and behaviour support plans.

Facilitating meaningful activities outside the home was identified as important for both residents. Two vehicles were available for use, and the residents generally participated in activities separately due to differing interests. A review of daily notes and other documentation confirmed that the residents were supported to engage in activities they enjoyed.

The home environment was clean and well presented. On the day of inspection, the inspector noted that new flooring was being installed and photographs of residents were being displayed to promote a more homely atmosphere. Additionally, one resident had met with an artist and was planning for a mural to be painted in their bedroom, further personalizing their space.

Discussions with the person in charge and review of documentation indicated that the residents also engage in separate activities within the home. Due to differing interests and occasional interpersonal challenges, the provider was taking steps to utilize a second sitting room to support one resident in having their own space. Efforts were underway to make this area more appealing to the resident.

The inspector reviewed adverse incidents that had occurred in the service in recent months and noted that one resident had experienced incidents on a regular basis.

Records indicated that the staff team were actively following the resident's behaviour support plan. They were managing the incidents appropriately and ensuring the resident's safety throughout.

In summary, this unannounced inspection found that the provider had made meaningful improvements since the previous inspection in December 2024.

Residents were observed receiving a good standard of care, supported by enhanced governance and responsive management systems. While one area required further attention regarding timely access to mobility aids, overall compliance with regulations was strong.

Capacity and capability

The inspector reviewed the provider's governance and management arrangements and found them appropriate. They ensured that the service provided to each resident was safe, suitable to their needs, consistent, and effectively monitored.

The inspector also reviewed the provider's arrangements regarding staffing, staff training, and notification of incidents. The review of these areas found that they complied with the regulations.

The inspector reviewed a sample of staff rosters and found that the provider had maintained safe staffing levels. The person in charge ensured that the staff team

had access to and had completed training programmes to support them in caring for the residents.

In summary, the review of information demonstrated that the provider had systems in place to ensure that the service provided to the residents was person-centred and safe.

Regulation 15: Staffing

The inspector reviewed the staffing arrangements in place. Each day, two staff members were on duty, and one at night. The team comprised a staff nurse, 2 social care workers and 5 healthcare assistants.

The inspector examined a sample of staff rosters, including the current roster, a roster from the week in August, and a week's roster from September of this year. Upon comparison, the inspector found that a consistent team was in place

The provider had made changes to the staff team with a focus on enhancing the skill-mix in April of this year. The person in charge explained that the changes had improved the service being provided to the residents and the review of residents information showed that the residents information were under regular review and reflected the changing needs of the residents.

In summary, following the review of the rosters, the inspector found that the provider was maintaining safe staffing levels and that the skill-mix of team was appropriate to meet the needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector requested confirmation that the staff team had access to and had completed the necessary training. A review of training records confirmed that training needs were regularly assessed and that staff attended training as required.

Staff members had completed training in a wide range of areas relevant to the needs of the residents and the safe operation of the service, including:

- fire safety
- safeguarding vulnerable adults
- Dysphagia
- infection prevention and control
- epilepsy and buccal midazolam (rescue medication)
- First aid

- safe administration of medication
- Children First
- manual handling
- basic life support
- managing behaviour that is challenging.

The review of records showed that the staff team had been provided with appropriate training, which was guiding the care and support being delivered to residents.

In addition, the inspector examined the systems in place to ensure that staff members received appropriate supervision. Records for two staff members were reviewed and demonstrated that staff were being provided with guidance on best practice. Supervision sessions were used to identify areas for improvement and to support staff in enhancing the quality of care provided.

Judgment: Compliant

Regulation 23: Governance and management

The inspector reviewed the provider's governance and management arrangements and found them to be effective in ensuring that the service delivered to residents was appropriate, safe, and responsive to individual needs. There was clear evidence of structured oversight and accountability, supported by systems designed to monitor and improve the quality of care.

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

- adverse incidents
- safeguarding referrals
- restrictive practices
- staffing matters
- risk management.

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

The provider ensured that all required reports and visits to the service were completed. For example, an unannounced visit was conducted on 06.05.2025. The inspector reviewed this visit alongside the findings from the previous audit completed in November 2024. While the 2024 audit identified mostly non-compliant findings, the 2025 audit demonstrated a high level of compliance. Following the 2024 inspection, the provider undertook a significant review of the service, made

changes to the management and staff teams to enhance skill levels, and increased management oversight of the service.

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

The inspector also found that the person in charge was actively managing staff performance. There was evidence of regular meetings with staff members to identify areas for improvement, with a clear focus on enhancing the quality of care provided to residents.

Samples of resident information were reviewed, and the appraisal demonstrated that residents' needs were being consistently assessed and addressed. Care plans were up to date, tailored to each individual, and reflective of residents' preferences, health status, and support requirements.

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

Judgment: Compliant

Regulation 31: Notification of incidents

As part of the inspector's preparation for the inspection, they reviewed the notifications submitted by the provider. The inspection also involved studying the provider's restrictive practices and adverse incidents.

This review showed that, as per the regulations, the person in charge had submitted the necessary notifications to the Office of the Chief Inspector.

Judgment: Compliant

Quality and safety

The inspection concluded that residents were receiving a good standard of care and support. While a delay in sourcing a mobility aid for one resident required attention, overall the service was meeting residents' needs effectively.

Comprehensive assessments and personalised support plans were in place, supported by clear guidance for staff. Key areas such as protection, risk management, welfare, healthcare, and behaviour support were found to be compliant with regulatory requirements.

Regulation 10: Communication

As outlined in the opening section of this report, one resident communicated through both verbal and non-verbal methods, while the other relied solely on non-verbal communication.

Through direct observation and a review of relevant documentation, including communication passports and Speech and Language Therapist (SLT) reviews, the inspector was satisfied that the provider had taken appropriate steps to support each resident's communication needs and preferences.

For the resident who communicated non-verbally, a personal communication dictionary was in place. This document captured a wide range of the resident's non-verbal cues, explained their meaning, and provided staff with clear guidance on how to respond appropriately. In addition, a communication profile was developed by the provider's SLT in March 2025, alongside a communication support plan, gave staff detailed insight into the resident's communication strengths and areas requiring support.

The other resident, who generally communicated verbally, occasionally chose to communicate non-verbally. Guidance for staff on how to interpret and respond to this was included in the resident's communication passport and positive behaviour support plan.

In summary, the inspector was satisfied that the residents' communication needs had been appropriately assessed and were being met through tailored supports and staff awareness.add

Judgment: Compliant

Regulation 13: General welfare and development

The inspector was assured, based on the review of information and observations on the day, that residents were provided with appropriate care and support. Residents were supported to engage in activities they enjoyed, with daily opportunities offered to participate in outings and community-based events. One resident consistently engaged in all proposed activities, while the other occasionally declined participation.

Staff facilitated regular contact between one resident and their family, supporting the resident's emotional and social well-being.

Residents had identified social or skill-focused goals. Upon review, the inspector noted that improvements were required in documenting progress towards these goals. This issue had already been identified by the person in charge during recent audits, and steps had been taken to address it through staff meetings and follow-up actions.

Judgment: Compliant

Regulation 17: Premises

During the inspection, the person in charge facilitated a tour of the residents' home. One area was identified as requiring attention to ensure the premises met the needs of all residents.

A review of a resident's records revealed that following a deterioration in mobility, the resident had been assessed by the provider's Occupational Therapist (OT). The OT recommended the installation of grab rails in the bathroom used by the resident to support their mobility needs.

However, at the time of inspection, the recommended adaptations had not been implemented. Documentation showed that the staff team had sought an update from the OT on 08/10/2025, but no response had been received prior to the inspection. The inspector raised this as a concern, prompting the person in charge to contact the OT for an update during the inspection.

This issue should have been addressed more promptly. As of the inspection date, the provider had not ensured that the premises adequately supported the assessed needs of all residents.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The inspector found that appropriate risk management arrangements were in place within the service. This conclusion was based on a review of individual resident risk assessments, records of adverse incidents over the previous three months, and the systems established to support learning from such incidents.

Individual risk assessments were reviewed and found to be clearly linked to residents' behaviour support plans. One-to-one staffing levels during the day were identified as a key control measure for managing behaviours, alongside staff training

and the implementation of positive behaviour support plans. These control measures were considered proportionate to the level of risk and were not overly restrictive.

As noted earlier in the report, adverse incidents had occurred within the service. A review of a sample of records showed that one resident had, at times, displayed intimidating or physically aggressive behaviours. These incidents were being effectively managed, with staff demonstrating the ability to maintain the safety of both the resident and others in the environment.

Judgment: Compliant

Regulation 28: Fire precautions

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

Records and observations confirmed that both residents and staff could be safely evacuated during daytime and night time scenarios. Three fire drills had been completed so far this year with another one scheduled.

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

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed information relating to both residents and found that the person in charge, along with the staff team, had ensured that appropriate assessments of each resident's health and social care needs had been completed. Compared to the previous inspection, significant improvements were noted in this area.

Following the completion of assessments, care and support plans had been developed to guide staff in delivering person-centred care. The inspector reviewed a sample of the extensive documentation and found that the plans were subject to regular review and were responsive to the changing needs of the residents. The plans provided clear and practical guidance to staff on how to appropriately support each individual, ensuring consistency and quality in the care provided.

Judgment: Compliant

Regulation 6: Health care

The inspector reviewed the systems in place to support residents' health needs and found them to be appropriate and well-managed. The person in charge highlighted that a significant amount of work had been completed in this area, including a recent overhaul of residents' healthcare plans.

Healthcare plans for both residents were reviewed and found to be well-written, providing clear and relevant guidance on how to meet each resident's health needs. Residents were being supported to attend appointments with allied healthcare professionals as required. One resident was receiving input from multiple members of the provider's multidisciplinary team as well as external professionals.

The inspector noted that care plans were being updated promptly following healthcare appointments to ensure that all staff were informed of any changes. There was also evidence of staff completing appropriate follow-ups and acting as advocates for residents during and after appointments.

Discussions with staff members confirmed that they were aware of upcoming appointments for one of the residents and understood the reasons for these, demonstrating appropriate information sharing and coordination within the team.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed information for both residents and found that they were receiving appropriate positive behavioural support from members of the provider's multidisciplinary team, including psychiatry and clinical nurse specialists.

Behaviour support plans for both residents were examined and found to be person-centred and comprehensive. The plans provided insight into each resident's behaviours, what those behaviours may be communicating, how staff should respond, and strategies to reduce the occurrence of challenging behaviours while promoting positive outcomes.

As noted in the opening section of this report, one resident had been engaging in regular challenging incidents. The inspector reviewed daily notes from the previous ten days and adverse incident records from the past three months. This review confirmed that staff were following the behaviour support plan to de-escalate incidents effectively, maintaining both the resident's safety and their own.

Both residents presented with complex behavioural needs. The inspector found that the behaviour support plans effectively equipped staff with the necessary guidance to respond in a manner that was respectful, minimally restrictive, and aligned with the residents' rights.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed the provider's safeguarding arrangements and found that adequate steps had been taken to ensure residents were protected from all forms of abuse.

There had been a period during which one resident's behaviours negatively impacted their peer. Upon reviewing behaviour support plans and clinical nurse specialist notes, the inspector found that the person in charge and the provider had responded appropriately to these incidents. The resident's presentation was reviewed, and changes were made to their daily routines to reduce the likelihood of recurrence.

These interventions were found to be effective, with no further incidents reported since April 2025. This demonstrated a proactive and responsive approach to safeguarding and behaviour management, with a clear focus on protecting residents and promoting their wellbeing.

During the inspection, discussions with a staff member demonstrated that they possessed appropriate knowledge regarding safeguarding procedures. The staff member was able to clearly articulate how to identify and respond to safeguarding concerns, including the correct reporting channels and documentation requirements.

This reflects positively on the provider's training and oversight in relation to safeguarding practices.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially 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 8: Protection	Compliant

Compliance Plan for Port Lodge OSV-0008865

Inspection ID: MON-0048055

Date of inspection: 31/10/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Person in Charge contacted OT on day of the inspection, OT assured items would be delivered the following week. Grab rails were delivered and have been installed by maintenance on 12/11/25	

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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	26/11/2025