



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

Issued by the Chief Inspector

Name of designated centre:	Greenfields Lodge
Name of provider:	Resilience Healthcare Limited
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	08 November 2024
Centre ID:	OSV-0008355
Fieldwork ID:	MON-0045239

About the designated centre

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

Greenfields Lodge is a detached two-storey house located in a rural area, but within short driving distance to nearby towns. The centre can provide full-time residential care for a maximum of five residents of both genders, between the ages of 6 and 18. The centre supports residents with Autism spectrum disorders, intellectual disabilities, physical needs, sensory needs and challenging behaviour. Support to residents is provided by the person in charge, a team leader and support workers. There are five en suite bedrooms in the centre for residents and other facilities include a living room, a sitting room, a kitchen-dining room and a staff office.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 8 November 2024	09:00hrs to 18:30hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

This inspection found that the residents in this centre were happy in their home and were well cared for by a committed staff team. Action had been taken since the previous inspection to ensure that the centre was overall in compliance with the regulations.

This centre was registered to provide residential services for up to five young people. There were four residents living in the centre on the day of the inspection and one vacancy. Since the previous inspection three residents had been admitted to the centre and the most recent admission to this centre was in June 2024. At the time of this inspection residents ranged in age from thirteen to seventeen years.

The designated centre consist of a large two-storey detached house on its' own grounds located in a rural setting. Since the previous inspection some changes had been made to the layout of the centre and there was now a separate studio apartment space consisting of a living area, bathroom and sleeping area used by one resident that was accessible from the hallway of the main house. In the main house residents had a fully equipped and modern kitchen, utility, sitting-room, living/activity room, a small medication room/office space and toilet downstairs. An external office located in a garden room had been added to the footprint of the centre since the previous inspection. Upstairs there was a main bathroom, and four en-suite bedrooms. The premises was seen to be nicely decorated and bedrooms were personalised in line with residents' preferences.

The resident living in the apartment had access to a self-contained outdoor patio area also and the inspector observed an adapted bicycle for the use of this resident. The other residents had the use of the back garden of the centre.

All of the residents were attending school on the day of the inspection and had departed the centre prior to the inspectors' arrival. The inspector spent time reviewing documentation, speaking with staff and completing a walk-around of the centre prior to residents returning. Residents' returned home in the afternoon and the inspector spent some time observing residents in the company of the staff that supported them. Some of these interactions were brief as per the wishes and needs of the residents. The inspector also met with some residents in the office of the centre and saw that residents felt comfortable to find and talk to the management team in the centre as desired.

The inspector saw that all of the residents living in the centre appeared to be content and happy on the day of the inspection. One resident showed the inspector some items she had brought from home and told the inspector about an upcoming trip she was taking with her family. Two other residents interacted briefly with the inspector in the kitchen of their home and communicated with encouragement and support of the staff. The fourth resident was met in her apartment space where she was relaxing and having a snack. She indicated that she wished the inspector to

leave after a short period and this wish was respected.

Overall, from what the inspector observed, the atmosphere in the centre was homely and relaxed. It was seen that the centre busy when all residents and the staff that supported them were present but that staff were responding to this by offering residents activities in different communal areas if desired. The smell of a home cooked meal added to the homeliness and residents were observed having dinner and relaxing on their return from school. On the evening of the inspection, some activities were planned. For example, one resident was going to a Special Olympics training session.

A number of positive staff and resident interactions were observed that indicated the residents had positive relationships with the staff team working with them and felt safe and comfortable in their presence. It was evident that the staff team working on the day of the inspection were very familiar with all of the residents present and were responsive to their needs and familiar with how they communicated their preferences.

The inspector interacted with all of the staff on duty throughout the day and spoke at length with two staff members. Staff spoken with offered a positive overview of the life that residents lived in the centre and were positive about the services offered in the centre and enthusiastic about their roles in the centre. One staff member told the inspector 'I'd work here if I wasn't getting paid' and spoke about how they were being mentored to develop their key-working skills. A staff member that had worked in the centre since it had opened told the inspector about the improvements that had occurred for residents since moving into the centre and spoke about the decrease in responsive behaviours of residents that had occurred as residents settled into their home.

Staff also told the inspector about how the rights of residents were respected and spoke about the choices offered to residents on a daily basis in relation to things such as their clothes, food and activities.

Overall, this inspection found that there was evidence of improved compliance with the regulations concerning the care and support of residents and that this meant that residents would be afforded services that met their assessed needs. Some issues were found in relation to fire precautions, positive behaviour support and complaints but some action had already been taken by the provider to address some of these. The next two sections of the report present 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 service being delivered.

Capacity and capability

The findings of this inspection indicated that the management systems in place in

this centre were ensuring that good quality services were being provided that were appropriate to residents' needs. This inspection found that overall there was good evidence of compliance with the regulations. Actions had been taken to address non compliance found in some areas in the previous inspection of the centre. Some issues were identified in relation to the recording of complaints and adherence to positive behaviour support plans in place and these will be discussed further under the judgement sections of this report.

There was a clear management structure present and overall there was evidence that the management of this centre were maintaining good oversight and maintained a strong presence in the centre. This inspection found that the provider and person in charge had made efforts to bring the centre into compliance with the regulations since the previous inspection. For example, a dedicated medications room had been added as part of the reconfiguration of the centre, and the premises had been adapted to better meet the needs of the resident that had been living in the centre at the time of the previous inspection.

The person in charge and a team leader were based in the centre full-time and this supported local oversight and governance. Both of these individuals were present on the day of the inspection and spoke with the inspector at length throughout the day. The person in charge reported to a regional manager, who was also a named person participating in the management of the centre (PPIM). The PPIM reported to the director of social care, who reported to a Chief Executive Officer (CEO) and a Board of Directors.

This inspection found that the management and staff team in place in the centre were familiar with the residents living in the centre and were striving to provide an effective service that met their assessed needs. Staff spoken with during the inspection reported that the management structures in place were supportive and that they would be comfortable to raise concerns in the centre if required.

The first inspection of this centre with residents present was completed January 2023 and found that the provider had faced some challenges following the admission of the first resident to appropriately meet their needs. At that time, the provider indicated that they were planning some building works to change the layout of the centre and provide a self-contained studio apartment for this resident that would better meet their needs. These works had subsequently been completed and the provider had submitted an application to vary to change the footprint of the centre to reflect these changes. This was an unannounced inspection to assess compliance with the regulations and review if the changes made were having a positive impact on the lived experiences of the residents living in the centre.

This centre provided supports to four young people at the time of this inspection. Three residents availed of full-time supports and one resident was availing of part-time supports at the time of the inspection, although full time supports were available to this resident if desired. Three more young people had been admitted to the centre since the previous inspection.

Staff in the centre were well informed, appropriately trained for their roles and

staffing at the time of the inspection was appropriate to meet the needs of the residents. Staff reported that the provider responded to any issues raised and that the centre was well resourced to provide an effective service to residents. Staff were familiar with the procedures in place in relation to evacuation, safeguarding and complaints.

Overall, this inspection found that there was evidence of good compliance with the regulations in this centre and this indicated that residents were being afforded safe and person centred services. The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 8 (1)

The registered provider had made an application to vary a condition of the registration of the centre as required under section 52 of the Act.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitable person in charge. This person possessed the required qualifications, experience and skills for the role. For a period of time prior to the inspection, they had held responsibility for two designated centres. At the time of the inspection this individual had remit over this centre only, following a reduction in their remit, and they were seen to have the capacity to maintain good oversight of the centre. Evidence of the person's qualifications, experience and skills was previously submitted and was reviewed by the inspector.

Judgment: Compliant

Regulation 15: Staffing

The staffing in this centre consisted of the person in charge, a team leader and a team of support staff. At the time of this inspection, there was a sufficient number of staff rostered to ensure that residents' needs were met in the centre. Planned and actual rosters were reviewed for a two month period. Recruitment had been carried out by the provider to fill staff vacancies and the person in charge told the inspector of the efforts that the provider had made to ensure suitable staffing and a consistent staff team could be maintained in the centre. Staffing levels were seen to be adequate to meet the needs of the residents living in the centre at the time of

this inspection.

Rosters showed that residents were offered consistency of care from a core staff team. Many of the staff working in the centre had worked there since the centre had opened. Some agency staff worked in the centre on occasion. By day, seven staff usually supported the four residents in the centre. Staffing levels were adjusted depending on the capacity in the centre.

Further clarity was required in the statement of purpose in relation to the night-time staffing arrangements as these varied depending on staffing factors. Generally, two staff provided waking supports at night. However, sometimes one of these staff members would be rostered for a sleepover shift. This was generally in the event of unanticipated events or staff shortages and was implemented to ensure that safe staffing levels could be maintained in the centre at all times to respond to an emergency and meet residents' needs. There was no evidence at the time of this inspection that these arrangements were impacting on residents or the care that they received.

Judgment: Compliant

Regulation 16: Training and staff development

The training needs of staff were being appropriately considered. Training records and evidence of appropriate Garda vetting disclosures were maintained. The inspector viewed a training matrix for seventeen staff that were employed in the centre. This matrix showed that staff were provided with training appropriate to their roles and that the person in charge was maintaining oversight of the training needs of staff. Mandatory training provided included training in Children's First, the safe administration of medication, fire safety and positive behaviour support. Overall, this matrix showed that all staff were up-to-date with the mandatory training required in the centre. Three staff were due to complete training in positive behaviour support and the person in charge confirmed in the period following the inspection that this training had been completed.

A supervision schedule was in place that showed all staff were receiving formal supervision regularly, with most staff recorded as having taken part in formal supervision four or five times to date in the year. Staff in the centre confirmed that they received formal supervision often and told the inspector that the induction procedures and training received in the centre provided them with the necessary skills and knowledge for their roles.

Judgment: Compliant

Regulation 23: Governance and management

Improvements were noted in relation to regulatory compliance since the previous inspection and there was evidence that actions had been taken to bring the centre into compliance. For example, the premises had been reconfigured to better meet the needs of a resident prior to admitting subsequent residents. Established governance arrangements were in place at the time of this inspection and this was contributing to the provision of an effective service for residents. The provider had made efforts to ensure that the centre was adequately resourced from a staffing perspective through recruitment initiatives that increased the supply of available staff to the centre.

There was a clear governance structure in place. The local management team, consisting of the person in charge and a team leader, maintained a strong presence in the centre. Staff and residents were familiar with these individuals, and the management team were very familiar with the assessed needs of residents and knowledgeable about all aspects of the care and support residents received in the centre. Staff spoken with reported that they felt comfortable to raise concerns and that issues raised were taken seriously and responded to by the person in charge and the PPIM. The remit of the PPIM had also decreased in recent months and this meant that they had more time to dedicate to the individual centres under their remit.

Unannounced six-monthly visits were being conducted by a representative of the provider and the written reports of these were reviewed by the inspector. The most recent report identified that actions had been completed since the previous review, including any actions required to address any non compliance identified in the previous inspection of the centre. There was an action plan arising from these visits to record issues identified and the documentation in place demonstrated that the person in charge was completing any actions required.

An annual review had been completed in respect of the centre and the inspector reviewed this document. This included evidence of consultation with residents and their family members. There was evidence that family members and representatives of residents were consulted with about the care and support being offered in the centre as part of these reviews. Where issues were raised there was evidence that the provider was making efforts to work proactively with the families of residents to address any concerns they might have.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was present in the centre and contained all of the information as specified in the regulations. This document was previously submitted as part of the applications to vary the conditions of registration of the centre and was reviewed prior to the inspector visiting the centre. Some minor amendments

were requested to ensure that the staffing arrangements for the centre at night were clearly outlined in the statement of purpose.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had in place a complaints procedure. Easy-to-read guidance in relation to how to make a complaint was available to the residents and was viewed by the inspector on display in the hallway of the centre. When speaking with some of the staff working in the centre, they presented as familiar with the complaints procedures in place. There was evidence that residents and their representatives would be supported to raise issues or concerns and that these concerns would be taken seriously and used to inform ongoing practice in the centre.

The complaints log was reviewed by the inspector in the centre and some complaints had been documented for the previous year. It was seen that complaints were recorded as appropriate in this log, including any actions taken on foot of the complaint, the outcome of the complaint, and the satisfaction of the complainant. The person in charge spoke about the complaints that had been received in the designated centre and how these were responded to.

There was significant evidence that concerns received from family members were listened to and addressed insofar as possible. For example, telephone logs showed that the centre management spent a significant amount of time engaging with the family of a resident on the telephone and responding to any concerns that they might have. There was evidence that following these conversations actions were taken in response to the wishes and opinions of the residents' family. Although there was ample evidence to show that these were documented and responded to locally, some of these concerns could constitute complaints and these were not always recorded in the complaints log.

Judgment: Substantially compliant

Quality and safety

The wellbeing and welfare of residents in this centre was maintained by a good standard of evidence-based care and support. Findings of this inspection indicated that safe and good quality services were provided to the four residents that lived in this centre.

During the previous inspection, one resident was living in the centre with very

specific needs. The provider was in the process of adapting a section of the centre to better suit the needs of this resident at that time. During this inspection, the person in charge informed the inspector that this resident had now settled into the centre very well and their new environment was supporting their assessed needs in a positive way.

The inspector met with this individual during the inspection for a brief period as per their wishes. They presented as happy and content in their living area and it was evident that they were comfortable in the presence of the staff supporting them. The person in charge reported that this resident was beginning to engage more with the residents in the main house recently and it was hoped that in time specific restrictions in place for the wellbeing of all residents could be reduced and/or removed. At a later stage in the inspection, a staff member also mentioned this to the inspector.

Three more residents had been admitted to the centre since the previous inspection. The person in charge and team leader were very familiar and knowledgeable about residents' assessed needs and spoke at length with the inspector about the residents living in the centre and their specific care and support needs. A resident was being supported to meet with their Guardian ad Litem (GAL), a court appointed representative and the inspector viewed a record that indicated this individual had provided very positive feedback in relation to how this service was meeting the needs of the resident.

The residents in the centre were supported by a familiar and consistent staff team. Overall a low turnover of staff was reported. The staff team observed on the day of the inspection presented as committed to supporting residents in a manner that best met their individual needs. Staff spoken with in the centre told the inspector that residents were offered a very good quality of life in the centre and that they felt that residents were safe in this centre.

Staff spoken to demonstrated a strong awareness of the care and support needs of the residents and were familiar with the care plans and positive behaviour supports that should be offered to ensure residents could achieve the best quality of life in the centre. However, there was some evidence that staff did not always adhere fully to the positive behaviour support plans in place.

Residents living in the centre came from a diverse range of cultural backgrounds and there was an awareness of this in the centre. The person in charge told the inspector about the efforts that had been made to find out about and support residents with cultural and religious preferences and how these were supported in the centre.

Individualised plans were in place that contained detailed information to guide staff and ensure consistency of support for residents. These plans were subject to regular review and included meaningful goals. Residents were being supported to attend school, take part in activities and were encouraged to develop their skills and capacities.

Documentation in place about residents was seen to provide good guidance to staff

about the supports residents required to meet their healthcare, social and personal needs. The inspector was informed about the ongoing consideration of the future needs of residents. The inspector viewed a number of documents throughout the day of the inspection, including a sample of residents' most recent assessments of need, person centred plans, support plans, communication records, management records and healthcare information. The documentation viewed was seen to be well provide information about residents that was up-to-date and person-focused. Staff spoke about residents in a respectful person focused manner. Staff told the inspector that they felt residents were safe and well cared for in this centre and the evidence found during this inspection indicated this also.

Regulation 13: General welfare and development

The registered provider was providing each resident with appropriate care and support and providing access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. The registered provider was ensuring that the children living in the centre had opportunities for play and activity, age appropriate opportunities to be alone; and opportunities to develop life skills. The person in charge was ensuring that residents were supported to access education in the centre.

Residents in the centre attended different schools and the inspector saw evidence of communication between the provider and the schools in residents' files. A copy of residents' individual education plans were viewed in two residents' files reviewed. One resident who had experienced challenges in relation to school attendance was now attending school three full days a week.

Residents were supported to attend various external activities including equine therapy, swimming, concerts, gym & social activities. A room in the centre was available to residents that was equipped with art and craft supplies, sensory items and games. A visit to Santa had been arranged for December if residents wished to partake in this and residents had dressed up for Halloween, gone trick-or-treating and visited a pumpkin farm.

Residents were supported with learning and developing life skills in the centre also. Life skills activities were recorded and goals were set monthly in relation to the life skills that residents were working on. These included supporting residents to become more independent in activities of daily living such as money management, basic housekeeping tasks, cooking, and personal care activities.

The person in charge told the inspector about how residents were supported to maintain appropriate personal relationships and contact with important people in their lives, such as parents and siblings. Some residents received visits from family to the centre, and others were supported to visit family outside of the centre, depending on their preferences and the needs of residents.

The person in charge told the inspector about the future planning that was taking

place in relation to a resident who was approaching adulthood and how the service would support the resident in their transition to adult services.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. Some changes had been made to the layout of the centre since the previous inspection and one resident was now accommodated in a self-contained studio apartment linked to the main house. This was seen to be suited to the needs of the resident. A walk around of the premises was completed by the inspector. The premises was seen to be well maintained and of a suitable size and layout to meet the needs of the four residents that lived there at the time of the inspection. Since the previous inspection there had been a reduction in the level of property damage that occurred in the centre, and repairs had been made where required.

Resident bedrooms and living areas were seen to be decorated in a manner that reflected the resident cohort living in the centre. Bedrooms were personalised according to residents' tastes. For example, some residents had photographs and posters on display, while others chose not to. Overall, the centre was observed to be clean on the day of the inspection and communal areas were seen to be homely and welcoming. For example, the furnishing in the kitchen was homely and welcoming and in keeping with community living. There were outdoor areas available for the use of residents and an external office area had been added to the footprint of the centre since the previous inspection. Laundry facilities were provided in a separate utility room.

Some maintenance was planned. For example, a recent leak had caused some water damage to a ceiling and the inspector was informed that this would be repainted once dry. A maintenance audit had been completed in August 2024. It was seen that this had identified a number of minor issues and most of these had been addressed at the time of the inspection. Some were outstanding but planned, such as repairing or replacing a broken handle on a window and the repair of a broken roof tile.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider was ensuring that arrangements were in place in the centre to meet the assessed needs of the residents using the centre. Resident numbers and

groupings were considered to ensure a safe service could be provided to all residents, and staffing levels were considered based on the assessed needs of each resident and were seen to be appropriate to meet the needs of residents.

The person in charge had ensured that appropriate assessments were completed of the health, personal and social care needs of each resident and that the centre was suitable for the purposes of meeting the needs of each resident. Action had been taken since the previous inspection to ensure that this centre would be able to adequately meet the assessed needs of the residents that lived there. The premises had been reconfigured to suit the needs of an existing resident better prior to other residents being admitted.

The inspector saw that individualised plans were in place for all residents. A sample of two personal plans were reviewed in detail during the inspection. Plans were in place that reflected residents' assessed needs and these were being appropriately reviewed and updated to reflect changing circumstances and support needs. An assessment of need had been completed prior to the recent admission of a resident to the centre and a personal plan had been put in place for this resident also. Annual assessments of need were seen to be completed for other residents. A number of support plans arising from these assessments were reviewed. These contained relevant guidance for staff about the assessed needs of residents. This meant that the care and support offered to residents was evidence based and person centred.

There was evidence that residents had been supported to set and achieve goals as part of the person centred planning process in the previous year and there was evidence of progression, completion and ongoing review of goals. The goals in place were appropriate for the type of service received by residents in the centre. Goals were identified based on residents' assessed needs and preferences. For example, one resident was attending a Special Olympics training session for the first time on the evening of the inspection. Another resident had achieved a number of goals including a night away, attending a concert, attending 1:1 horse riding lessons, using the train and getting a television for their bedroom.

Residents were supported to access multidisciplinary services to support their assessed needs and there was collaboration with family members in relation to this. There was evidence in residents' files that residents were provided with supports from a variety of allied health professionals including dietetics, speech and language therapy, occupational therapy and behaviour support. There was consideration of the future needs of residents and the person in charge told the inspector about plans to consider future placement needs of residents as they transitioned into adulthood.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behaviour support plans were in place for residents as required. Three positive behaviour support plans were reviewed by the inspector. These reflected the assessed needs of residents and considered the safety of the resident, their peers, and the staff working in the centre. However, a review of incident reports found that these did not fully reflect that staff were always consistently following the plan in place for one resident.

The inspector saw that a comprehensive review of incidents had been completed with the behaviour support specialist for a three month period. This review had highlighted inconsistencies around staff implementing a positive behaviour support plan in place for a resident. The inspector reviewed daily notes and incident reports and noted however that some incidents recorded following this review still did not reflect that staff were fully following the behaviour support plan in place for the resident. However, a clinical progress note was viewed in relation to an onsite meeting that had been held the week of the inspection with the behaviour support specialist, staff and management to discuss the strategies in place to support the resident.

Some restrictions were in place in the centre. These were seen to be in place to support the wellbeing and safety of residents. Where physical restraint was required, there was a clear protocol in place to guide staff to ensure that this was used a last resort and for the shortest duration possible. Overall, these had been identified appropriately and information about them was viewed in a sample of two residents' files. However, the inspector noted during a review of recent incidents in the centre that some of these appeared to be linked to a resident attempting to gain access to food that was stored in the medication room of the house. While access to the medication press had been identified as a restriction for this resident, and they did have a specific plan in place to support them with a healthy diet, this practice had not been specifically identified as a restrictive practice. This meant that there was no clear guidance available to staff in relation to this practice. Given that this did appear to be contributing in part to some of the incidents that had occurred, further consideration of this practice was warranted.

Judgment: Substantially compliant

Regulation 28: Fire precautions

During the walk-around of the centre the inspector saw that there were fire doors installed throughout the house. Fire-fighting equipment such as fire extinguishers were present in the centre. The centre was equipped with an alarm system and emergency lighting. Servicing records showing that fire alarm and fire-fighting equipment was regularly serviced was viewed by the inspector. Personal emergency evacuation plans were in place for all residents and were reviewed by the inspector. Fire drill records were viewed that showed fire evacuation drills were taking place

and evidence of a night time simulated drill was provided to the inspector also.

The inspector noted that one resident occupied a studio type apartment without a door between the kitchen and sleeping areas. It was noted that the cooker knobs were removed and the inspector was told that the resident did occupy the apartment on their own at times but that staff would always be present to support and supervise the resident if they were to cook in the apartment. Some further assurances were requested from the provider in relation to the containment measures in place and plans for the safe evacuation of the resident who occupied this apartment area. These were provided following the inspection.

The registered provider had not ensured that all containment fire safety procedures could be fully adhered to. A fire blanket was stored loose on the top of a press above electrical equipment in the kitchen where it would be difficult to access in the event of a fire near the cooking equipment, at a height that would not be accessible to all staff. This meant in the event of an outbreak of fire while cooking in this location, the appropriate fire fighting equipment would not be readily accessible. The inspector brought this to the attention of the person in charge and the inspector was informed that this was rectified following the inspection.

Judgment: Substantially compliant

Regulation 8: Protection

The findings of this inspection indicated that the registered provider had measures in place to protect residents from abuse and that residents were safeguarded in this centre. All staff had received training in the area of safeguarding. Assurances were provided to the inspector that a Garda vetting disclosure had been obtained in respect of all staff working in the centre.

The provider had in place a policy in respect of safeguarding children that had been reviewed in December 2023. Staff spoken with in the centre were familiar with the safeguarding procedures in place and demonstrated a good awareness of the providers' safeguarding procedures. Intimate care protocols were viewed in resident files.

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 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Greenfields Lodge OSV-0008355

Inspection ID: MON-0045239

Date of inspection: 08/11/2024

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The Person in Charge and Team Lead are responsible for documenting any concerns or complaints raised by family members in the complaints log, including informal complaints. Any family member who addresses a concern during a conversation will be provided with the complaints policy, ensuring they are aware of the formal process for addressing their issues.</p> <p>The Person In Charge will ensure all complaints are logged. The Person in Charge will Complete an audit of communication logs to ensure that any concerns have been entered as complaints. The Person in Charge will discuss the reporting of complaints in team meetings and in supervisions with staff.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The Person in Charge facilitated a learning session focused on the proper documentation of incident reports, ensuring that these reports accurately reflect the implementation of the behaviour support plan for all residents.</p> <p>A restrictive practice committee meeting is scheduled for early January 2025, where the practice of storing food in the medication room of the house will be reviewed and discussed.</p>	

All staff members are informed of the current restrictive practices in place within the house, and these practices are subject to review every 6 months, or more frequently if necessary.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Person in Charge has ensured that all staff are informed of the procedure for storing the fire blanket in the studio-type apartment. When no cooking is taking place, the fire blanket is securely locked away. However, when the resident is cooking, staff have access to the locked cupboard, retrieve the fire blanket, and keep it nearby in case of a fire. Once cooking is completed, the fire blanket is returned to its locked storage.

All staff have keys to the locked press at all times. A risk assessment is in place where the fire blanket is out of the locked press during cooking times, and locked away again at low risk, where there is no cooking happening.

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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2024
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	31/01/2025
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used,	Substantially Compliant	Yellow	31/01/2025

	such procedures are applied in accordance with national policy and evidence based practice.			
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