



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

Issued by the Chief Inspector

Name of designated centre:	Lios na Greine
Name of provider:	Health Service Executive
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	02 December 2024
Centre ID:	OSV-0002566
Fieldwork ID:	MON-0045686

About the designated centre

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

This designated centre comprises of two detached properties one in Co Meath and the other in Co Louth. Residents transitioned to the house in Co Meath as a temporary measure while their house in Co Louth undergoes extensive renovations. Only the ground floor of the house in Co Meath is in use at this time (the first floor does not form part of the designated centre). The service provides 24-hour nurse-led residential care and currently can accommodate four adults with disabilities. Each resident has their own ensuite bedroom and communal facilities include a kitchen cum dining room, a sitting room/tv room, a second sitting room, a utility facility and a staff office. Garden areas are provided for residents to avail of in times of good weather. Additionally, private car parking is available to the rear of the property. The house is located near a large town and transport facilities available to residents for access to local amenities and facilities. The staff team comprises of a full time person in charge (who is a nursing professional), a team of staff nurses, a social care worker and a team of health-care assistants.

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
Monday 2 December 2024	12:00hrs to 16:10hrs	Raymond Lynch	Lead
Monday 2 December 2024	11:45hrs to 16:00hrs	Florence Farrelly	Support

What residents told us and what inspectors observed

The residents living in Lios Na Greine transitioned to another registered designated centre on a temporary basis on 14 October 2024. This move was to facilitate extensive renovations being completed in Lios Na Greine, which were to be completed by 1 December 2024, at which point residents were to move back to their home.

On 15 November 2024 the residents had to vacate the centre they moved to, as the premises were risk assessed as posing a likely risk to their health. Following the recommendation to move, residents transitioned to a local bed and breakfast on the evening of 15 November 2024. This will be discussed further under the capacity and capability section of this report.

This risk-based inspection of the house in County Meath, was carried out to review the actions, the provider had taken to ensure the safety and welfare of the residents and to ensure that the premises the residents were now living in were adequate and safe.

On arrival to the house, the inspectors noted that it was spacious, warm, clean and comfortable. Only the ground floor of the house was in use and, each resident had their own individual ensuite bedroom. Staff reported that, the residents were settled in their temporary accommodation, they were keeping well and, were engaging in activities in the local community.

Staff also conducted a fire drill to demonstrate to the inspectors that residents could evacuate the premises in a timely manner in the event of a fire. Residents were observed to respond to the fire alarm promptly (with staff support), vacated the premises and gathered at the fire assembly point located in the garden area. While it was observed that two fire doors were not operating effectively during this drill, this issue was addressed on the evening of the inspection.

The inspectors didn't get to spend much time with the residents as they were out and about in the community over the course of the day. However, two of them were observed in the kitchen and a sitting room for a short time and they appeared content and happy in their surroundings. Staff were also observed to be attentive to their needs and, kind and caring in their interactions with them. Additionally, residents appeared comfortable in the company and presence of staff.

Residents also had a health check to include a triage over the phone by a GP on November 15, 2025 and were reviewed by an advanced nurse practitioner on November 16, 2024. It was reported that they all appeared well and, there were no negative impact on them following the two recent transitions as discussed above.

The next two sections of this report outline the findings of this inspection in relation to the governance and management arrangements in place focusing on the actions

the provider had taken to support welfare of the residents and to ensure that the current premises they were residing in on a temporary basis, were adequate and safe.

Capacity and capability

As outlined above, on 15 November 2024 residents had to vacate the centre they moved to as the premises were risk assessed as posing a likely risk to their health.

This assessment was carried out by a competent authority on 15 November 2024, who subsequently recommended residents should vacate the property with immediate effect.

Following the recommendation to move, residents transitioned to a local bed and breakfast on the evening of 15 November 2024. As this premises was unregistered, this meant, residents were not afforded protection under the Health Act or the regulations.

S46 (1) of the Health Act states that '*A person shall not carry on the business of a designated centre unless the centre is registered under this Act and the person is its registered provider*', as a result, the office of the Chief Inspector required the provider to submit an application to vary the conditions of registration and add this unregistered premises to the registration of Lois Na Greine. This meant there would be two houses associated with this centre, one in County Louth and the other in County Meath.

On 19 November a site visit was carried out in the house in County Louth to assess the progress with the renovations as the inspector had been informed of a delay in the date for completion which was now to be 13 December 2024.

This risk-based inspection of the house in County Meath was carried out to review the actions, the provider had taken to ensure the welfare of the residents and to ensure that the premises the residents were now living in were adequate and safe.

Residents appeared settled and content in this temporary accommodation and systems were in place to meet their needs. The provider took a number of measures so as to support the residents overall health and well-being shortly after they moved into their new temporary accommodation.

For example, on November 15, 2024 residents were triaged over the phone by a GP (general practitioner). The GP made a recommendation to monitor them over the weekend to include taking their blood pressure, temperature and pulse. The inspectors saw evidence that this monitoring had been completed by the nursing staff on duty over the weekend of November 15, 2024.

Residents had also been reviewed by an advanced nurse practitioner on November

16, 2024 and staff reported that residents appeared well and experienced no negative impacts following their two recent transitions as discussed above.

The centre was staffed with a full-time person in charge, a team of staff nurses, a social care worker and team of health care assistants. Staff spoken with said the residents had settled well into this new temporary accommodation. Staff were also observed to be kind, patient and caring in their interactions with the residents.

Regulation 15: Staffing

The staff team consisted of a person in charge, a team of staff nurses, a social care worker and a team of health care assistants. Where nursing care was required, it was provided for and the inspectors observed that there was a staff nurse on duty on a 24/7 basis.

Planned and actual rosters were available for review on the day of this inspection. Staff explained that where 2:1 and/or 1:1 staffing support was required, it was provided for.

While this centre supported five residents overall, at the time of this inspection there were only four residents living in this temporary accommodation. (One resident was living in another registered designated centre while their home was undergoing renovations). It was observed that on occasion, the person in charge was required to provide cover on the floor so as to ensure continuity of care to the residents and to cover staff absences.

Taking into account that from December 13, 2024 all five residents would be back living in their permanent home Lios Na Greine and, taking into account the assessed and complex needs of the residents, the staffing levels required review (once residents had transitioned back to their permanent home). This was to ensure there was adequate staffing cover available at all times in the designated centre when all five residents were back living in their home.

Staff spoken with demonstrated that they were aware of the needs of the residents they were supporting, and were observed to be kind and caring in their interactions with them.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which was led by an experienced and qualified person in charge. They were supported in their role by

two assistant directors of nursing.

The provider gave the Office of Chief Inspector assurances that on arrival to this unregistered centre, residents would be reviewed by a GP. This had been done on November 15, 2024 and, on November 16, 2024 they were also reviewed by an advanced nurse practitioner. Residents were reported to appear well and appeared to have experienced no negative impacts following the two recent transitions from one set of premises to the other.

Management systems were in place so as to ensure the designated centre was safe and appropriate to the needs of the residents. For example, the provider made arrangements for a fire consultancy company to visit the centre to check the fire alarm system. Additionally, the provider ensured the premises were warm, clean and functional for residents to live in on their arrival 15 November 2024.

An annual review of the quality and safety of care had been completed for 2023 and, a six-monthly unannounced visit to the centre had been carried out in January 2024. It was observed that a second six monthly unannounced visit was scheduled for July/August 2024 however, this had not been facilitated.

The person in charge said this was because over the last few months, residents had transitioned from their home on a temporary basis due to required renovations and, this audit would be completed as soon as they moved back to their permanent home on December 13, 2024.

Judgment: Compliant

Quality and safety

The provider ensured that the premises were safe for residents to reside in during for their short-term stay in them. Additionally, fire equipment was in place as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

The premises were observed to be warm, clean and functional on the day of this inspection and residents appeared settled and comfortable in their surroundings.

Additionally and as identified above, fire fighting equipment was in place to include a fire alarm system, fire extinguishers, fire doors and emergency lighting. Fire fighting equipment was being serviced as required by the regulations.

Regulation 17: Premises

The premises were observed to be warm, clean and functional on the day of this inspection and residents appeared settled and comfortable in their surroundings.

Each resident had their own individual ensuite bedroom on the ground floor of the premises (only the ground floor of this building was in use). Additionally, a sitting room/tv room was available, a fully functioning kitchen cum dining room, a larger sitting room and facilities to launder clothes.

Secure parking was provided to the rear of the property and, there was adequate space available for residents to move about freely in the garden areas.

Staff spoken with said residents were enjoying the space available to them in their temporary accommodation and some residents especially liked their bedrooms/ensuite facilities.

Judgment: Compliant

Regulation 28: Fire precautions

Fire fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations.

For example, the fire alarm system and fire extinguishers had been serviced in June 2024. Additionally, a fire consultancy company checked out the fire fighting system on November 22, 2024, one week after residents had moved in.

It was observed that three fire doors were not closing properly when the fire alarm was sounded however, this issue was addressed on the evening of the inspection.

A drill carried out on November 27, 2024 at 21.30 hours indicated that all four residents and two staff were able to evacuate the house in 60 seconds and it was observed that no actions arose out of this fire drill. Additionally, a fire drill was facilitated on the day of the inspection and it was observed that all residents and staff evacuated the premises in 90 seconds and gathered at the fire assembly point in the garden.

Each resident also had a personal emergency evacuation plan in place detailing the supports and/or guidance they required from staff during fire drills.

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 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant