



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:	Announced
Date of inspection:	19 November 2024
Centre ID:	OSV-0002566
Fieldwork ID:	MON-0045517

About the designated centre

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

The designated centre provides 24-hour nurse-led residential care and currently accommodates five adults, with intellectual disabilities. The building is a large detached bungalow on a private site. There is a lobby area and a spacious hallway on entering the house. There are five bedrooms, one of which has an en-suite bathroom. One resident has the exclusive use of a bathroom next to their bedroom, with three other residents sharing a communal bathroom. There are two sitting rooms, one which includes a dining area. There is a kitchen and utility room and an office next door to it. There is a large room for activities and just off this area is a storage room and a staff toilet. There is a large fenced garden out the back of the house with summer furniture and an unused garden shed. The centre is located near a large town, and there are transport facilities for residents to access amenities in the town.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
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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
Tuesday 19 November 2024	11:00hrs to 11:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

At the time of this inspection the premises were undergoing significant renovations which meant the residents had to move to another centre while these building works and renovations were on-going.

Initially the provider representative informed the office of the Chief Inspector that works to the premises would be completed by 01 December 2024. However, on 18 November 2024 the provider advised that the works would not now be completed until 13 December 2024. This was due to some unforeseen issues with the flooring which required additional work.

This delay was of concern to the Chief Inspector as residents living in this centre had moved to a different registered designated centre in order for the renovations to their home to be completed. However, after a short period of time residing in their alternative accommodation, they had to move again as those premises were not adequate in meeting their assessed needs. This meant that over a short period of time, residents had no choice but to move twice from two designated centres due to issues with both sets of premises.

In order to assess progress with the renovations, the inspector paid a visit to this centre seeking assurances that the renovations would be completed by 13 December 2024 so as the residents could move back to their home in a planned and timely manner.

Capacity and capability

On the morning of this site visit the inspector met with the provider representative and the assistant director of nursing at the designated centre.

As identified in section 1 of this report *'What residents told us and what inspectors observed'* the premises were undergoing significant renovations which meant the residents had to move from their home while these building works and renovations were on-going.

During the visit to the centre both the provider representative and assistant director of nursing provided verbal assurances to the inspector that the premises would be ready for the residents to move back into by 13 December 2024.

Notwithstanding, at the time of this inspection a number of renovations were on-going and/or still to be completed in the designated centre. This issue is discussed

in detail and actioned under regulation 17: premises

Quality and safety

As identified above, on the morning of this inspection, the inspector met with the provider representative and the assistant director of nursing at the designated centre. The purpose of the inspection was to review the progress of the renovations and therefore the inspector only reviewed the premises as part of this risk-based inspection.

The inspector observed that a some of the work had been completed on the premises to include the installation of new windows, new doors, new slating on parts of the roof and the utility room had been relocated.

However, a number of works/renovations remained ongoing at the time of this inspection. These issues were actioned and discussed in more detail under regulation 17: premises.

Regulation 17: Premises

On the morning of this inspection, the inspector met with the provider representative and the assistant director of nursing at the designated centre. Both provided verbal assurances that the premises would be ready for the residents to move back into by 13 December 2024 and that the building contractor was committed to and confident that, this would be the case.

The provider representative and the assistant director of nursing assured that all fire equipment 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) would be in place by 13 December 2024.

The provider representative and the assistant director of nursing were also meeting with the building contractor on a weekly basis for an update on how the renovations were progressing with regard to meeting agreed deadlines.

Additionally, the inspector observed the following:

- a number of new windows/doors had been installed throughout the designated centre
- some repairs to the tiles on the roof of the designated centre had been completed (and some were ongoing on the morning of this inspection)
- fire doors had been installed throughout the designated centre

- the utility room had been relocated to an external shed.

However, a number of works remained ongoing/or were still to be completed at the time of this site visit to include:

- flooring need to be laid throughout the designated centre
- the kitchen needed to be fitted out
- some plumbing works were still required
- the centre required painting throughout
- a deep clean of the centre would be required prior to the residents moving back into their home
- some repairs were required to the external driveway.

Judgment: Not 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	
Quality and safety	
Regulation 17: Premises	Not compliant

Compliance Plan for Lios na Greine OSV-0002566

Inspection ID: MON-0045517

Date of inspection: 19/11/2024

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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>All fire equipment 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) will be in place by 13 December 2024.</p> <p>New flooring will be laid in the designated centre.</p> <p>The extended part of the kitchen will be upgraded and fitted out to a good standard to meet resident’s needs.</p> <p>All plumbing will be completed to ensure all services and utilities are in proper working order.</p> <p>All painting throughout will be completed to ensure a good standard of décor.</p> <p>A full deep cleaning of the centre on the completion of the building works prior to the readmission of the residents to their home will be undertaken.</p> <p>Repairs to the driveway will be undertaken.</p> <p>The provider representative and the assistant director of nursing (PPIM) will meet with the building contractor on a weekly basis to obtain an update on how the renovations are progressing with regard to monitoring agreed deadlines. A weekly report will be provided to the inspector from the provider representative.</p> <p>The provider will strive to meet the agreed completion deadline of the 13/12/2024, however in the case of unexpected delays the date for completion is recorded as 09/01/2025</p>	

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)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	09/01/2025