Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Riverview Lodge
Name of provider:	Lumen Healthcare Limited
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	21 May 2026
Centre ID:	OSV-0008938
Fieldwork ID:	MON-0050490

About the designated centre

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

Riverview Lodge is a single storey building in a rural location but close to a very large town. The service aims to provide 24-hour care to adults with disabilities, both male and female, aged 18 years and upwards with a wide range of support needs including intellectual disability and autism spectrum disorder. The service is provided by a team of healthcare workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 21 May 2026	10:35hrs to 16:20hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

The service in this centre was person-centred and of a good quality. Residents were supported by a team of familiar staff who had training in relevant modules related to the support of the residents. The health, social and personal care needs of residents were assessed. Residents were supported to communicate their needs and wishes. The provider maintained oversight of the quality of the service. Improvement was required to ensure that all known risks to residents had corresponding risk assessments to guide staff practice. In addition, some improvement was required to ensure that all residents were provided with information about their finances so that they could make informed decisions.

The centre was in a rural location but a short drive from a large town. It consisted of a bungalow and two separate one-bedroom apartments on the same site. The apartments were located in separate buildings to the rear of the bungalow. The provider had applied to the Chief Inspector of Social Services to add the two apartments to the centre since the last inspection. This meant that the centre could now accommodate up to four residents. On the day of inspection, three residents were living in the centre. There were two bedrooms in the bungalow and both were occupied. One of the apartments was occupied. The second apartment was vacant and the person in charge said that there were no immediate plans for anyone to move in.

The centre was warm, clean and nicely decorated. It was in a good state of repair. Artwork and soft furnishings gave the centre a homely feel. In the kitchen, there was a noticeboard with photographs of staff and pictures that residents used to support their communication. The centre was accessible to all residents. There were internal steps within the bungalow but these did not pose any barriers to the residents. There was ramped access at the door of the apartment. Outside, the grounds were well maintained. There was a long gravel driveway and there was parking area to the rear of the bungalow. There was a small lawn at the back of the bungalow.

Residents in this centre required varying support with their health, social and personal care needs. All residents required the support of staff to access the community.

The inspector had the opportunity to meet with all three residents on the day of inspection. On arrival at the centre, one resident greeted the inspector and showed the inspector around the outside of the centre. The resident showed the inspector where new gravel had been laid at the back of the house and the new post box at the top of the driveway. Residents told the inspector that they were happy in their home. They said that they liked their home and that they got on well with the other residents in the centre. They told the inspector that staff were nice and that they could raise any issues with staff. They spoke about their interests. Residents talked

about events or appointments that were coming up. Residents spoke about the plans that they had for the evening ahead. One resident spoke about their long-term goals and how they were looking forward to getting involved with a community group.

In addition to the person in charge, the inspector had the opportunity to meet with two other members of staff. The staff members demonstrated good knowledge of the residents' needs and the supports required to meet those needs. They gave specific examples of safeguarding measures that were in place to promote the safety of residents. They spoke about the positive behaviour supports offered to residents.

The inspector noted that staff and residents chatted comfortably together. Staff were familiar with the communication strategies used by residents and their preferred topics of conversation. The inspector noted staff and residents sharing jokes and laughing together. Staff responded when residents asked for help or for information. Staff spoke about residents respectfully.

The next two sections of this report present the inspection findings regarding the governance and management in the centre, and how this impacts the quality and safety of the service provided.

Capacity and capability

The inspector found that the provider had systems in place that were effective at monitoring the quality of the service. The provider maintained oversight of the service through routine audits that were completed by staff in the centre. Information was shared with staff through regular meetings.

Staffing numbers and the staff skill-mix were in line with the needs of residents. The staff in the centre were consistent and familiar to residents. They had received training in areas that were mandatory for all staff and that were specific to the needs of the residents in this centre.

The provider had an effective complaints procedure. This meant that there was a system to record and process the residents' opinions on the quality of the service.

Regulation 15: Staffing

The staffing arrangements in the centre were suited to the needs of the residents.

There were no staffing vacancies in the centre on the day of inspection. Planned and unplanned leave was covered by a team of relief staff who were familiar to the residents.

The provider had identified the number of staff who needed to be on duty to ensure that the residents received the support they required in relation to their health, social and personal care needs. The inspector reviewed the rosters in the centre for April and May 2026 and found that the required number of staff with the necessary skill-mix was on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that staff had up-to-date training in modules that were relevant to the care and support of the residents.

The inspector reviewed the training records maintained by the person in charge. These showed that staff had largely up-to-date training in the modules that the provider had identified as mandatory.

Judgment: Compliant

Regulation 23: Governance and management

The provider had systems in place to maintain oversight of the quality of the service. There were systems to address issues identified and to improve the service.

Staff knew who to contact should any incidents occur. There were clear lines of accountability. The person in charge completed an overview report of incidents every three months. The inspector reviewed the report of the incidents that occurred during the first three months of 2026. This report looked for trends in incidents and compared the incidents to the previous three months. It identified if any additional supports were needed to address repeated incidents. For example, the report indicated that support had been sought from members of the multidisciplinary team in relation to the recorded incidents.

The provider monitored the quality of the service through routine audits in the centre and through unannounced audits by senior managers. The inspector reviewed the records for routine audits completed by staff in the centre. These related to health and safety issues; for example, water temperature checks, food hygiene checks and checks on the first aid equipment.

The person in charge reported that the provider completed unannounced visits to the centre every three months. The inspector reviewed the report from the most recent unannounced visit. It was completed on 30 March 2026. The report gave a comprehensive overview of the service and identified specific actions to improve the service. These actions were recorded on a quality improvement plan and the person in charge said that they would be reviewed on the next unannounced visit. The inspector noted that the audit had not identified that risk assessments had not been completed for known risks to residents. This will be addressed under regulation 26: risk management procedures.

The provider shared information with staff at monthly team meetings. The inspector reviewed the minutes of the most recent team meeting held on 24 April 2026. This covered updates relating to the care and support of residents as well as discussion around operational issues.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaints procedure and processed complaints in line with this policy. This meant that there was a system where residents and their families could give feedback and that their views could be included in the running of the centre.

The inspector reviewed the records of any complaints in the centre. It found that where a complaint had been made, the provider followed their procedures in recording the complaint, issuing an acknowledgement letter to the person who made the complaint, and keeping them informed of steps that were underway to address the issue. This meant that there was an effective system where residents and their representatives could raise issues relating to the service and that these issues would be processed appropriately.

Judgment: Compliant

Quality and safety

The service in this centre was person centred and of a good quality. The health, social and personal care needs of residents were assessed, and the appropriate supports had been put in place to meet those needs.

The safety of the residents was promoted. Staff had up-to-date training in safeguarding and safeguarding incidents were processed appropriately. However,

improvement was required to ensure that risk assessments were devised for all known risks to the residents to ensure that staff had guidance to support residents appropriately.

The rights of residents were promoted in this centre. Residents received the necessary supports in relation to their communication to express their needs and choices. Some improvement was required to ensure that residents were provided with all information in relation to their finances.

Regulation 10: Communication

The provider had systems in place to ensure that residents were supported to express their needs and wishes.

The provider had sourced training from a speech and language therapist for staff in relation to one resident's particular communication strategies. The person in charge said that the speech and language therapist was due to attend the next team meeting to deliver another training session.

Where specific recommendations or supports were required by residents, the inspector noted that these were in place in the centre. For example, the noticeboard in the kitchen contained picture symbols used by a resident when conversing with staff and with the inspector. The resident also had a tablet computer communication device that they could freely access as they needed and wanted.

Staff were observed interacting with residents in a comfortable manner. They were familiar with the residents' communication strategies and their preferred topics of conversation.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems for the identification, assessment and control of risk. However, improvement was required to ensure that all known risks had corresponding assessments to guide staff practice.

The inspector reviewed the risk assessments that were developed for two residents in the centre. These identified risks to the residents and the control measures that should be implemented to promote the residents' safety. However, not all known risks had corresponding risk assessments to guide staff. For one resident, their assessment of need identified that there was a risk relating to negative emotions and thoughts. However, there was no risk assessment on file to identify the impact

of this risk on the resident and to guide staff on how to support the resident at these times.

For another resident, the person in charge reported that there was a known risk in relation to the resident's food and beverage choices that may have a negative impact on their health. There was also a known risk relating to the resident's behaviour during meal preparation. The inspector reviewed an incident report from March 2026 that was related to this risk. However, risk assessments relating to these issues had not been developed.

Without adequate guidance, it was unclear how the residents should be supported to ensure that their needs were met, that their safety was promoted and that their rights were respected.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The provider had completed an assessment of the residents' health, social and personal care needs. The provider developed a personal plan to guide staff on how to support residents to meet those needs.

The inspector reviewed the assessments of need that were developed for two residents. These had been completed or updated within the previous 12 months. They gave a comprehensive overview of the residents' health, social and personal care needs. They outlined the level of support required by each resident to meet those needs.

Personal development goals were developed with residents. These were recorded in residents' personal plans. The inspector reviewed the minutes key-worker meetings for one resident from January and February 2026. These showed that residents were supported to meet their goals.

One resident had been living in the centre for 12 months. The person in charge reported that the annual review of the resident's personal plan was due to be completed in the coming weeks.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had arrangements to provide positive behaviour support to the residents.

Staff training records showed that staff had completed training in supporting residents to manage their behaviour. In conversation with the inspector, staff demonstrated good knowledge of the residents' preferences and how to support the residents in relation to their behaviour.

The inspector reviewed the behaviour support plans that were developed for two residents. Both behaviour support plans were under review at the time of inspection. The review was being completed by an appropriately qualified professional. Staff maintained written records that were due to be reviewed and used to inform the updated behaviour support plans. The inspector reviewed the records on file for one resident for May 2026 and found that they had been completed, as required.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to protect residents from the risk of abuse.

Staff had up-to-date training in safeguarding. The provider reviewed the safeguarding arrangements in the centre as part of their quarterly audits. In discussion with the inspector, staff gave specific information about how they promoted the residents' safety and ensured that residents were protected from the risk of abuse. This information was in line with guidance in residents' risk assessments.

The inspector reviewed two safeguarding plans that had been completed in the centre. These showed that the provider had identified potential safeguarding incidents and had documented and reported them appropriately. Correspondence with relevant external authorities had been completed and plans put in place to avoid a recurrence of these incidents.

On the day of inspection, documentation was not available in relation to a historical incident. Follow-up information and assurances were requested by the inspector in relation to the management of this incident and this was provided by the provider.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were promoted in this centre. Residents were supported to make decisions about their daily routines and to have a voice in the running of the centre. However, some improvement was required to ensure that residents were

provided with all information in relation to their finances to ensure that they could make informed decisions about their financial affairs.

The inspector reviewed the daily notes that were recorded for one of the residents. The inspector reviewed the records for five days in May 2026. These records showed that the resident's choices and decisions were respected.

The residents' right to privacy was respected. For example, the inspector noted that one resident locked their apartment when leaving the centre. Staff said that they did not enter the apartment without the resident being present and giving consent to enter.

Some improvement was required to ensure that each resident had full information about their finances to ensure that they could make informed decisions. The provider supported residents to manage their financial affairs and the residents' daily notes showed that residents were supported to make purchases in line with their choices. However, for one resident, information in relation to their savings was not available in the centre. This meant that the resident was not provided with all necessary information to make informed decisions about their finances.

Judgment: Substantially 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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Riverview Lodge OSV-0008938

Inspection ID: MON-0050490

Date of inspection: 21/05/2026

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 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: In review of Regulation 26 Risk Management procedures, both individual risk management plans have been updated to reflect the information that has been required to support the individuals and to ensure that the staff have the support and information to carry out the tasks within the service. Both have been updated following the inspection of Riverview Lodge and staff have been updated regarding the relevant information. Support was also provided by both MDT's to ensure that the controls are not impacting of the rights of the individuals.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: In review of Regulation 9 Residents Rights. PIC with support of MDT have engaged with the family regarding the supporting of the individuals' finances. A referral has also been made to the advocacy service which has been accepted and awaiting an appointment of an advocate. PIC has engaged in a conversation on the 12/06/2026 with the individual's family who has advised that the finances will be organised the week commencing 15/06/2026. Family are aware, and communication register in place regarding any engagement.	

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	19/06/2026
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	12/06/2026