



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:	Announced
Date of inspection:	29 May 2025
Centre ID:	OSV-0008355
Fieldwork ID:	MON-0038318

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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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 29 May 2025	10:10hrs to 17:40hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

This was an announced inspection completed in the designated centre Greenfields Lodge. This centre was registered to provide residential services to a total of 5 children. At the time of the inspection, four residents lived in the centre. This announced inspection was carried out to make a decision regarding the registered provider's application to renew the registration of this designated centre for a further three year cycle.

The premises of the centre was a large two-storey house. One resident lived in a self-contained apartment which contained a kitchenette. Staff members told the inspector that this resident liked to join those living in the main house for activities and celebrations. The apartment area was decorated with minimal items in line with the resident's choice and support needs. Visuals were available and on display to support the resident to communicate aspects of their care to staff members. This included what hairstyle they would like, activities and preferred snacks. This resident was also supported to practice their religion, which was very important to them. Staff members spoke about a recent trip they had taken to Knock. It was also noted that a holy water font was present at the entrance and exit to their home.

In the main part of the house where three children lived there was a playroom with a small dining area which was filled with toys and art supplies in line with the residents' likes and preferences. Completed art work was on display in this area and throughout the residents' home. Each resident had their own private bedroom which was decorated in an age appropriate manner in line with their interests. For example, one resident who had an interest in a particular cartoon character had images of them on the walls in their bedroom.

The inspector met with three of the four residents living in the centre on the inspection day. Each of the three residents were attending school on the inspection day, and they met with the inspector on their return home. One resident chose not to engage with the inspector and this choice was respected. However, they did allow the inspector to sit with staff members providing support to them in the dining and playroom area. This resident was observed playing games on their tablet device before they planned to engage in arts and crafts. When the resident's dinner was ready, staff members used a visual aid to explain this to the resident.

The inspector met with the other two residents in the kitchen of their home. One child was supported to have their dinner while the other resident had plans to go for a smoothie with staff members. One resident spoke about their family, animals and staff working with them in their home. When they were informed that a staff member on duty on the inspection day would be completing an additional shift with them at the weekend, it was evident that they were excited about this. The resident and staff member chatted about plans to have a spa evening and complete face masks at the weekend. Another resident was observing singing songs as they chatted with staff and the inspector. They were observed smiling and appeared

comfortable in the presence of staff members, and they laughed as they sang a song where they used the names of staff members who supported them in their home. It was noted that the inspector's presence did appear to be distracting the resident from having their dinner so the inspector did leave the kitchen area to allow them to eat without distraction in line with guidance from staff.

As this was an announced inspection, four residents completed a survey in advance of the inspection about the supports they received in their home. Two of these were completed with support from staff members while the other two were completed with support from family members. The feedback in these surveys were positive in nature and related to residents having privacy, being supported to make choices and their safety. One questionnaire stated they were 'happy with Greenfields'.

Overall, the findings of this inspection indicated that residents were provided with a safe level of service and that they had a good quality of life in their home. 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.

Capacity and capability

The findings of this inspection indicated that management systems in place in the centre ensured that residents received a safe and good quality of care and support. It is evidenced throughout the inspection report that this inspection found a high level of compliance with the regulations.

This centre had been previously inspected in November 2024 where areas of substantial compliance had been found. In response to this, a compliance plan response had been submitted by the registered provider outlining the actions to be taken to meet regulatory compliance. This included improvements in the documentation of complaints and reviewing procedures relating to fire safety in the self-contained apartment area. It was evidenced during this inspection that these actions had been taken, increasing the centre's compliance with the regulations.

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 5: Application for registration or renewal of registration

The registered provider had ensured that an application to renew the registration of Greenfields Lodge had been completed in a timely manner. Documentation submitted as part of the application included an application form, floor plans

outlining the layout of the centre, the designated centre's statement of purpose and the relevant fee. Where some minor amendments were required to the floor plans and statement of purpose, these were completed without delay and revised documentation was submitted to progress the application to renew the registration of the centre.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a person in charge in the designated centre. The person in charge commenced the role in February 2025. This person worked full-time, and fulfilled the role of person in charge for one designated centre operated by the registered provider.

The inspector reviewed prescribed information that was submitted to appoint this person to the role of person in charge. The inspector also met with the person in charge on the day of this inspection. It was evident that they held the necessary skills, qualifications and experience to carry out the role.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff members were supported to access appropriate training as part of a continuous professional development programme. The inspector reviewed the training matrix for 16 staff members and found that all staff were provided with the following training;

- Fire safety
- Management of behaviour that is challenging
- Safeguarding of vulnerable adults
- Children's first
- Crisis prevention and intervention training
- First aid
- Cardio-pulmonary resuscitation
- Manual handling
- Infection prevention and control
- Seizure management
- Medication administration
- Human rights
- Advocacy

- Autism

A supervision schedule had been developed to ensure all staff working in the centre had a supervision meeting with the person in charge every six to eight weeks. It was noted that this had been completed for all staff in line with the planned schedule for 2025.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a valid contract of insurance against injury to residents living in the designated centre. This insurance policy was submitted as part of the registered provider's application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

An annual review of the quality of care and support provided to residents in Greenfields Lodge had been carried out for the year 2024. This review had identified that the rate of incidents occurring in the centre had reduced since the introduction of a self-contained apartment in 2023. It also identified actions to be completed including setting dates for person-centred planning meetings with residents and to increase the provision of garden facilities in place for residents. This ensured continuous quality improvement in the centre. It also included the views of residents and their representatives.

Auditing was carried out by the person in charge, staff members and external auditors to ensure effective oversight and monitoring in the designated centre. This included;

- Weekly healthy and safety audits
- Monthly audits of residents' personal files
- Medicine audits
- Vehicle audits
- Hand hygiene audits
- Financial checks
- Annual person-centred planning reviews.

Team meetings were held monthly in the centre in 2025. The records of the two team meetings in May and June 2025 were reviewed by the inspector. These included discussions and reviews of residents' support needs, vehicles, staffing

updates, maintenance, medicines, training, key-worker duties and safeguarding of residents. This ensured a wide variety of topics were discussed to identify areas for improvement in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was submitted as part of the centre's application to renew the registration of the centre. This was reviewed as part of the inspection and it was noted that this did not include details as to whether the centre accepted emergency admissions. This was amended by the person in charge on the day of the inspection to ensure it contained all of the information specified under Schedule 1.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The registered provider had ensured that the absence of the person in charge for a period of more than 28 days was notified in a timely manner. The person in charge became absent from the role in January 2025. This person remained absent at the time of the inspection, however a person in charge had been appointed for an interim period until the person in charge returned.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

When the registered provider gave notice of the absence of the person in charge in January 2025, they notified the Chief Inspector of Social Services of the procedures and arrangements in place for the management of the designated centre during their absence. This included the appointment of another person in charge in February 2025 to manage the designated centre. This person was fulfilling the role of person in charge at the time of the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured that all complaints were investigated promptly, and that action taken on foot of a complaint was recorded. The inspector reviewed documentation relating to four complaints which were made informally to the registered provider. It was evident that any actions including conversations with relevant persons and amendments to care planning were documented.

A complaints policy had been developed by the registered provider. The most recent review of this policy was completed in June 2024. This policy included details on the management of complaints in the organisation. It also included the procedure on how to make a complaint and details of the appeals process. It was evident that the management of the four complaints reviewed had been managed in line with this policy.

An easy-to-read complaints procedure was observed in residents' personal files.

Judgment: Compliant

Quality and safety

The wellbeing and welfare of residents living in the designated centre was maintained by a good standard of care and support. It was evidenced by the high level of compliance with the regulations that a safe level of supports was provided to residents in their home.

Throughout the inspection, the inspector observed that residents appeared comfortable, content and happy living in their home. Evidence from speaking with residents, staff members and reviewing documentation such as personal files and photographs of residents highlighted the efforts made to provide a wide variety of activities to residents, and to support them to engage in their local community.

It was evident that residents were being supported to learn skills to support their transition to adulthood. One resident had been supported to increase their independence with respect to toileting since their admission to the centre. Following input from an occupational therapist, a toileting program had been put in place for one resident and this was reported as being successful. There was also evidence of residents being supported to learn money management skills.

Easy-to-read information was also utilised as a resource to inform residents of aspects of their care and processes including complaints as part of a total communication approach. Overall, it was observed that the level of service provided to residents ensured their safety and promoted their choices and wishes.

Regulation 10: Communication

Residents were supported using a total communication approach in line with their assessed needs and communication preferences. It was noted in one resident's personal file that they used visuals, manual signing and hand gestures to communicate. Visuals to support residents' communication were observed throughout the designated centre and included a wide range of activities and meal choices in line with residents' likes and interests. To support the resident using manual signing, the speech and language therapist completed a sign of the week which was shared with staff members working in the centre. Guidance on the use of the manual signing system was also available in their personal file. However it was noted by staff members that following an assessment of the resident's communication preferences, that they may benefit from using a communication device. A referral for this had been completed and the resident was awaiting an appointment which was scheduled after the inspection concluded.

Clear guidance was available to staff members to support them to use a total communication approach when supporting residents. This included guidance on how to use visual scheduling and social stories. Where visuals such as a visual staff rota were recommended, these were observed to be in place on the inspection day.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had ensured that each resident was supported to manage their financial affairs. As residents turned 16, they were supported to apply for their disability allowance and to open a bank account in their own name. In addition to this, it was noted that staff members were supporting them to learn money management skills in line with their assessed needs. Where applicable, there was evidence that this was completed with family involvement as part of the resident's person-centred planning meetings.

Easy-to-read information was provided to residents in relation to their personal finances. The inspector also reviewed financial logs for two residents which indicated that these were reviewed by staff members each night. Receipts were kept in the centre to evidence residents' spending and purchases made.

An inventory of belongings had been put in place to ensure residents retained control over their personal property.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider had ensured that the children residing in the centre had opportunities to play. Staff members met with throughout the inspection discussed the activities residents participated in. For example, during a warm spell of weather an inflatable swimming pool had been put in place in the centre's garden. Staff members noted how the residents had enjoyed the water play and lounging in the pool.

Residents' monthly goals aligned to access to facilities for recreation and participation in activities in accordance with their interests. One resident's monthly goal for May 2025 had included a trip to an amusement park and to complete a cliff walk. These had been completed with pictures evidencing the trip in the resident's file. One child had plans to go to a reptile zoo in the days after the inspection, which was also aligned to their monthly goals.

Residents were supported to make scrapbooks with photographs of activities they had completed in 2025. These included photographs of residents playing the guitar, art work they completed, celebrations and participation in sporting events. Staff members had sourced an allotment where residents were growing vegetables and meeting with others in their local community.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises of the designated centre was designed and laid out to meet the objectives of the service, and the number and needs of residents. The inspector completed a walk-around which included all areas of the centre including communal areas, residents' bedrooms, the external office and the garden. It was evident that it was clean and suitably decorated, and kept in a good state of repair. Management in the centre noted that the flat roof in the centre had been leaking and this was due to be replaced shortly after the inspection took place.

The registered provider had ensured that appropriate outdoor recreational areas were provided to children living in the centre which included age-appropriate and recreational facilities. A large garden area was provided which contained a swing set and a slide. Residents had also been supported to develop a sensory area in the garden. A bug hotel and a mud-kitchen were also provided, with lots of space for residents to play in this area. An enclosed garden area was provided to the resident living in the self-contained apartment however, staff spoken with told the inspector that they regularly used the main garden area to play with those they lived with.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents in respect of the designated centre. This guide included the information required under this regulation including a summary of the services and facilities provided, the terms and conditions relating to residency and the arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed risk assessments relating to the care and support provided to residents in their home. It was noted that there were no high level or escalated risks in the centre. Where risks had been identified, a risk assessment had been developed outlining the control measures in place. It was evident that the control measures outlined were in place for the 11 risk assessments reviewed by the inspector. There was also evidence of risk assessments being developed following incidents in the centre to prevent reoccurrence of a similar incident.

A risk management policy had been developed by the registered provider. This contained the information specified under this regulation.

Judgment: Compliant

Regulation 28: Fire precautions

Emergency lighting, fire alarm panels and fire-resistant doors were observed to be present in the centre. Emergency exits were observed to be clear to ensure that residents, staff and visitors could exit the buildings safely in the event of an emergency.

Due to the assessed needs of one resident, specific fire safety systems were in place in the self-contained apartment. Staff members spoken with were aware of the arrangements in place and these had been reviewed by a fire competent person to ensure the safety of the resident.

Five emergency evacuation bags were located at the main exit of the centre in the event of an emergency. These bags contained items for each of the residents and staff members including torches, blankets, water and emergency contact numbers.

The evacuation bags for residents included toys and a book to provide comfort in the event of an emergency situation.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal files of two of the residents living in the designated centre. Each resident had been supported to have a comprehensive assessment of their health, personal and social care needs.

Residents had access to a multi-disciplinary team including a speech and language therapist, social worker and behavioural support specialists. There was evidence of input from these professionals as part of the review and assessment of the residents' care and support. One child had also been referred for psychiatry input and was awaiting this support at the time of the inspection.

Residents were supported to identify goals on a monthly basis as part of the person-centred planning process in the centre. One resident had a goal to engage in their local community. This was facilitated by them going to their local hairdressers, visiting the local shop, having lunch in the local Café and tending to an allotment.

Judgment: Compliant

Regulation 7: Positive behavioural support

Each of the four residents had a plan of care relating to positive behaviour support. The inspector reviewed these plans for two of the four residents living in the centre. It was evident that these included clear guidance for staff members on how to support each resident. It also included guidance on skills teaching and the use of restrictive practices.

An overview document outlining what a restrictive practice was and the types of restrictive practices was provided to residents in their personal file in an easy-to-read format. Restrictive practices that impacted each resident were clearly documented within their personal file.

The inspector requested incident reports of incidences where a restrictive practice had been utilised. It was evident that following each incident, a review of the potential triggers were completed, and plans were put in place to prevent reoccurrence. These were also discussed at team meetings, staff supervisions and incident review and learning meetings.

Judgment: Compliant

Regulation 8: Protection

The person in charge had ensured that safeguarding measures were in place to ensure that staff providing intimate care to residents who required this assistance did so in line with individual resident's personal plans. Intimate care plans had been developed for residents to outline the supports they required to meet their personal hygiene needs. There was also evidence of easy-to-read information and social stories being used to educate residents and provide them with skills relating to their personal care.

There were no open safeguarding plans in the centre on the day of the inspection. However, two closed safeguarding plans were present in residents' personal files to inform staff members of the supports in place and the rationale for why these are now in place. It was evident that the supports in place in these plans were provided as part of the regular support provided to residents including supervision and the use of emotion charts.

All staff on duty had active Garda Síochána (police) vetting in place.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that the designated centre was operated in a manner that respected the religious beliefs and cultural and ethnic background of each resident. One resident was supported to maintain a halal diet. Staff spoken with were aware of the requirements of preparing the resident's meals in line with their beliefs, and sourced halal ingredients to meet their dietary requirements. Guidance in relation to this was located in their personal file.

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 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant