



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

Issued by the Chief Inspector

Name of designated centre:	Monroe Lodge
Name of provider:	Resilience Healthcare Limited
Address of centre:	Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	05 June 2025
Centre ID:	OSV-0008922
Fieldwork ID:	MON-0045739

About the designated centre

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

Monroe Lodge is a designated centre operated by Resilience Healthcare Limited. The designated centre provides community residential services to five adults with a disability. The designated centre is located in a rural setting, a short distance away from a village in Co. Tipperary. The designated centre comprises of detached two-storey house located on its own grounds. The house consists of five individualised apartments which consist of a bathroom, bedroom and living room. There is a sitting room, dining room and kitchen area which can be used by all residents. In addition, there is a large garden to the rear of the centre which residents can access as they wish. The centre is staffed by the person in charge, team leader and support workers.

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 5 June 2025	10:00hrs to 17:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was a short-term announced inspection conducted to monitor compliance with the regulations. This inspection was completed by one inspector over one day.

This designated centre was registered in December 2024 and provides a community residential service to five adults with a disability. This was the first inspection of this designated centre since four adults moved into the house. At the time of the inspection, two of the residents were availing of the service on a full-time basis and two of the residents were availing of the service for parts of the week in line with their transition plan. The inspector was informed that the provider was in the process of admitting a fifth resident.

The inspector had the opportunity to meet with three residents living in the centre. One resident was attending their day service and then was travelling to the centre on the afternoon of the inspection. The residents used verbal and alternative methods of communication, such as vocalisations, facial expressions, behaviours and gestures to communicate their needs. The inspector spoke with one resident's family members, two staff members and management. The inspector also reviewed records pertaining to the care and support and governance arrangements in the centre on the day of the inspection.

On arrival to the centre, the inspector was welcomed by one resident who was bringing the bins in before they left the service to access the community. A second resident was preparing for the day and the inspector met them in the dining room while they spent time on their phone. The second resident then left the centre to access the community. The inspector was informed that the other two residents availed of the service for certain days of the week in line with their transition plan and would be arriving to the centre in the afternoon after their day service.

Later in the morning, the two residents returned to the centre and were observed spending time in the communal area of the house and having lunch. The two residents then left the centre after lunch to access the community. Overall, the two residents appeared comfortable in their home and in the presence of the staff team and management.

In the afternoon, the third resident arrived to the centre. At the time of the inspection, they were accessing the service a couple of days a week as part of their transition plan. The inspector briefly met the resident in the hall before they went to spend time in their apartment. The appeared content to be in the centre. The inspector also had the opportunity to speak with the resident's representatives who spoke positively about the a number of aspects of the care and support provided in the centre.

The inspector carried out a walk-through of the centre accompanied by the person in charge and team leader. The centre was a detached two storey house located in

its own grounds. The ground floor consists of a communal kitchen-dining room and living area and two apartments with enclosed gardens. The first floor consists of three resident apartments and staff office. The resident apartments each contained a bathroom, bedroom and living area. Overall, the premises was clean, well maintained and decorated in a homely manner. At the time of the inspection, the residents were in the process of further personalising the premises in line with their preferences. There is a large garden to the rear of the centre which the residents could access as they wished. The garden contained a swing set and the inspector observed that garden furniture was in the process of being assembled. Two of the ground floor apartments had access to enclosed gardens. On the day of the inspection, the enclosed gardens were empty and not decorated in a homely and inviting manner. The provider noted plans to decorate and personalise the enclosed gardens with the residents and in line with their needs.

Overall, based on what the residents communicated with the inspector and what was observed, the residents received good quality care and support. However, as this was an establishing designated centre continued work was required in fire safety and further develop the supports in place for each resident.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to the residents' needs. On the day of inspection, there were sufficient numbers of staff to support the residents assessed needs.

There was a defined management structure in place. The person in charge was in a full time role and they held responsibility for the day-to-day operation and oversight of care in this and two other designated centre operated by the provider. The person in charge with supported in the operation of this centre by a service manager and team leader. There was evidence of regular quality assurance audits taking place to ensure the service provided was appropriate to the residents needs and actions taken to address areas identified for improvement.

The inspector reviewed the staff roster and found that the staffing arrangements in the designated centre were in line with residents' needs. Staff training records were reviewed which demonstrated that staff were up-to-date with training and suitably supervised.

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and was suitably qualified and experienced for the role. The person in charge was responsible for the day-to-day operation of two other designated centres operated by the provider. There was effective management and oversight arrangements were in place and the person in charge was supported in their role by a service manager and team leader in this designated centre.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual staffing roster. The inspector reviewed a sample of the roster and found that there was an establishing staff team in place which ensured continuity of care and support to the residents. From a review of rosters for May and June 2025, it was demonstrable that appropriate staffing levels and skill mix were in place to meet the assessed needs of the residents. For example, during the day the rosters demonstrated that between three and six staff were on duty to support the residents. The number of staff varied in line with the number of residents in the centre as two residents were availing of the service for certain days of the week in line with their transition plan. At night, the four residents were supported by two waking night staff. Throughout the inspection, the staff team were observed treating and speaking with the residents in a dignified and caring manner.

The provider was reviewing staffing regularly as the number of days of the week the four residents were in the centre was increasing and the provider was in the process of admitting a fifth resident. The provider highlighted that there was ongoing recruitment of staff to meet the needs of the residents as required. The inspector was informed that three new staff members were in advanced stages of recruitment to join the staff team.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, it was evident that the staff team in the centre had up-to-date training in areas including safeguarding, fires safety, manual handling, safe administration of medication, de-escalation and intervention techniques. The staff team had also been supported to completed training in Human Rights. This meant that the staff team had up to date knowledge and skills to

<p>support the residents.</p> <p>A staff supervision system was in place and the staff team in this centre took part in formal supervision. The inspector reviewed a sample of supervision records which demonstrated that the staff team received regular support and supervision in line with the provider's policy. A supervision schedule had been developed for the upcoming year.</p>
Judgment: Compliant
Regulation 22: Insurance
<p>The provider ensured that there was appropriate insurance in place in the centre. This policy ensured that the injury to residents, building, contents and property was insured.</p>
Judgment: Compliant
Regulation 23: Governance and management
<p>There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was responsible for two other designated centres and was supported in their role by a service manager and team leader. The person in charge reported to the Director of Services, who in turn reported to the Chief Executive Officer.</p> <p>There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents needs. The quality assurance audits included a recent six-monthly provider visit completed in May 2025. In addition, local audits had been completed in areas including medication, personal care plans and health and safety. The audits identified areas for improvement and action plans.</p>
Judgment: Compliant
Regulation 3: Statement of purpose
<p>The provider prepared a statement of purpose which included all the information as required in Schedule 1 of the regulations. This is an important governance document that details the service to be provided in the centre and details any charges that</p>

may be applied.
Judgment: Compliant
Regulation 31: Notification of incidents
<p>The provider had a system in place for the recording, management and review of incidents in the centre. The inspector reviewed the record of incidents occurring in the centre since it opened and found that the person in charge had notified the Chief Inspector of all incidents as required by Regulation 31.</p>
Judgment: Compliant
Quality and safety
<p>Overall, the inspector found that this centre provided person-centred care and support to the residents in a well maintained premises. However, some improvement was required in personal planning and fire safety.</p> <p>The inspector reviewed the residents' personal files which contained a comprehensive assessment of the residents' personal, social and health needs. The personal support plans reviewed were found to be up to date and to suitably guide the staff team in supporting the residents with their assessed needs. However, as this was an establishing service and residents were actively transitioning into the service some areas of support required further work and development.</p> <p>There were suitable systems in place for fire safety management. These included suitable fire safety equipment and the completion of regular fire drills. However, some improvement was required in hour of darkness drills.</p>
Regulation 10: Communication
<p>The residents used verbal and alternative methods of communication, such as vocalisations, facial expressions, behaviours and gestures to communicate their needs. Each resident had recently been reviewed by a speech and language therapist and their communication needs were outlined in their personal plans which guided the staff team in communicating with the resident. The staff team spoken with demonstrated an understanding and knowledge of the residents communication methods and were observed communicating with residents throughout the</p>

inspection.
Judgment: Compliant
Regulation 17: Premises
<p>The centre was a detached two storey house located in its own grounds. The designated centre consists of a communal kitchen, dining room and living area and five individual apartments. The resident apartments each contained a bathroom, bedroom and living area. Two of the ground floor apartments had access to enclosed gardens and there is a large garden to the rear of the centre which the residents could access as they wished. Overall, the premises was clean, well maintained and decorated in a homely manner. At the time of the inspection, the residents were in the process of further personalising the premises in line with their preferences.</p>
Judgment: Compliant
Regulation 20: Information for residents
<p>The provider had prepared a residents guide which contained all of the information as required by Regulation 20 including a summary of the services and facilities provided, terms and conditions, arrangements for resident involvement in the running of the centre, how to access inspection reports, complaints procedure and arrangements for visits.</p>
Judgment: Compliant
Regulation 28: Fire precautions
<p>There were suitable systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had a personal evacuation plan in place which appropriately guided the staff team in supporting the residents to evacuate. There was evidence of regular fire evacuation drills taking place including an hour of darkness fire drill. However, some improvement was required in the hour of darkness drill to ensure it included the maximum number of residents and minimum staffing levels.</p>

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the four residents' personal files. Each resident had a comprehensive assessment which identified the residents health, social and personal needs. This assessment informed the residents' personal plans to guide the staff team in supporting residents' with identified needs and supports. The inspector found that the personal plans were up-to-date and reflected the care and support arrangements in place.

However, as this was an establishing service and residents were actively transitioning into the service, the inspector found that continued work was required to support residents to be referred to and access local clinicians including General Practitioners and psychiatry; clarify some health care supports and set up appropriate financial support and oversight for each resident. This had been self-identified by the provider and was in the process of being addressed at the time of the inspection.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents' were supported to manage their behaviours and positive behaviour support guidelines were in place, as required. There was evidence that residents had recently accessed psychology and psychiatry, as required. At the time of the inspection, the provider was in the process of supporting the residents to be referred to and access local clinicians.

There were a number of restrictive practices in place in the centre including keypads, enclosed gardens and TV cabinets. The restrictive practices were identified, reviewed and implemented in line with the provider's policy.

Judgment: Compliant

Regulation 8: Protection

The registered provider had systems in place to safeguard residents. For example, there was a clear policy in place, which clearly directed staff on what to do in the event of a safeguarding concern. There was evidence that incidents were appropriately reviewed, managed and responded to. All staff had completed

safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with during this inspection demonstrated a good awareness of how safeguarding concerns were to be reported. The residents were observed to appear content and comfortable in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

A rights based approach to care and support was well adopted within this centre. All staff spoke about residents in a professional and caring manner. Two of the residents were supported with activation by the staff team from the designated centre. The inspector observed the staff team discussing and planning the activities for the day with the residents. All interactions between staff and residents were kind, respectful and in line with resident needs.

A review of residents transition plans demonstrated that the transitions to the service occurred in line with the residents needs. For example, two residents were availing of the service for certain days of the week and this was increasing in line with their preferences.

Documentation in relation to residents was written in a person-centered manner. Residents confidential information was kept safe and secure.

The staff team were supported to completed training in human rights.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	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 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Monroe Lodge OSV-0008922

Inspection ID: MON-0045739

Date of inspection: 05/06/2025

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: PIC and Service manager to organise and carry out an hours of darkness fire drill with all five service users and two waking cover night staff.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: PIC and Service Manager to continue with the process to identify GPs and relevant clinicians in the locality. Ongoing transitions are currently preventing this from been finalised. Transition plans in place and once each Service user transitions on a full-time basis, each process will then be complete. Ongoing work to continue with set up of personal financial accounts and full access to individual finances and to all relevant financial records to ensure transparency and oversight at all times.	

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)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	11/07/2025
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	27/09/2025