



**Health
Information
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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:	Short Notice Announced
Date of inspection:	17 October 2025
Centre ID:	OSV-0008938
Fieldwork ID:	MON-0047129

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:	2
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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
Friday 17 October 2025	08:30hrs to 13:40hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

The service in this centre was of a good quality and promoted the rights of residents. The needs of the residents had been assessed and the supports required to meet those needs had been implemented. Residents were supported by a team of familiar staff with training in relevant modules. The provider had policies and procedures to guide staff practice. The governance and management structure meant that the provider maintained good oversight of the quality of the service. Some improvement was required in relation to fire drills.

This was the first inspection of this centre since residents moved in. Two residents moved into the centre in May and July 2025. The inspection was a short-notice announced inspection. The inspector contacted the person in charge the day before the inspection.

The centre consisted of a single storey building in a rural location close to a large town. The centre was registered to accommodate two residents. Each resident had their own bedroom. Each bedroom had a door that exited to the outside of the building. One bedroom had an en-suite bathroom. The centre also had a shared bathroom with level access shower. The centre had a kitchen, sitting room, utility room and staff office. The house was set on a large site. There were concrete paths around the outside of the house and a lawn to the rear of the house with a washing line. The person in charge said that there were further plans to develop the grounds and driveway around the house in the coming weeks and months.

The centre was clean, warm and comfortable. The furniture was new and modern. The house was nicely decorated with homely touches throughout. The residents had chosen pieces of artwork for the house and their bedrooms. There was ample storage for the residents' belongings. The centre had fire doors fitted as required.

The inspector had the opportunity to meet with both residents on the day of inspection. Both residents told the inspector that they were happy in their new home. They said that they liked the staff in the centre. They spoke about the activities and events that they enjoyed in the community. This included attending the local mart, going to concerts, meals out and going for walks. One resident gave the inspector a tour of the house and the surrounding grounds. They showed the inspector a folder where they could record a complaint if any issue should arise. They knew who to contact if they were unhappy with any aspect of the service in the centre. Residents were observed moving through their home freely. They chose the television station that they wanted to watch and informed staff when they wanted to leave the centre.

In addition to the person in charge, the inspector had the opportunity to meet with a member of staff. This staff member demonstrated very good knowledge of the residents' needs, particularly in relation to the supports they needed to manage their behaviour. The staff member was clear on the steps that should be taken to ensure

the safety of residents and how to respond should a safeguarding incident occur. The inspector observed staff members interacting with the residents. They were familiar with the residents' communication strategies and preferred topics of conversation. This led to comfortable and successful interactions between residents and staff. The staff were able to support the residents to express their thoughts, opinions and choices.

The next two sections of this report present the inspection findings in relation to 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. Staffing numbers and skill-mix were in line with the needs of residents. There was an effective complaints procedure in place.

The provider maintained oversight of the service through routine audits and by inspections of the service by provider representatives. Issues identified on these audits were addressed. Residents and family members could provide input on the quality of the service through an effective complaints procedure. Residents were familiar with the complaints procedure.

The staff in the centre were familiar with the needs of residents and the supports required to meet those needs. They had received training in areas that were mandatory specific to the needs of residents in this centre.

Regulation 15: Staffing

The staffing arrangements in the centre were suited to the needs of residents. This meant that the residents were supported by a consistent team of staff with the correct skill-mix.

The inspector reviewed the rosters in the centre for the month of September 2025. This showed that the required number of staff was on duty at all times. The person in charge reported that there were no vacancies in the centre. Planned and unplanned leave was filled from a consistent team of relief staff. This meant that staff were familiar to the residents.

Judgment: Compliant

Regulation 16: Training and staff development

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

The inspector reviewed the training records that were maintained by the person in charge. These showed that staff training was largely up-to-date. Where staff required training, this had been identified by the person in charge and staff were scheduled to complete this training. This meant that residents were supported by staff who had been given the correct knowledge and with the required skills to meet their needs.

Judgment: Compliant

Regulation 23: Governance and management

The provider had effective systems in place to maintain oversight of the quality of the service. This meant that any areas for improvement were identified quickly and steps implemented to address these issues. This meant that the provider was continually aiming to improve the quality of the service.

The provider had a number of audits that were completed in the centre on a regular basis. These audits related to the safety of the service. For example, staff completed regular checks in relation to fire safety, food safety, electrical safety, and medication audits. The inspector reviewed these audits and found that they were completed routinely and actions needed to address any issues were recorded and completed.

In addition, the provider completed unannounced visits of the centre to monitor the quality of the service. The inspector reviewed the report that was written following one of these visits on 2 September 2025. This report highlighted specific, timebound actions to be taken to improve the quality of the service.

Incidents that happened in the centre were recorded and reported. The inspector reviewed the incidents that had happened in the centre for one resident in September. There was evidence that these incidents were escalated and steps put in place to avoid any reoccurrence. The inspector also reviewed the system that the person in charge used to monitor and trend all incidents.

Information was shared with staff through regular team meetings. The inspector reviewed the minutes of the meeting held on 24 September 2025. These meetings were opportunities for the provider to share information with staff about issues relating to the residents and operational matters.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had written agreements with the residents that were in line with the regulations.

The inspector reviewed the written agreements that were devised for both residents. The agreements contained information on the fees that the residents would have to pay. The terms and conditions of residency and the services that were offered in the centre were also outlined in the agreements. The agreements were signed by the residents and by a representative on behalf of the provider.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had submitted notifications to the Chief Inspector of Social Services in line with the regulations.

In preparation for this inspection, the inspector reviewed the notifications that had been submitted in relation to this centre since it opened. The inspector also reviewed the record of incidents in the centre for September 2025. This showed that the provider had submitted all notifications as required. This meant that the provider was aware of their obligations under the regulations and were transparent in sharing necessary information with the regulator.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaints procedure. This meant that the views of residents and their families were recorded and acted upon.

The inspector reviewed the provider's complaints procedure and found that it outlined a clear system to process any complaints. One resident told the inspector that they would raise any complaints with the person in charge or a member of senior management if an issue arose. Information for residents in relation to complaints was available in the centre and one resident brought the inspector to the complaints folder to show where they could also report any issues that may arise.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had the relevant policies and procedures as outlined in the regulations.

The inspector reviewed the centre's policies and found that they were in date and contained the information as set out in the regulations.

Judgment: Compliant

Quality and safety

The service in this centre was of a good quality. The health, social and personal care needs of residents were assessed and the appropriate supports put in place to meet those needs. The ethos of promoting the rights of residents was apparent in the day-to-day running of the centre. Residents were supported to engage in activities that they enjoyed and that were important to them. Residents were involved in the running of the centre. They told the inspector that they were happy with the quality of the service they received.

The safety of residents was promoted in this centre. Staff had up-to-date training in safeguarding. There was evidence that the provider implemented safeguarding procedures appropriately. Risks to the residents had been assessed and control measures to reduce risks had been implemented. Fire safety measures were regularly checked. Some improvement was required in relation to the recording of information relating to fire drills.

Regulation 10: Communication

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

The inspector reviewed the documentation in the centre relating to the residents' communication needs. This documentation included a communication passport that gave information to staff on how to support residents with their communication. Records of key worker sessions with residents documented how information was presented to residents and the systems that staff used to check that the resident fully understood the information.

Staff were observed interacting with residents in a supportive way and they were familiar with the residents' communication strategies.

The inspector noted that staff were scheduled to attend training in Lámh and that further training by a speech and language therapist was due to take place on 23 October 2025.

Judgment: Compliant

Regulation 17: Premises

As outlined in the opening section of the report, the premises were suited to the needs of the residents.

The centre was clean, warm and bright. It was fully accessible to both residents. The centre was in a good state of repair throughout. Residents had ample space to store their personal belongings. There was space for residents to spend time together or alone.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had good systems in place for the assessment and management of risk.

The inspector reviewed the provider's risk management policy and found that it contained all of the information as outlined in the regulations.

The inspector reviewed the risk assessments that had been developed for both residents. These were found to be comprehensive and recently reviewed. The risk assessments were reflective of the residents' assessed needs. There were clear control measures identified to reduce risks to residents. This included referencing specific documents that gave guidance on how to keep the residents safe; for example, the residents' behaviour support plans.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had good systems in place to protect residents from the risk of fire. Some improvement was required in relation to the recording and analysis of fire drills in the centre.

The centre was fitted with fire doors as required. There were protected escape routes from each resident's bedroom as each bedroom had door that exited directly to the outside of the building.

The inspector reviewed the documentation in the centre relating to fire safety. This showed that staff completed weekly fire checks. It showed that the centre's fire detection and alarm system was routinely checked by an external company. There were guidance documents for staff on the supports required by residents to evacuate the building in the event of an emergency.

Some improvement was required in relation to the recording of fire drills. The inspector reviewed the fire drills completed in the centre since it opened. Additional information was needed to clearly outline the scenario that was simulated during the drill. This would ensure that the correct evacuation route and method was used.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The health, social and personal care needs of residents were assessed. The correct supports required to meet those needs had been implemented by the provider.

The inspector reviewed the assessments of need completed for both residents. These had been completed since the residents moved into the centre. The assessments were comprehensive and identified the level of support residents required.

Personal plans had been developed for each resident. These were reviewed by the inspector. These had been developed with the residents and identified short- and long-term goals for the residents' personal development.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had systems in place to ensure that residents were supported to manage their behaviour.

The inspector reviewed the behaviour support plan for one resident. This had been developed by suitably qualified professional. The plan had been developed with a

human rights-based approach. It gave clear guidance to staff on the supports that should be offered to the resident. When speaking with the inspector, staff were knowledgeable on the supports outlined in the plan and how to implement them.

Judgment: Compliant

Regulation 8: Protection

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

A safeguarding plan had recently been closed in the centre. This was reviewed by the inspector. It showed that the provider had followed a clear procedure in relation to the reporting of any safeguarding issues and implemented actions to avoid a reoccurrence. It also showed that the provider was responsive when corresponding with the national safeguarding team.

The inspector reviewed one resident's intimate care plan. This was very specific and comprehensive. It gave clear guidance to staff on how to support the resident.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were promoted in this centre.

Residents were routinely consulted about the running of the centre through regular meetings with their key worker. The inspector reviewed minutes of these meetings for one resident. These showed that residents were routinely offered choices in relation to their daily lives and that these choices were respected. These meetings also included discussion specifically about the rights of residents, the use of restrictive practices in the centre and the residents' right to make a complaint.

The inspector observed staff offering choices to residents in the centre and respecting their choices.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Riverview Lodge OSV-0008938

Inspection ID: MON-0047129

Date of inspection: 17/10/2025

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
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: In relation to Regulation 28, there have been updates made to the Fire drill documentation, which now include the following: Location of the fire, exits that were used during the fire drill. In line with Regulation 28, fire drills are taking place on the admission of a new resident to the service, and also taking place with the use of minimum staffing. Most recent fire drill took place on the 01.11.2025 with location, and fire exits that were used at the time of the fire drill taking place.</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 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	01/11/2025