



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

Issued by the Chief Inspector

Name of designated centre:	Lennon Lodge
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	13 January 2026
Centre ID:	OSV-0009071
Fieldwork ID:	MON-0047674

About the designated centre

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

Lennon Lodge is a large two-storey centre in a rural location. The centre is divided into three separate living spaces; two one-bed apartments and the main body of the house that contains two bedrooms. The apartments are equipped with kitchenettes and residents of the apartments use the kitchen in the main building to prepare their meals.

Lennon Lodge provides care and support to four adults with intellectual disabilities, autism and mental health disorders. The centre supports both male and female residents from 18 years of age upwards. The centre is staffed by social care workers and care assistants.

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
Tuesday 13 January 2026	09:50hrs to 16:55hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

The service in this centre was of a good quality. Residents' needs were assessed and the supports required to meet those needs were in place. Residents were supported by a team of familiar staff. Residents were supported to express their choices and opinions. The centre was spacious and its layout and design suited the residents' needs. The provider had implemented systems to protect residents from the risk of fire. The provider had systems to monitor the service and to address any issues that might arise. Some improvement was required in relation to residents' behaviour support plans.

This was the first inspection of this centre. This was a new designated centre and two residents had been living in the centre for a number of months prior to this inspection. The inspection was a short notice announced inspection. The inspector contacted the person in charge the day before the inspection to inform them that the inspection would be carried out the following day.

The centre consisted of a very large, two-storey house. The house was situated in a rural location on its own grounds. The house was divided into three separate units. There was a self-contained apartment on the ground floor and another apartment on the upper floor. Each of these apartments had one bedroom with en-suite bathroom and a separate living room with kitchenette. The main body of the house had two bedrooms with en-suite bathrooms on the upper floor. On the ground floor there was a large kitchen-dining room, a separate sitting room, a sun room, utility room and a WC. A staff office was located upstairs.

The house was very spacious and finished to a high standard. The bedrooms and communal rooms of the house were in a very good state of repair. There was new and comfortable furniture that was free from any damage. Art work, cushions and soft furnishings gave the rooms a homely feel. All rooms had been fitted with fire doors. Sound-activated door holders were placed on the doors to some of the communal rooms. All bedrooms had exit doors into a protected escape route or to the outside of the building, in line with fire safety requirements. The bedrooms in the main part of the house were not occupied on the day of inspection. The person in charge reported that there were no immediate plans for anyone to move into the rooms but that it was expected that residents would be identified in the coming weeks or months.

Both apartments were furnished in line with the residents' needs. For one resident, this meant that specialist furniture had been selected. In addition, the window coverings had been modified to meet the resident's preferences. The kitchenette in this apartment was not in use. The cabinet doors were locked and food was not stored in the apartment in line with the resident's preferences. One wall had a covering that allowed pictures to be attached and removed easily. This wall was used to display the resident's visual schedule, as well as their daily meal and activity

choices. There were some areas of damage noted in this apartment, for example, one door frame had been damaged. The person in charge said that this had been reported to the provider's maintenance department and was due to be repaired.

The second apartment was in a good state of repair. There was adequate storage for the resident's personal belongings and there were items within the apartment that were in line with the resident's interests; for example, a mini pool table.

Magnetically locked doors with keypads divided the apartments from the rest of the house. The person in charge reported that residents' knew the access codes for their own apartments but did not have codes to exit the apartments into the main body of the house. Residents required the support of staff to exit their apartments. This was identified by the provider as a restrictive practice and will be discussed further in the report.

Outside, the grounds were very well maintained. There was a large lawn to the front of the property with electric gates at the entrance to the drive. There was a seating area and outdoor brick barbeque. There was an area adjacent to the ground floor apartment that was enclosed by a tall garden fence. This area had artificial grass, a small trampoline and mini soccer net. It was accessible by one resident only. There was a magnetic lock with keypad to this garden area also.

The inspector had the opportunity to meet with both residents at the beginning of the inspection. The inspector met with the residents separately but with staff members present. One resident was supported by staff when communicating through the use of Lámh and pictures. Residents said that they were happy in their home. One resident said that it was the 'best house' and said that the staff were good. They said that they would be happy to raise any issues or complaints with the person in charge. Residents told the inspector the activities that they had planned for the rest of the day.

In addition to the person in charge, the inspector briefly met four other staff members. The staff members were busy supporting residents with their daily routines. The inspector noted that staff responded to residents' comments and requests. One resident asked a staff member to turn off the television and this was respected. Staff were familiar with residents' communication strategies. Staff could interpret one resident's use of Lámh signs and responded when the resident requested to go on an outing. One staff member spoke about how pictures were used to support the resident to make meal choices and to show the planned activities for the day. This was in keeping with the resident's communication plan and will be discussed later in the report.

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 to monitor the service. Staffing numbers and skill-mix were in line with the needs of residents. The provider had written agreements with residents in line with the regulations.

There were clear lines of accountability in this centre. The provider maintained oversight of the service through daily check-ins and incident reporting. The inspector found that the provider had followed their own procedures relating to incident management and that measures were put in place to avoid any reoccurrences.

The staffing arrangements were in line with the needs of residents. The residents were supported by a team of consistent and familiar staff. Staff had up-to-date training in modules that the provider had identified as mandatory. The provider had also ensured that staff had received additional training in areas that were specific to the needs of residents in this centre.

Regulation 15: Staffing

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

The person in charge and residents' care notes outlined the necessary staffing numbers required to support residents in the centre during the day and at night. An additional staff member was required to support a resident to access the community. The inspector reviewed the rosters in the centre from 1 November 2025 to the day of inspection and found that staffing numbers were in line with these requirements.

The staffing arrangements were in line with the residents' preferences. For example, rather than working typical business hours, a staff member was rostered from early afternoon until late evening as these were the times that the resident liked to leave the centre and access the community.

The person in charge reported that two vacant posts in the centre had recently been filled. One staff was in the process of completing their induction and another was due to begin their role at the end of the month. This would mean that all planned leave could be filled from within the team so that residents could remain supported by familiar and consistent staff.

Judgment: Compliant

Regulation 16: Training and staff development

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

The inspector reviewed the most recent training matrix record maintained by the person in charge. This showed that staff had up to date training in 16 mandatory modules. Staff had also completed training in 13 additional modules that were relevant to the care and support of residents in this centre. This meant that the residents were supported by staff who had been given the appropriate training to ensure that they could support the residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had implemented governance and oversight arrangements in the centre that monitored the quality of the service and responded to any issues that might arise.

The management structures in the centre were clearly defined. There was a shift lead manager on each shift and they reported to the person in charge. The pathway to escalate any issues or incidents was clearly defined.

On the day of inspection, the provider had not yet completed an unannounced visit to the centre as the centre was open less than six months. The person in charge reported that this visit was due to take place within the coming weeks and, in keeping with the regulations, they did not know when this visit would take place.

The provider maintained oversight of any issues in the centre through incident reporting and twice daily check-ins. The inspector reviewed the sample check-in that occurred at the beginning of each day and in the evening. This check-in covered information relating to staffing and any incidents in the centre and was emailed to senior managers.

The inspector reviewed the incident recording and reporting systems in the centre. Where incidents occurred, they were reported and escalated appropriately. The person in charge reviewed all incidents on a weekly basis and noted if there were any trends of concern. Where an incident was rated 'Level 3' or above, this was immediately reported to senior management. The inspector reviewed the records relating to one of these incidents and found that this incident was reported in line with this procedure. The incident was also reported to the relevant members of the multidisciplinary team and learning from the incident was discussed with staff at a team meeting to avoid a reoccurrence.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had a written agreement with the residents that was in line with the regulations.

The inspector reviewed the written agreement that had been developed for one resident. This outlined the terms and conditions of the residency and any fees that the resident would have to pay. The agreement was signed by a representative on behalf of the provider and by the resident.

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 were put in place to meet those needs. Residents were supported to engage in activities that they enjoyed. 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. Residents were supported in relation to the management of their behaviour. Some improvement was required to ensure that behaviour support plans were up to date to ensure that they were reflective of the practices in the centre.

Regulation 10: Communication

The provider had systems in place to support residents to communicate their needs and wishes.

The inspector reviewed the information available to staff in relation to the residents' communication supports. Staff in the centre had received training from a speech and language therapist in relation to one resident's particular communication supports. The inspector viewed the follow-up email from the speech and language therapist that contained information and handouts for staff. The inspector noted that the recommendations had been implemented in the centre. This included the use of Lámh and the use of picture-based communication supports. Staff spoke to

the inspector about these supports and how they used them to offer choices to the resident. The inspector noted that staff understood the resident's communication strategies and use of Lámh.

Judgment: Compliant

Regulation 17: Premises

The premises were suited to the needs of the residents.

As noted in the opening section of the report, this centre was divided into three separate units. This was in keeping with the needs of the residents in the centre. The rooms were of a suitable size and layout to meet the needs of residents. The centre was in a good state of repair and nicely decorated. Décor within residents' apartments had been modified to suit their needs, when required. Some minor areas of wear and tear were noted but these had been reported to the provider's maintenance department by the person in charge.

There was ample space in the centre for residents to store their personal belongings. There was space for residents to receive visitors in private. The house was equipped with laundry facilities. The residents had access to well-maintained grounds and a garden.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the identification, assessment and control of risks.

The inspector reviewed the risk assessments that had been developed for both residents. These were found to be comprehensive. The risks were appropriately risk rated and the documents signposted staff to relevant documents that outlined how to reduce risks to residents. The risk assessments were specific to the individuals and were regularly updated. The inspector noted that risk assessments were updated in light of any learning from incidents that had occurred in the centre.

The inspector reviewed the risk register that outlined the risks to the centre as a whole. Again, this was found to be comprehensive, up-to-date and gave clear guidance to staff on how to reduce risks to residents, staff and visitors to the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider implemented effective fire safety management systems. This meant that residents were protected from the risk of fire and that systems were in place for the safe evacuation of residents in the event of an emergency.

The provider had arrangements to contain and extinguish fires. The inspector noted that fire doors were fitted throughout the centre and that all doors closed fully. The centre was equipped with fire extinguishers and fire blankets. These were checked by an external fire company and had been serviced within the previous 12 months. As noted previously, there was a protected escape route from each resident bedroom.

Staff had received the necessary training in fire safety. This was noted in the inspector's review of fire training records. Staff also completed regular fire safety checks within the centre. The records of these were reviewed by the inspector.

Evacuation plans had been developed for the residents. These were reviewed by the inspector. They gave clear guidance to staff on the supports required by residents to evacuate the building in the event of a fire. These evacuations were practised through fire drills. Three fire drills had taken place since the residents moved into the centre. The records of these drills were reviewed by the inspector and they showed that the drills had taken place under differing scenarios.

The centre was equipped with a fire detection and alarm system. This was serviced routinely by an external company, as was the emergency lighting in the centre. The records relating to the servicing of the alarm and lighting were reviewed by the inspector and found to be in date.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had completed assessments of the health, social and personal care needs of residents. This meant that the provider could ensure that the supports required by the resident to meet those needs could be put in place.

The inspector reviewed the assessments that had been completed for both residents. These were comprehensive and outlined the supports required by residents to meet their needs. Personal plans had been developed for residents within 28 days of their admission to the centre. These plans identified personal goals for the residents, how they would be achieved and target dates. The personal plans were regularly reviewed and updated.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had systems to support residents to manage their behaviour. Some improvement was required to ensure that behaviour support plans were reflective of the practices in use in the centre.

The inspector reviewed the behaviour support documents that were developed for the residents. These had been devised by a behaviour support specialist and gave clear information to staff on the supports that should be offered to residents in relation to their behaviour. The plans outlined how staff should respond to residents to ensure that they supported residents when they became upset or agitated. The plans were regularly reviewed and updated. However, one resident's plan outlined that the resident's communication should be supported with the use of pictures. The person in charge reported that this had been discontinued for this resident but this was not reflected in the resident's plan.

There were a number of restrictive practices in use in the centre. These were documented and the reason for their use was outlined in the residents' care plans and support plans. The times when these restrictions should be used were also recorded to ensure that restrictions were the least restrictive option used for the shortest duration of time.

Judgment: Substantially compliant

Regulation 8: Protection

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

All staff had up to date training in safeguarding. Residents' intimate care plans were reviewed by the inspector and these were found to be comprehensive and gave specific guidance to staff. Staff also completed an additional training module in the provision of intimate care.

There were no open safeguarding plans in the centre on the day of inspection. The inspector reviewed a safeguarding plan that had recently been closed. This showed that the provider was responsive to any incidents, reported any incidents to the appropriate authorities and were responsive when dealing with these authorities. A safeguarding plan was developed to reduce the risk to residents.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were promoted in this centre.

Residents were regularly consulted in relation to the running of the centre through weekly meetings. Residents were supported to choose their meal preferences and activities at these meetings. The inspector observed residents making requests; for example, requesting that the television be switched off or telling staff where they wanted to go that day. These choices were respected by staff.

The provider had systems where the residents were facilitated to report their satisfaction with the service on a weekly basis. If the resident indicated that they were unhappy with the service, the provider had systems to address these issues with the resident.

As outlined under regulation 10: Communication, the provider had identified ways to present information to residents in manner that meant that they could express their choices and preferences.

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
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	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	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lennon Lodge OSV-0009071

Inspection ID: MON-0047674

Date of inspection: 13/01/2026

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 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ol style="list-style-type: none">1. The Person in Charge, Behaviour Specialist, and Occupational Therapist will conduct a review of all Individuals Support Plans to ensure they are up-to-date and reflective of current interventions that are being implemented.2. Any changes will be communicated to the staff team by the Person in Charge through the daily handover and January Team meeting.	

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 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/01/2026