



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

Issued by the Chief Inspector

Name of designated centre:	The Lodge
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	18 February 2026
Centre ID:	OSV-0005324
Fieldwork ID:	MON-0026951

About the designated centre

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

This is a service providing residential care and support to five adults. The house is located in Co. Meath however, is in walking distance to a large town. Transport is provided so as residents can go for drives and access community based amenities, such as go to work, college, go to shopping centres, hotels, shops and restaurants. The house is a large detached two storey bungalow, comprising a large well equipped kitchen, spacious dining room, a fully furnished sitting room/TV room, a laundry facility and very well maintained gardens to the rear and front of the premises. Each resident has their own en-suite bedroom which is personalised to their individual style and preference. There is ample private parking to the front of the property. The healthcare needs of the residents are provided for and access to a range of allied healthcare professionals, including GP services form part of the service provided. The house is staffed on a 24/7 basis by a full time person in charge, a shift-lead manager and a team of assistant support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Wednesday 18 February 2026	09:10hrs to 16:00hrs	Raymond Lynch	Lead
Wednesday 18 February 2026	09:10hrs to 16:00hrs	Sarah Guing	Support

What residents told us and what inspectors observed

Systems were in place to meet the assessed needs of the residents availing of this service. Feedback from two residents on the day of this inspection was positive and complimentary about the service provided and staff were observed to support the residents in a caring and person-centred manner. Some issues were identified with risk management which is discussed further, later in the report.

This inspection took place over the course of one day and was to monitor the designated centre's level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

At the time of this inspection, there were five residents living in the centre and the inspectors met and spoke with two of them over the course of the day. Written feedback on the quality and safety of care from residents and family representatives as presented in the services annual review for 2025 was also viewed by the inspectors as part of this inspection process. This feedback was generally positive and complimentary.

On arrival to the centre one of the residents welcomed the inspectors into their home. The inspectors introduced themselves to the resident, and explained why they were visiting their home. As it was just after 9am, one inspector sat in on the staff handover meeting and one continued speaking with the resident in another room.

The resident said that they were happy in their home and that it was a lovely house. They had their own ensuite bedroom and in the communal sitting room, they had their own large aquarium with a number of different types of fish. They were knowledgeable on the care needs of the fish and said that they took full responsibility for caring for them. They said that they had moved into the house about two years ago and had plenty to do each day. They liked to wait and see which staff were assigned to them each day and then made up their mind what to do or where to go. For example, they liked to go to a nearby large town to shop and visit a pet shop. On the morning this inspection they had plans to go out for a cup of tea and drive. The resident seemed to enjoy their time talking with the inspector.

Later in the morning both inspectors met and spoke with two of the residents. One of these residents had already spoken with one of the inspectors earlier in the morning however, was happy to speak with the other inspector at this time. They were very happy to show the inspector their fish tank explaining what the different types of fish were, their various different habits. For example, they explained that some of the fish liked to swim and stay close to the bottom of the aquarium while

others liked to swim nearer the top. They also said that it was important to feed the fish only once per day and this was something that they took responsibility for.

The other was quieter but appeared in good form. They spoke about where they came from and said that they would be going out later in the day. They also seemed settled and comfortable in their home and said that they were happy there. The house was observed to be large, spacious, generally well maintained and homely. The grounds and gardens around the house were spacious and very well maintained.

Three of the residents attended a learning and development service at various times each week. This service provided a person centred specialised day service offering facilitator-led training in areas such as literacy, numeracy, digital skills development and independent living. They also provided social opportunities for residents to meet up with their friends and or peers outside of the home. On reviewing one of the residents personal plans, the inspectors noted that they had gained qualifications in literacy, numeracy and event management.

One staff member spoken with on the day of this inspection was knowledgeable on the assessed needs of the residents. They explained the importance of the 1:1 and 2:1 staffing arrangements in the house so as to ensure the residents safety. They also talked the inspectors through some of the strategies they implemented so as to support residents mental health and well being. The inspectors noted that this staff member spoke about residents in a positive, person-centred manner and, the inspectors noted that staff had training in human rights and positive behavioural support. The staff member said that if they had any concerns about the health, safety or welfare of any of the residents, they would bring such concerns to the attention of management however, they had no concerns at this time about the care provided in the house.

Written feedback from one family member on the service was positive and they expressed gratitude to the staff team for the care and support they provided to their relative. In their written feedback on the service residents expressed that they were generally happy however, some said some things could be better. The person in charge explained that residents were good self advocates and if they were unhappy about something, they knew that they could make a complaint. However, at the time of this inspection, there were no open complaints about the service. The inspectors also noted that a psychiatrist and guardian ad litem had also complimented the service in 2025/2026 regarding the quality of care provided in the centre.

As the person in charge was on leave at the time of this inspection, the house manager facilitated the inspection process. The inspectors noted that the house manager had a good knowledge of the assessed needs of the residents, had systems in place for the effective oversight and day-to-day management of the centre and, managed the inspection process in a capable and competent manner.

While some issues were found with Regulation 26: risk management precautions, two residents spoken with by the inspectors said they were happy living in the

house and written feedback on the service from one family representative was also positive and complimentary.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care provided to the residents living in this service.

Capacity and capability

The residents living in this house appeared settled and content on the day of this inspection and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge. The person in charge was on leave at the time of this inspection so the house manager facilitated the inspection process. They explained that in their role, they supported the person in charge with the overall day-to-day management of the service and, had the support of an area chief operating officer.

A review of a sample of rosters for the month of January 2026 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the house manager on the day of this inspection.

One staff member spoken with had a good knowledge of residents' care plans. Additionally, from a sample of training records viewed, the inspectors found that staff were provided with training to ensure they had the necessary knowledge to meet the needs of the residents.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2025 and a six-monthly unannounced visit to the centre had been carried out in February 2026. On completion of these audits, an action plan was developed and updated as required to address any issues identified in a timely manner.

Regulation 15: Staffing

A review of a sample of rosters from 1 January to 31 January 2026 indicated that there were sufficient staff members on duty to meet the needs of the residents as described by the person in charge on the day of this inspection. For example:

- 5 staff worked each day in the centre (providing 1:1 or 2:1 staff support as required)

- 3 staff worked waking night duty

In addition to this, the house manager and or the person in charge was also in the centre Monday through to Friday each week and actual and, planned rosters were being maintained in the centre.

The house manager explained that one resident required 2:1 male staff support throughout the day and another resident required 1:1 female staff support throughout the day. Additionally, there had to be a mixture of male and female staff on night duty. On the day of this inspection and for the month of January 2026, this particular staffing arrangement was in place.

One staff member spoken with was found to be aware of the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

From reviewing the training matrix, the inspectors found that staff were provided with training to ensure they had the necessary skills and or knowledge to support the residents.

For example, staff had undertaken a number of in-service training sessions which included:

- fire safety
- manual handling
- safeguarding
- risk assessment
- safe administration of medication 1 and 2 (to include a practical and competency-based assessment)
- basic first aid
- infection prevention and control
- blood pressure
- Children's First
- human rights
- ligature training
- positive behavioural support
- understanding acquired brain injury
- effective communication and active listening with person with disabilities
- 7 staff had first aid responder training
- 13 staff had cardiac first responder training.

The inspectors asked the house manager to view the certificates of training in safeguarding, risk assessment and ligature training for the staff on duty on the day

of this inspection. The house manager produced these certificates for review prior to the end of the inspection. Additionally, the inspectors noted that there were two first aid responders working in the house on the day of this inspection and saw that both had to-up-to-date certificates of this training on file.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in place in this service. It was led by a person in charge who was supported in their role by a house manager, a shift lead manager and an area chief operating officer.

The person in charge was on leave at the time of this inspection and the house manager facilitated the inspection process. The inspectors noted that they had a good knowledge of the assessed needs of the residents, had systems in place for the effective oversight and day-to-day management of the centre and, managed the inspection process in a capable and competent manner.

The provider also had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2025 and, a six-monthly unannounced visit to the centre had been carried out in February 2026. Audits were also carried out on residents finances in 2025. On completion of these audits, an action plan was developed and updated as required to address any issues identified in a timely manner. It was observed that the six-monthly unannounced visit to the centre in February 2026 was a significant audit of the service and resulted in a number of actions. However, plans were in place to address the actions arising from this audit.

For example, the overall auditing process identified the following:

- gaps in training and development needed to be addressed
- some healthcare-related monitoring documents needed review
- a deep sleep fire drill needed to be facilitated
- a review of restrictive practices in residents' personal plans required review.

These issues had been addressed at the time of this inspection.

Systems were also in place to support and facilitate staff to raise concerns about the quality and safety of care and support provided to the residents' living in this service. For example, one staff member spoken with said they would have no issues reporting any concern to a member of the management team if they had one. They also confirmed that they had no concerns at this time and, had completed training in safeguarding.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspectors and was found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

Although the person in charge was not present for this inspection, the house manager was aware of the services' legal remit to review and update the statement of purpose on an annual basis, or sooner, as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

In summary, the statement of purpose set out how the service was designed and delivered to meet each resident's needs.

Judgment: Compliant

Regulation 31: Notification of incidents

The service was reporting any adverse incident occurring in the centre to the Office of Chief Inspector as required by the regulations.

Judgment: Compliant

Quality and safety

The residents living in this service were supported to live their lives based on their assessed needs and preferences however, some issues were found under Regulation 26: risk management precautions.

Residents' assessed needs were detailed in their comprehensive individual plans and from a sample of files viewed, they were being supported to achieve goals of interest and frequent community-based activities of their choosing.

Residents were being supported with their healthcare-related needs and had access, as required, to a range of allied healthcare professionals to include mental health professionals

Systems were in place to support the residents safety and at the time of this inspection, there was one open safeguarding issue. However, it had been reported to the national safeguarding office, the Chief Inspector and the Gardaí and, a safeguarding plan regarding this issue was developed and in place.

Systems were in place to manage and mitigate risk and support residents' safety in the service. However, aspects of some risk assessments required further review with regard to that staffing arrangements.

Fire fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations.

The house was found to be clean, warm and welcoming on the day of this inspection and generally, in a good state of repair.

Overall this inspection found that the residents living in this house were being supported to live their lives based on their assessed needs with input and support from allied healthcare professionals (to include mental health and behavioural specialists). However, some aspects of risk management required further review.

Regulation 13: General welfare and development

The residents were being actively supported and encouraged to engage in social, learning and recreational activities in line with their assessed needs and preferences. They were also being supported to maintain contact with their families.

As detailed in section one of this report '*What the residents told us and what we observed*', three of the residents attended a learning and development service at various times each week. This service provided a person centred specialised day service offering facilitator-led training in areas such as literacy, numeracy, digital skills development and independent living. They also provided social opportunities for residents to meet up with their friends and or peers outside of the home.

On reviewing one of the residents personal plans, the inspectors noted that they had gained qualifications in literacy, numeracy and event management. The house manager and a staff member said that the residents enjoyed their time in this specialised day service.

Two residents were at home on the morning of this inspection. However, they told the inspectors they made their plans with their assigned staff on what they wanted

to do and where they wanted to go each day. For example, one liked to go out with staff shopping, visit pet shops and have tea out.

Residents were also supported to keep in contact with their families.

Judgment: Compliant

Regulation 17: Premises

The house was found to be warm, welcoming, clean and well maintained on the day of this inspection.

The centre comprised of a detached two-storey house in a rural setting just outside a large town in Co. Meath. Each resident had their own ensuite bedroom which were decorated to their individual style and preference. There were also two sitting rooms, a large kitchen and dining area, a utility room, a communal bathroom

The house was surrounded by well-maintained landscaped grounds and gardens with the provision garden furniture for residents to avail of in times of good weather. There was also ample private parking facilities available.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and support residents' safety in the centre. However, some aspects of the risk management process required review.

This centre presented with a number of significant and forensic risks however, a number of control measures were in place to manage this. For example:

- where required, 2:1 and or 1:1 staffing support was available to the residents throughout the day
- where required, male and or female staff were assigned to support specific residents
- where required, hip-to-hip 1:1 staffing support was provided for
- through key working sessions, residents were reminded of the importance of maintaining boundaries
- significant and as required multi-disciplinary support was available to the residents to include forensic psychiatry, psychology and specialist behavioural support
- behavioural support guidelines formed part of residents personal plans which included reactive and proactive strategies in order to support the residents.

One staff member spoken with was able to inform the inspectors of how these strategies were implemented with regard to the resident they were supporting on the day of this inspection

- a number of restrictive practices were in place to support the residents safety to include where required, alarm systems on certain doors. These restrictions were in place to keep the residents safe and were kept under regular review
- where required, environmental checks were being carried out by staff to include regular check ins with some of the residents
- staff had completed specialist trainings to include training in risk management, ligature training, positive behavioural support, understanding acquired brain injury and effective communication/active listening with person with disabilities
- each resident where required, had an extensive individual risk management plan in place which were reviewed and updated as required

It was observed however, that some aspects of the risk management process required review. For example:

- at night time in the centre, the staffing arrangements dropped from five staff to three staff. More written information was required with regard to what control measures were in place so as to ensure this reduction in staff at night time was safe and did not pose a risk to either residents or staff
- a risk assessment was in place for one resident with regard to animals in the centre. On the day of this inspection the inspectors observed that a cat and a dog were on the grounds of the premises. While the house manager was confident and assured there was no risk with regards to these animals on the ground of the property, more information was required in this risk assessment as to what was informing these assurances.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Firefighting systems were in place to include a fire detection and alarm system, fire doors, fire extinguishers and emergency lighting and signage.

Equipment was being serviced as required by the regulations.

For example:

- the fire detection and alarm system was serviced on 12 February, 2026
- the emergency lighting had also been serviced on 12 February, 2026
- the fire extinguishers had last been serviced on 11 April, 2025.

Staff did as required weekly and or monthly checks on all fire equipment and fire drills were being facilitated in the centre. For example:

- a fire drill conducted on 23 January 2026 at 08.05 hours informed that it took the three staff on duty and five residents 3 minutes to evacuate the house with no issues noted
- another drill facilitated on 31 January 2026 informed that it took six staff and five residents 2 minutes to evacuate the house again, with no issues noted.

Each resident had an up-to-date personal emergency evacuation plan in place. One inspector reviewed two of these plans and found that they contained relevant information on what supports the residents required in evacuating the house during a fire drill.

Judgment: Compliant

Regulation 6: Health care

The residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

From reviewing two residents' files, the inspectors observed that they had access to the following services:

- general practitioner (GP)
- dentist
- speech and language therapy
- audiology
- practice nurse
- optometrist
- chiropody.

Care plans were in place which guided practice and where required healthcare monitoring to include blood pressure was being maintained in the centre. Staff also had training on how to take a residents blood pressure and hospital appointments were facilitated as required

Residents also had regular and as required access to mental health professionals. For example they had access to:

- forensic psychiatry
- psychology
- specialist behavioural support.

They also had behavioural guidelines in place (which formed part of their personal plans and included proactive and reactive strategies) and one staff member spoke with was able to talk the inspector through one of these plans.

Judgment: Compliant

Regulation 8: Protection

This centre carried a significant level of risk however, policies, procedures and systems were in place to support the residents' safety in this house.

The house manager informed the inspectors that there was one safeguarding issue open to the national safeguarding team at the time of this inspection. On review of this, the inspectors noted that the issue had been reported to the person in charge, designated safeguarding officer, national safeguarding team, the Gardaí and, a formal safeguarding plan was in place to support the residents safety.

The inspectors also noted the following:

- written feedback from a family member on the service was positive and complimentary
- residents appeared comfortable in the company and presence of staff
- information was available on safeguarding and advocacy in the house
- a complaints process was available to the residents (the house manager said that there were no open complaints on file for 2026)
- where required residents had 2:1 and or 1:1 staffing support throughout the day
- safeguarding was discussed at staff meetings as part of the standing agenda
- residents could have significant conversations with their key workers where they had an opportunity to discuss any issues
- residents had as required access to psychiatry, psychology and behavioural support
- one staff member spoken with said they would have no concerns in reporting a safeguarding issue to the management team if they had one. However, they had no concerns at the time of this inspection and said they believed that the care provided to the residents was of good quality. They also said that the residents would let staff know if something was bothering them.

It was also observed that staff had completed the following training:

- safeguarding of vulnerable adults
- Children's First
- providing intimate care
- effective communication and active listening with person with disabilities
- ligature training and,
- human rights (Modules 1 to 5).

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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Lodge OSV-0005324

Inspection ID: MON-0026951

Date of inspection: 18/02/2026

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ol style="list-style-type: none"> 1. The PIC will review night time supports in all Individual Risk Management Plans ensuring that appropriate and proportionate control measures are in place to meet the needs of all Individuals. Due Date:26 March 2026 2. The PIC will review the Centre staffing contingency plan and provide further information on the controls in place relating to the nighttime supports of Individuals Due Date:26 March 2026 3. The PIC will review and update the Individual Risk Management plan to provide clear controls relating to the management of risks relating to animals accessing the grounds. Due Date: 26 March 2026 4. The PIC will ensure that Key working sessions are completed monthly with the Individual who has a risk related to animals regarding appropriate behaviour and controls in place to support them. Due Date: 25 March 2026 5. The PIC will discuss the above actions at the upcoming Centre Team meeting. Due Date: 30 March 2026 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/03/2026