

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

Issued by the Chief Inspector

Name of designated centre:	Pine Lodge
Name of provider:	Lotus Care Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	08 December 2025
Centre ID:	OSV-0008685
Fieldwork ID:	MON-0047812

About the designated centre

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

Pine lodge provides support for up to four children aged between six and 18 years old. The provider has outlined in their statement of purpose that they can provide care and support for children with an intellectual disability and autism, attention deficit hyperactivity disorder and obsessive compulsive disorder. Pine lodge is a five bedroom house in a rural area of County Kildare. It is a short drive from a number of towns and there are three vehicles available to support children to attend school and activities of their choice in the community. There are four resident bedrooms, two of which have ensuite bathrooms. There is also a bedroom identified for sleepover staff and a staff office. There are a number of communal areas including a living room with a play area, a dining room and a large kitchen. There is a large front and back garden. Children are supported 24/7 by a staff team comprising of a person in charge, a team leader, a deputy team leader, social care workers and healthcare 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
Monday 8 December 2025	12:00hrs to 19:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the young people living in the centre received quality care in which their independence was promoted. There were governance systems and processes in place to oversee the care and support being provided for the young people. Areas for improvement were identified in relation to a young person's personal support plan.

This centre is registered for a maximum of four young people, under the age of 18 years, and there were two young people living in the centre at the time of this inspection. Consequently there were two vacancies. There had been a new admission to the centre in the preceding four month period and just prior to that there had been two discharges. The inspector met with both young people at different times over the course of the day and spoke with four members of the staff team, the interim person in charge, the service manager and director of care.

The centre comprises a large detached two-storey house in a rural area close to a village in Co Kildare. The inspector completed a walk through of the centre supported by staff on duty. On the ground floor is a kitchen-dining area and living room, which open to one another. A staff office, staff bedroom and a bathroom are also on the ground floor. Upstairs the young people all had their own large bedrooms which were en-suite. There were also two vacant resident bedrooms upstairs, one of which also had an en-suite facility. There was a spacious garden surrounding the centre. This included a table and chairs for outdoor dining.

The centre had been tastefully decorated throughout with input from both of the young people. Some Christmas decorations had recently been put up. Overall the centre was found to be in a good state of repair with suitable furnishings in place. However, it was noted that there was some worn surfaces on cupboards and surrounds in the kitchen. It was noted that there was a good supply of food available for young people with labels recording details of when opened and expiry date.

The inspector met separately with both of the young people on the day of inspection. One of the young people was reluctant to engage with the inspector but told the inspector that staff were 'good' to them and that there was no areas that they felt required improvement in the centre. The other young person told the inspector that they were 'happy' living in the centre and 'felt safe'. The young person outlined that they didn't always enjoy school but that they did like spending time with their friends. The young person had recently had their hair styled and nails painted professionally which it was evident that they were very proud of. On the day of inspection, this young person had been on a shopping trip with staff and proudly showed the inspector some of their purchases on their return. Both of the young people indicated to the inspector that they were looking forward to Christmas.

The young people appeared happy and content in staff's presence. Staff interactions with both of the young people were kind, age-appropriate and respectful. On the morning of the inspection, one of the young people was observed to complete their laundry with staff support. Another young person was observed to enjoy watching a movie with a staff member while chatting about various scenes. In the evening time, the young people were observed separately to choose and prepare their evening meal.

One of the young people had a full time school placement which they were being supported and encouraged to attend. However, on average they were attending three days per week. This young person's school placement was a significant distance from the centre but close to the young person's family home and it was evident that the young person had established strong ties with the school and had long standing friends also attending the school. This young person told the inspector that they did not mind the journey to school and that they would not like to move schools. The other young person was not attending school. There was evidence that staff made efforts to encourage and engage this young person in some educational activities in the centre but that the young person was generally unwilling to engage in same. The young person was over 16 years and eager to attain employment. There was evidence that staff had supported the young person to develop their curriculum vitae.

Overall the young people were supported to engage in meaningful activities. Activities that the young people engaged in, included visits to family, shopping trips, cooking and baking, snacks and meals out, bowling, cinema and listening to music. Goals were identified and recorded for each young person for life skills and social activities. Specific work was being completed with each young person to support them to develop life skills in areas such as money management, healthy eating and staying safe. It was reported that generally the young people did not enjoy engaging in social activities together but were compatible to be living together. There were two vehicles available in the centre, with one assigned for each of the young people to support them to access activities within the community.

Both of the young people were facilitated to maintain relations with their respective family members and representatives. The inspector did not have an opportunity to meet with relatives or representatives of either young person. However, the person in charge told the inspector that the family and/or representatives, including allocated social workers were happy with the care and support being provided for the young people.

The person in charge outlined to the inspector, how staff supported the young people in a respectful manner and advocated on their behalf. Information on the young people's rights, complaints process and the national advocacy service for children in care were available in the centre and on display on the notice board in the kitchen. All interactions between staff and the young people were considered, kind and caring.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This unannounced inspection was completed to assess the provider's compliance with the regulations and to review the provider's progress against their actions identified as required following the previous inspection of the centre.

There were management systems and processes in place to promote the service provided, to be safe, consistent and appropriate to the young people's needs. There had been a change to the position of centre person in charge since the last inspection. One individual had resigned from the position in the preceding period and a new person in charge was in the final stages of recruitment. The team leader in the centre was acting as an interim person in charge pending completion of the recruitment process. On interview with the team leader they demonstrated a good knowledge of both young people's care and support needs. It was proposed that the new person in charge would be in a full time position and be responsible for one other designated centre located a short distance away. The interim person in charge was to be supported by a deputy team leader in this centre and in the other centre for which they held responsibility.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The interim person in charge had protected management hours for the role. They reported to the regional service manager who in turn reported to the director of service. The inspector reviewed meeting records which showed that the interim person in charge and regional service manager held formal meetings on a regular basis.

Although, there were two staff vacancies at the time of this inspection, overall, the provider had ensured that the centre was well resourced with sufficient staff, facilities and available supports for the two young people currently living in the centre.

There was a statement of purpose in place, dated December 2025 which outlined the information set out in schedule 1 of the Regulations. Following the inspection and as requested by the inspector, assurances were submitted regarding the specific care and support needs for one of the residents and how these needs met the criteria for admission in this centre.

Regulation 15: Staffing

At the time of inspection, there were two whole time equivalent staff vacancies which was being covered by a regular small number of agency staff and within the staff team. Recruitment for these positions was underway. The inspector reviewed the actual and planned duty rosters for the preceding three month period. These demonstrated that there were an adequate number of staff to meet the young people's assessed needs. There were two staff allocated to each young person during the day and two waking night staff on duty at night. The inspector noted that the young people's needs and preferences were well known to the person in charge and the staff who met with the inspector on the day of this inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for the young people. Training records reviewed by the inspector showed that staff had attended all mandatory training in areas such as safeguarding, Children First training, hand hygiene and manual handling training. Crisis intervention training was noted to be overdue for two staff members but this had been scheduled. There was a staff training and development policy. A training programme was in place and coordinated centrally. There were no volunteers working in the centre at the time of inspection.

Suitable staff supervision arrangements were in place. There was a planned staff supervision schedule in place, with supervision scheduled every 12 weeks, in line with the provider's policy. Three staff members spoken with told the inspectors that they felt supported in their role.

Judgment: Compliant

Regulation 23: Governance and management

There were suitable governance and management arrangements in place. An annual review of the service had been completed for 2024 and unannounced visits to review the quality and safety of the service on a six monthly basis were completed by the provider. A governance assurance report was completed on a monthly basis by the management team which covered pertinent information on each young person, incidents and trends, risks, restrictive practices and safeguarding. The provider had established a compliance action plan tracker to monitor and follow up on actions arising from inspections completed on behalf of the Chief Inspector. The

inspector reviewed minutes of staff team meetings and regional person in charge meetings with the regional service manager. There was evidence of shared learning at these meetings.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents was maintained and where required these were notified to the Chief Inspector of Social Services, in line with the requirements of the regulations. The inspector reviewed records of all incidents occurring in the centre in the preceding three month period. These were found to have been appropriately recorded, responded to and when required, notified to the Chief Inspector, within the time-lines required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaint procedure in place and maintained a complaint register. There had been 17 complaints in the preceding 12 month period which had been appropriately responded to. There was evidence that complaints were investigated promptly and that the complainants were assisted to understand the complaint process, Records showed that complainants were informed promptly of the outcome of their complaint and of the appeal process. The complaint register detailed the outcome of the complaint, actions taken and whether or not the complainant was satisfied with the outcome of their complaint.

Judgment: Compliant

Quality and safety

There was evidence that the young people were content, well cared for and that the care provided was having a positive impact on the young people's individual development. One of the young people was over 16 years and did not have a school placement at the time of inspection. The young person was not engaged in any training or education programme.

The young people's well-being and protection was maintained by a good standard of evidence-based care and support. However, a statutory care plan to inform one of the young people's care and support was not available in the centre. This meant that a comprehensive assessment of the young person's health, personal and social care needs prior to admission and subsequently as required to reflect changes in need and circumstances could not be assured. Consequently, the provider could not be fully assured that the designated centre was suitable to meet the needs of this young person. Although it was reported that there were regular meetings and reviews with all relevant professionals, records of these meetings were not all held in the centre. A personal support plan 'All about me and how to support me' document reflected the needs that the provider had assessed for each young person and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices.

Regulation 17: Premises

The centre was overall observed to be in a good state of repair and had been tastefully decorated throughout with input from both of the young people. However, it was noted that there was some worn surfaces on cupboards and surrounds in the kitchen. Each of the young people had their own bedroom with en-suite facilities that they had personalised according to their own taste. The centre was spacious with good sized communal areas. There were also two vacant resident bedrooms upstairs, one of which had an en-suite facility. The centre was noted to be festive at the time of this inspection with Christmas decorations on display.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The health and safety of the young people, visitors and staff were promoted and protected. There had been significant improvements noted to the risk management arrangements since the last inspection. The inspector reviewed environmental and individual risk assessments and safety assessments which had recently been reviewed.

At the time of the previous inspection, poor risk management practices had been identified in relation to incomplete or absent risk assessments and control measures. On this inspection, the inspector found that the assessments in place were consistent, considered, relevant and specific to the young person they were written for. The inspector found that the provider had put appropriate measures in place to mitigate against risks, including staff training, specifically related to a number of high risks identified. The inspector reviewed a schedule of checklists relating to health and safety, fire safety and risk which were completed at regular intervals.

There were arrangements in place for investigating and learning from incidents and adverse events involving the young people. This promoted opportunities for learning to improve services and prevent incidences. The inspector reviewed records of incidents occurring in the centre in the preceding three month period, There was evidence that all incidents were reviewed by management, and where required, learning was shared with the staff team with risk assessments updated to mitigate their re-occurrence.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable precautions had been put in place against the risk of fire. All required safety works and installations had been completed in the premises. A personal emergency evacuation plan had been put in place for each young person. These accounted for the mobility and cognitive understanding of the respective young person. The inspector observed that there were adequate means of escape and a fire assembly point was identified in an area to the front of the house. Records reviewed by the inspector showed that fire drills involving both of the young people had been undertaken on a regular basis. It was noted that both young people evacuated in a timely manner. The inspector reviewed documentary evidence that the fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. Records reviewed showed that all fire fighting arrangements were checked regularly as part of internal checks in the centre. The inspector tested the fire door release mechanism on a sample of doors and found that they were successfully released and observed to close fully.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

An assessment of need had been completed prior to each young person's admission to the centre by senior staff in the centre. A personal plan had been put in place which reflected the specific care and support needs of the individual young person. However, it was identified that the statutory care plan from the commissioner of the service for one of the young people was not available in the centre. Consequently the provider could not be assured that the statutory care plan was used to inform the personal plans which had been put in place in the centre. This meant that a comprehensive assessment of this young person's health, personal and social care needs prior to admission and subsequently as required to reflect changes in need and circumstances could not be assured.

One of the young people was over 16 years and did not have a school placement at the time of inspection. The young person was not engaged in any training or education programme. There was evidence that staff made efforts to encourage and engage this young person in some educational activities in the centre but that the young person was currently unwilling to engage. Staff reported that the young person was eager to attain employment. There was evidence that staff had supported the young person to develop their curriculum vitae for circulation.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Both of the young people living in the centre presented, on occasion, with some behaviours which could be difficult for staff to manage in a group living environment. Suitable behaviour support plans were in place to support each of the young people and overall the inspector found that incidents were well managed and the young people were appropriately supported. The inspector reviewed training records which showed that all staff had attended training in the management of behaviour that is challenging, including de-escalation and intervention techniques.

There were minimal restrictive procedures in use in the centre. Restrictive practice risk assessments had been completed in all instances where it had been assessed that human rights could be impacted.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect the young people from being harmed or suffering from abuse. There had been a small number of allegations or suspicions of abuse in the preceding period. These had been appropriately responded to, in line with the provider's safeguarding policy, and appropriate safeguarding plans had been put in place for each of the young people. Noted improvements had been made since the last inspection with measures taken, so as to ensure that all allegations and complaints were appropriately recorded and followed up on, in line with the providers policy. The interim person in charge and two staff members spoken with on the day of inspection had a good knowledge of safeguarding procedures.

Both of the young people were independent in attending to their intimate care needs. The provider had systems in place to record significant conversations and to complete investigations should they be required. . .

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Pine Lodge OSV-0008685

Inspection ID: MON-0047812

Date of inspection: 08/12/2025

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • PIC in collaboration with the Recruitment Department have successfully secured two additional full-time staff members who meet the needs of the service owners at Pinelodge following inspection. Onboarding is currently taking place. It is expected to have both staff members on-boarding completed by 19.02.2026 Completion date due: 19.02.2026]	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • An immediate review of the kitchen was completed with the Maintenance Manager. Kitchen Fitter is scheduled to review and complete the necessary works. Completion due date: 28.02.2026]	
Regulation 5: Individual assessment and personal plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:	

• The Person in Charge will ensure that all Personal Plans and Comprehensive Needs Assessments are developed, reviewed and implemented using a person-centred approach. All documentation will be fully aligned and triangulated with each resident's statutory care plan to ensure that assessed health, social and personal care needs are accurately identified and met in accordance with the resident's wishes and preferences.

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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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	19/02/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	28/02/2026
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre,	Not Compliant	Orange	21/01/2026

	prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).			
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Not Compliant	Orange	21/01/2026