Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cedar Lodge
Name of provider:	Lotus Care Limited
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	09 October 2025
Centre ID:	OSV-0009046
Fieldwork ID:	MON-0048571

About the designated centre

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

Cedar Lodge is a designated centre operated by Lotus Care Limited. The centre can provide residential care for up to four children and young people aged between 5 and 18 years who present with a range of disabilities, including intellectual disabilities, autism spectrum disorder (ASD), and disabilities as defined in the Disability Act 2005. Each child has their own bedroom, one of which is an en-suite, there is a shared bathroom, a staff office, a sitting room, a dining room, a conservatory, a utility and kitchen area. The centre had a garden with a swing and trampoline. Staff are on duty both day and night to support children who avail of this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 9 October 2025	07:15hrs to 16:20hrs	Maureen McMahon	Lead
Thursday 9 October 2025	07:15hrs to 16:20hrs	Aonghus Hourihane	Support

What residents told us and what inspectors observed

The inspection was conducted following the receipt of information of concern to the office of the Chief Inspector of Social Services. This was the centre's first inspection since registration; the centre was registered on 15 July 2025. This inspection was risk based and was unannounced.

At the time of the inspection there were four young children residing in the centre. The children had all been admitted in under one month after the centre's registration. Inspectors identified significant levels of non-compliance with the regulations reviewed during the inspection. Three 'immediate actions' and one 'urgent action' were issued to the provider during the inspection. The immediate actions were issued in relation to Regulation 17: Premises and Regulation 28: Protection against infection. An outbreak of head lice had occurred in the centre, infection prevention and control practices in place were observed to be poor including inadequate laundry practices and sharing of personal items such as combs. The provider was further asked to remove immediately all food items from the centre's refrigerator and storage areas that were past their use by date, as these posed an immediate risk to the children. The provider was issued with an immediate action in relation to removing the keys from the hooks beside the window restrictors as this posed a safety risk to the children. They could easily access the keys. The urgent action was issued in relation to Regulation 29: Medicines and pharmaceutical services. The provider was found not to be in compliance with all regulations reviewed aside from one regulation.

Due to the level of safeguarding concerns found the Chief Inspector took the decision to share the provisional findings of this inspection with The Child and Family Agency (Tusla) immediately after the inspection.

The inspection started shortly after 7am and all four children were up along with three waking night staff. Shortly after the inspectors arrived seven further staff arrived and for a period of time there were ten staff as the children were preparing to go to school. Two children left the centre separately with two staff each to begin a two hour journey to school. A child was observed to be playing on a staff members mobile phone while another child walked around eating a pancake supervised by two staff.

The centre was observed to be very busy and inspectors spoke with six staff during the early part of the inspection. The inspectors were concerned that two staff spoken with did not have a comprehensive command of the English language. The inspectors raised this issue with both local management and later with the provider. There were two children that were pre-verbal residing in the centre and inspectors asked management how staff implemented these children's care plans pertaining to communication if they were not proficient in English themselves. The person in charge acknowledged this concern and also its impact on staff members capacity to

follow and implement management directions.

Three children were deemed by the provider to require two to one staffing at all times both in the centre and in the community. Inspectors were told this was because the young children were a flight/absconsion risk. The provider was reporting a largely restrictive-free environment in the centre. The provider had reported restrictions relating to, locking the front door and all windows had restrictors.

An inspector observed a staff member locking an internal door to prevent a child from getting into the back kitchen area during the early part of the inspection. An inspector read daily notes where staff recorded that they locked doors to prevent children from accessing the secure garden area. During the course of the inspection a child who had come into the staff office was removed by a staff member in an inappropriate manner, this was also observed by the provider representatives present and subsequently Tusla was informed.

The children's bedrooms were large, decorated in a child friendly manner and there were personal items, teddy bears and colourful pictures in each room. One bedroom was en-suite while three children shared a bathroom upstairs.The designated centre was excessively warm on the morning of the inspection. Inspectors made multiple requests for the heating to be turned down even after windows had been opened. Local management did arrange for maintenance who were on-site to address this matter. The designated centre had large quantities of laminated visual directions for staff on most walls in every room in the centre. Staff were not observed to refer to them during the morning and overall they did not contribute to a homely environment.

The children liked to play on the trampoline and swings at the designated centre and there was some evidence that the children visited a local farm store and went to see farm animals. However there were notes indicating that at times the children went on 'social drives' as their main weekend activity.

An inspector observed a child seek assurance on the morning of inspection prior to coming down stairs about who was supporting them on this day. At this time six staff were present in the hallway and when this question was asked, staff were unclear and had to refer to the visual roster in place to respond. The assessed needs of this child identify they require assurances and security. This did not promote a sense of assurance and security in line with the assessed needs of this child.

In summary, the inspectors had significant concerns about the operation of this service. The inspectors were not assured that the health, welfare and development of the children were consistently promoted at all times. Aside from immediate and urgent actions, the Chief Inspector sought further assurances the day after the inspection directly from the provider. The provider assured the Chief Inspector that immediate actions had been taken to strengthen the governance and management arrangements in the centre.

The next two sections of this report will present the findings of this inspection in greater detail in relation to the governance and management arrangements in place

and, how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The inspectors found unsuitable and ineffective systems of governance and management in the centre. Responsibilities and reporting relationships including matters pertaining to basic care were unclear. There was a lack of evident accountability for the safety of the service provided to children. The provider was not gathering pertinent information, was not using available oversight systems and not promoting the rights and wellbeing of each child.

There was a management structure in place, however the lines of accountability required clarification. The person in charge worked full-time and was responsible for two designated centres. The person in charge was supported in their role by a team leader who worked full time in the centre. Given the levels of non-compliance in the centre, the provider was requested to assure itself that the current arrangements in the centre ensured the safety, welfare and protection of children**.**

The provider had failed to ensure the staff skill-mix was appropriate to the assessed needs of children in the centre. Staff were not supported with clear guidance to understand and support children's assessed needs. The local management team expressed challenges with staff members understanding of guidance and the efforts undertaken to enhance understanding, such as regular team meetings.

Inspectors noted that a significant number of staff were newly recruited to the centre, three staff reported to inspectors that in spite of relevant qualifications they had never worked with children with additional needs previously. Inspectors found the training undertaken by newly recruited staff was largely completed online. There were concerns that there was was not an enhanced support system in place for newly recruited staff to adequately support them in their role. Given the large nature of the staff team, it was not evident that the management team had sufficient capacity to appropriately supervise and support staff in the delivery of care and support.

Inspectors had concerns regarding the adequacy of budgeting and resource allocation to the centre for groceries and food. There was lack of clarity regarding the weekly budget and number of meals provided to staff. Inspectors were concerned that the budget allocated for groceries was inadequate. Representatives of the provider stated that the centre had access to an account in a local fresh food store to buy fresh meat and vegetables. Inspectors saw no evidence on-site that the centre was utilising this service and records available in the centre did not indicate that this was used on a regular basis.

Regulation 14: Persons in charge

The person in charge was full-time and had the qualifications, skills and experience necessary to manage the centre.

The person in charge was appointed as a person in charge of another designated centre. Given the findings on this inspection, the inspectors were not satisfied that the person in charge could ensure the effective governance, operations management and administration of the designated centre.

Judgment: Not compliant

Regulation 15: Staffing

Inspectors were not satisfied that the level of staffing was conducive with the size or layout of the centre. The level of staffing did not contribute to a homely environment and staffing ratios for three children were not supported by their assessments, risk profiles or their presentation since they were admitted.

The provider had assessed that three children required two to one staffing at all times and one child had one to one staff at all times. The assessments were not multidisciplinary, did not differentiate between staffing requirements while in the centre and while out in the community. The assessments didn't consider the different risks when the children were in the centre as opposed to out in the community. The assessments didn't consider the impact of such high staffing levels on the rights of the children involved.

There were consistent times during the week when there were 11 people in the house excluding any managers. During times of staff changeover there was 14 people in the house.

An inspector reviewed rotas from 27/09/2025 to 09/10/2025. These rotas were combined with another designated centre the person in charge held responsibility for. This combined rota was not in line with the regulations and it was difficult to identify clearly the staffing allocated to this centre. The provider did not differentiate between contracted staff and agency staff on its roster.

It was not clear from a review of rotas who assumed responsibility on each shift. On arrival at the centre inspectors spoke to staff to identify if a shift lead was available in the absence of management and staff were unclear on who held this role. The person in charge later confirmed there was no shift lead when local management was not present.

On the day of inspection due to sick leave, a waking night staff was required to

continue to work until agency cover was arranged.

Judgment: Not compliant

Regulation 16: Training and staff development

Based on the findings of this inspection, the training and supervision provided to staff was inadequate as demonstrated by poor practice in the centre.

An inspector reviewed the training records available in the centre. However, these records included staff who were not contracted to work in the centre.

The inspector cross checked training records with the rota available in the centre. The inspector identified that staff had undertaken training in safeguarding children, positive behaviour support and fire prevention. Inspectors spoke to four staff regarding their training. Staff members told the inspectors they had completed online safeguarding training prior to commencement in their roles. The inspector found that three staff members had attended part one of fire training; completion of part two remained outstanding. Positive behaviour support was due to be updated for a staff member and the team leader gave an assurance this was booked.

Inspectors found staff were not supervised in a manner that was appropriate to their role and responsibilities. For example, newly recruited staff were unclear whether they had received support and supervision and were unclear about the nature and purpose of supervision within the centre.

Judgment: Not compliant

Regulation 23: Governance and management

Overall, inspectors found that the provider's governance and management systems were ineffective in ensuring the service delivered was safe, appropriate to children's assessed needs, consistent in quality, and subject to ongoing monitoring and evaluation.

Inspectors determined that the centre was not adequately resourced to ensure the effective delivery of care and support to children. Inspectors found that not all staff members possessed the necessary competencies to both comprehend and implement management directives. Furthermore inspectors were not assured that all staff demonstrated the required communication skills to engage effectively with

children and contribute to their developmental outcomes.

The registered provider failed to provide sufficient guidance and direction to staff to enable them to perform their duties in accordance with the required standards. Inspectors identified deficits in fundamental areas of practice, including communication, positive behavioural support, healthcare, and personal and intimate care. These deficits represent a significant governance and management failure on the part of the provider.

Inspectors reviewed documentation and observed that multiple staff had completed checklists the night before the inspection confirming that food stored in the refrigerator was within date. However, this verification was inaccurate as significant amounts of basic food items were found to be out of date by inspectors. Furthermore inspectors noted that children's bed linen was not consistently laundered in accordance with hygiene standards, despite records indicating otherwise. These findings demonstrate failures in both staff oversight and governance processes and posed as a risk to the young children residing in the centre.

The provider did not ensure that medication management procedures were subject to regular review and audit. As a result, medication management within the centre was found to be inadequate and posed a significant risk to children.

The provider had failed to appoint a shift lead for periods when the person in charge and team leader were not working. Given the needs of the children and experience of newly appointed staff, this was a significant gap in governance of the service.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The inspector found that the provider had admitted four children within four weeks and that they did not follow their own admissions policy or the statement of purpose.

The contracts for the provision of services were signed by the children's representatives. The contracts for all four children were not signed by the provider and not dated. One contract reviewed was incomplete, it did not include the child's name or a start date of placement.

The provider also had contracts for each child with the commissioner of the services. The admission dates for two children on these contracts were four months before the centre was even registered, they also had discharge dates even though the children continued to reside in the centre.

There was no evidence available in the centre to show the legal basis for the children residing in the centre.The provider was consistently asked throughout the inspection to provide evidence of this but this was not available in the centre.

Judgment: Not compliant

Quality and safety

Inspectors found significant areas for improvements in the quality and safety of services provided to children. Considerable issues were noted in relation to communication, general welfare and development of children, premises, food and nutrition, risk management, protection against infection, medicines management, personal planning, positive behaviour support and children's rights.

The centre was equipped with the appropriate facilities for the children, large bedrooms, adequate communal space and an external play area including a swing and a trampoline. During a walk around the premises, the centre was found to be generally well maintained. Children had been involved in the decoration of their rooms.

The children were all attending school but the provider had not assessed or considered the impact of significant travel times daily for two children. There was no assessment of educational needs or no education plans in place which would of considered the appropriateness of the current plans and considered options going forward for the children.

The provision of food and nutrition within the centre was a significant concern for inspectors. Records clearly evidenced that the centre was operating a set budget to feed both the children and a number of staff. The food records for each child generally showed their food intake was not wholesome or nutritious and there was a significant over reliance on frozen food. The fact that large quantities of food in the refrigerator and other storage areas were out of date was a significant concern.

The provider placed significant emphasis on the childrens' safety as a rationale for the level of staffing. Inspectors were told by local management and provider representatives that three of the children were at risk of going missing. There were no care plans or protocols in place to support and manage those risks for any child in the centre at the time of the inspection.

There were gaps in guidance in all aspects of care that were reviewed including both communication and infection prevention and control. The personal plans for children were poorly developed and were not person centred. Inspectors could not evidence that the plans were developed with either the children, their families or social workers who supported the children.

The management of risk in the centre was ineffective. Inspectors could clearly

evidence that control measures identified to mitigate risks were either not in place or not operational. Control measure for various risks such as social stories, locked presses, positive behavioural support plans and absconsion protocols were not evident or available on the day of inspection. The individual risk management plans reviewed were not on file or easily available for staff to review.

The management of medicines in the centre required significant improvement with immediate risks identified pertaining to storage, inaccurate prescription sheets and labelling.

Inspector were concerned that the rights of children were neither protected or promoted and significant work needed to happen to ensure the childrens' basic rights were placed at the forefront of care on offer in the centre.

Regulation 10: Communication

The inspectors could not evidence that three children were assisted and supported at all times to communicate in accordance with their needs and wishes.

There were no communication plans in place for any child. In relation to one child who was pre-verbal, the only guidance available to staff was a short paragraph in their assessment of need that did not give sufficient direction on how this placement supported the development of language or any other form of communication.

Inspectors spoke with staff and management and it was clear that some staff were not proficient in speaking or understanding English. The person in charge confirmed that staff were not receiving training in this area.

There was no reports or guidance available in the centre from relevant professionals such as speech and language even though one child had a recent appointment with a therapist.

A staff member told an inspector some children use Lámh (Irish sign language) in the centre to communicate. The use of Lámh was not observed throughout the inspection. Training records reviewed did not demonstrate Lámh training across the staff team.

Judgment: Not compliant

Regulation 13: General welfare and development

The inspectors were not assured that the provider was providing each child with appropriate care and support in line with their assessed needs and wishes.

The children residing in the centre were all attending school. However, two of the children were spending four hours a day driving to and from school. An inspector reviewed the files of two children, the assessments of need completed did not comprehensively address educational needs or attainment. There was no evidence that the provider had begun the process of seeking schools closer to the designated centre. There were no active school applications.

The provider did not assess the impact of such significant travel times going to and from school on the welfare and development of the two children. A review of records identified an incident in September in which one child exhibited distress and self-injurious behaviour upon arrival to school, using their personal tablet to hit their head. It was not evident this was explored more by the provider or that any changes to their care were considered.

Inspectors observed some children were not afforded opportunity to be alone and were at all times supported by two staff, this impacted on the child's ability to develop life skills.

An inspector spoke with two staff who were supporting a child upon their return from school. When asked about plans for the evening, the staff indicated that the intention was for the child to remain in the centre. A review of activity records for a child found that they went for two scenic drives over a weekend. The inspectors were not assured that this activity was appropriate or enjoyable for the child given that the child had a daily commute to school of up to four hours each day.

Judgment: Not compliant

Regulation 17: Premises

The designated centred was generally clean, tidy and in a good state of repair. The childrens' bedrooms were decorated in a child-friendly manner and there was evidence of ample toys for children to play with. There was also an external play area including a swing and a trampoline.

Storage of personal protective equipment (PPE) required improvement. PPE and alginate bags were stored together in a kitchen press in a disorganised manner. Inspectors found the facilities for hand-hygiene required improvement. For example, a foot-operated bin was broken and there was no access to hand towels in the kitchen.

Chemicals storage required improvement, inspectors found the press containing chemicals was not secure posing a risk to children. Toilet gel and bleach spray were observed unlocked in a bathroom at an accessible height to children.

The external washing facilities were not part of the registered centre and the provider was later advised that they needed to include this area in the centre. The areas was significantly disorganised and all mops and mop buckets were just thrown

in a disused shower area. There was considerable amounts of dirt in this area also.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The provision of food and nutrition needed significant review in the designated centre. There were a number of food items in the refrigerator including milk, yogurts and ham that were all past their use by date. The pancakes that were served for the breakfast on the morning of the inspection were also found to be past their best before date. The provider was issued with an immediate action as part Regulation 27 to address this due to the infection risks for the children. The inspectors also asked the provider to assure themselves that no child had travelled to school with any items that were past their use by date. The consumption of expired dairy and meat products presents a potential food safety risk particularly for children. It also raised concerns regarding the oversight of food safety management practices

Inspectors found that the storage of certain food items including sweet breads, waffles and pancakes were unhygienic and there was also an unknown item of food still in the air fryer.

An inspector reviewed the dinners given to one child during the period 21 August 2025 to 25 August 2025. All the dinners consisted of chicken nuggets, chips and or potato wedges. Vegetables (unnamed) were offered on one day only. The inspectors reviewed the meal plan for the centre and what was on offer was neither wholesome or nutritious.

An inspector reviewed a list of preferred food items for two children, this included options such as smoothies, porridge and chocolate croissants. A full review of the food storage was undertaken and preferred items were not found.

Judgment: Not compliant

Regulation 26: Risk management procedures

Inspectors were concerned that the provider was failing to properly assess risk throughout the centre and to ensure that identified control measures were in place and implemented. Fourty-six risks were identified on the centre risk register and 16 were rated as medium risk. For example, violence to staff was risk rated as a medium risk but there was no recorded incidents that any child had ever displayed physical aggression towards staff. Therefore, there was no evidence to support this risk rating. Inspectors also had concerns that identified control measures put in place to mitigate or reduce risk were not reflected in some risk ratings. For example,

fire outbreaks were still risk rated as medium, even though fire safety management control measures were in place.

The provider stated that all children were a medium risk in accessing cupboards or storage areas where cleaning products and chemicals are kept. The main control measure was that all chemicals were stored in locked presses. On the day of the inspection no chemicals were stored in locked presses as there there were no locked pressed available.

One risk assessment for a child had both absconding and behaviours of concern identified as medium risks. Two-to-one staffing arrangements had been put in place for this child to mitigate this risk. However, the medium-risk rating had remained unchanged. The main control measures reported as being in place included a positive behaviour support plan with 'preventative strategies for absconding' and 'strategies for addressing aggression' did not exist. There was no evidence to support that there were any positive behaviour support plans in place for any child in the centre.

Judgment: Not compliant

Regulation 27: Protection against infection

The provider was not compliant with the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (2018).

There was an active outbreak of head lice in the centre. It was unclear from speaking with management and staff how long the outbreak was on-going but there was evidence that one child had head lice in August 2025. The provider had arranged for an expert in the area to attend at the centre on the day of the inspection.

Inspectors observed practices that did not promote good hygiene and or good management of an outbreak. In the communal bathroom used by three children, there were two fine tooth combs stored on a shelf. There was also a hair scrunchie beside the combs. There were bottles of lice treatment products in the bathroom and in individual bedrooms. The provider stated that bed sheets were changed every couple of days but upon examination neither the inspectors or management could find any spare bed linen except for one set for one child.

An inspector observed poor practices in relation to the management of laundry. A staff member was observed bringing soiled laundry through the main kitchen area and placing them in a laundry holder that did not have any labels to identify which child they belonged to. The staff member was observed returning to duties without washing their hands contrary to best practice in infection, prevention and control. This posed a risk to the spread of infection.

There was a used damp towel in a hot press beside clean towels and clothes for other children. This practice posed a risk of cross contamination and was contrary to the provider's own guidance in managing the outbreak of headlice.

There was also other infection risks, inspectors noted that five tooth brushes were stored in the bathroom in one holder. This practice posed a risk of cross contamination and spread of infection.

Inspectors observed the practice of oral syringes been washed in the dishwasher. This practice required review by the provider to ensure the integrity of the syringes, the risk of measurement marking fading and the high cross contamination of infection risk.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

On the day of the inspection, inspectors observed significant safety concerns regarding medicines management in the centre.

An inspector reviewed a sample of three children's medicines records. Two children had duplication medication prescription sheets, and another child did not have a prescription sheet available to guide staff in administering prescribed medicines.

The prescription sheets reviewed were found to contain inconsistencies in medicines and dosages. For example, one prescription sheet included guidance to administer a specific dose of medicines to aid sleep; however, another record contradicted this dosage and advised staff in addition this medicines could be administered as-required. In addition, topical creams were found to be in use, but no corresponding prescription sheet was available to guide staff.

An inspector found a medication used to treat pain or fever, was prescribed twice for a child under two different names; one generic and one trade. The prescription sheet was maintained in the child's records but was not signed by the GP. This posed a significant risk, as both forms could potentially be administered. This medicine was available in only one form in the centre.

Storage of medicines was found to be unsafe. Inspectors observed the medication press to be unlocked during the inspection with the keys left in place. This was brought to the attention of the provider and, although keys were subsequently removed, the press remained unlocked and accessible throughout the inspection. The inspector also found that the refrigerator used for storing medicines was not lockable. Liquid medications were not all clearly labelled with open dates. While a separate record of opening dates was maintained for some products, this system was not fit for purpose. This record did not include batch numbers, making it unclear which open dates related to which products, or whether these medicines remained licensed for use. Additionally, the medicines press was noted to be

cluttered and lacked sufficient space for the safe storage of medicines.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The provider's personal planning process required significant review and was presently not operating in line with the regulations. Inspectors were concerned about the lack of guidance to staff in the delivery of care to the children.

The inspectors reviewed two children's files. The provider had completed a needs assessment for the children prior to them residing in the centre. The provider had not put in place a comprehensive personal plan that addressed all areas of need identified during the assessment process. There was no health action plan, individual care plan, communications passport, health passport or missing from care plan. These were areas of need identified or plans that were stipulated as necessary through the providers own policies and procedures.

There were no plans available for children who had goals associated with toilet training or personal hygiene. The lack of specific guidance for staff in managing and reaching goals meant there was a significant risks of inconsistency in the delivery of care.

Judgment: Not compliant

Regulation 7: Positive behavioural support

There were no positive behavioural support plans in place for any child in the centre. The person in charge stated that they considered that two children needed these plans and that they had engaged with the positive behavioural specialist and that the children were going through a period of assessment. The individual risks assessments for two children had positive behavioural support plans stated as a control measure. Two staff members stated there were plans in the children's files to guide them when managing behaviours. However, these plans were not in the childrens' files and were unavailable in the centre.

The provider had reported window restrictors as one of its main restrictive practices necessary to keep children safe. However, the provider also had hooks beside the restrictors with the keys to open the restrictors thus making them ineffective as the children could easily open them using the keys. There was documentary evidence that a child had used a stool to climb up to a window and thus could easily reach

the keys. The provision of keys beside locks posed a risk to the children.

Inspectors were concerned that not all restrictive practices were being reported as staff daily notes evidenced that staff were locking doors and blocking children from accessing the garden at times.

Judgment: Not compliant

Regulation 9: Residents' rights

Inspectors were concerned that the fundamental rights of the children residing in the service were not understood and promoted at all times.

There was no evidence on file or on display in the centre that children had access to an appropriate advocacy service.

The lack of basic guidance for staff pertaining to areas such as intimate care and behaviours of concern impacted significantly on the rights of children.

Children were observed playing both inside and outside of the centre and at all times there were two staff either with them or following them. There was no clear rationale for this level of supervision which could impact on the children's freedom to exercise choice and control in their daily lives, undermine their sense of autonomy and create an institutional atmosphere.

Inspectors were informed that one child had special dietary requirements due to religious beliefs but it was not evidenced that these wishes were been respected or fully understood as staff had different understanding of the wishes of the child or their family.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Quality and safety	
Regulation 10: Communication	Not compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Cedar Lodge OSV-0009046

Inspection ID: MON-0048571

Date of inspection: 09/10/2025

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: Immediate actions were taken following the inspection to strengthen governance arrangements. A full review of the management structure was undertaken, and a dedicated full-time Person in Charge has since been appointed to Cedar Lodge to ensure consistent leadership, effective oversight, and clear accountability within the center. Completed: 22/10/25.	
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Immediate actions were taken following this inspection to ensure staffing levels are in line with each child's individual assessment, presenting needs, and placement goals. A Person in Charge, Regional Services Manager (due to commence 27th November 2025 / PPIM and two Quality Assurance Officers (due to commence 01st December 2025) have been identified to provide oversight and support for all aspects of service delivery. The provider has newly appointed a Team Lead (1/12/2025) and two Deputy Team Leads to the centre. Recruitment is ongoing for a dedicated internal nurse to ensure appropriate staffing and clinical oversight. The Provider will schedule collaborative meeting(s) with the children commissioners to review individual staff support needs for each child and realign where deemed necessary/ required. A Tusla PASM inspection on the 15th of October 2025 identified this action under the Social Work Department. Due to be completed: 05/12/25. In addition, a comprehensive review of rostering practices has been completed. Separate rosters are now maintained for each designated center, clearly identifying contracted and agency staff, their allocated shifts, and the nominated shift leader on duty at all times. This ensures full transparency, accountability, and compliance with regulatory	

requirements. Completed: 31/10/25.

To strengthen governance further, a clear shift leadership structure has been established to ensure that decision-making and oversight are maintained in the absence of management. Completed: 14/10/25.

Improvements in staff training, skills gap analysis and supervisions, are currently being embedded to ensure the delivery of high-quality, consistent, and child-centered care in line with the standards and the ethos of the Provider. Due to be completed: 05/12/25.

Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

Following the inspection, a full review of staff training and supervision practices was undertaken. Training records are being audited to ensure that only staff contracted to Cedar Lodge are reflected in the center's training matrix. A dedicated staff training tracker has now been implemented. This will be maintained by the Person in Charge and reviewed monthly in conjunction with the Training department & Person Participating in Management to ensure ongoing compliance and early identification of training due for renewal. Due to be completed: 07/11/25.

All outstanding mandatory training, including Fire Safety, Safeguarding, and Positive Behaviour Support, has been planned and successfully completed as scheduled. The Provider has also identified additional focus areas, including English Competency-Based Assessment, Food Safety, Communication, and Medication Management, among others (i.e. Personal Planning & Risk Management), as priority modules over the coming weeks to further enhance staff competence and confidence in their daily roles. Due to be completed: 05/12/25.

To address supervision deficits, the current structured supervision schedule has been further strengthened and implemented for all staff in line with the Providers policy and HIQA standards. All staff Supervision is recorded, reflective in nature, and explicitly linked to performance, professional development, and the quality of care provided. Newly recruited staff are supported through formal induction, shadowing, and increased supervision frequency during their initial weeks of employment to ensure they are fully supported in understanding their role and responsibilities. Due to be completed: 30/11/25.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The Provider acknowledges the concerns highlighted by HIQA inspectors in relation to Regulation 23. We recognise that governance and management systems must ensure

that Cedar Lodge is safe, appropriate, and consistent with children's assessed needs, and that ongoing monitoring and evaluation is fully embedded. In response, the Provider has implemented the following actions:

Governance & Management
• A Person in Charge, Regional Services Manager / PPIM and two Quality Assurance Officers have been identified to provide oversight and support for all aspects of service delivery.
• The provider has newly appointed a Team Lead (1/12/2025) and two Deputy Team Leads to the centre. Recruitment is ongoing for a dedicated internal nurse to ensure appropriate staffing and clinical oversight.
• Day, Night and weekend Shift Leaders have been appointed to cover periods when the Person in Charge and Team Leader are not on duty, ensuring consistent leadership and immediate decision-making capacity.
• A four-week phased handover is currently underway with the newly appointed Person in Charge, facilitated by the Interim Person in Charge and Interim Team Leader and overseen by the Person Participating in Management. A similar structured handover process will be implemented upon the commencement of the new Regional Services Manager to ensure continuity of governance and leadership.
• A review of Internal systems was completed to strengthen senior management oversight across all centres. New processes have been implemented to facilitate real-time reporting, enable proactive monitoring of risks and concerns, and ensure timely identification of resource and support needs. These measures are designed to promote transparency, accountability, and responsive decision-making at all levels of management.
• An external, suitably qualified auditor has been engaged to conduct a comprehensive root cause analysis regarding the non-compliances in the centre. This review is scheduled to take place from Nov 6th and will be completed by Nov 14th. The review findings and recommendations will be fully implemented and where required these learnings will be shared across all services. The provider will make the findings and actions of this review available to the Chief Inspector. Due to be completed: 05/12/25.

Staff Training & Development
• All mandatory training, including Fire Safety, Safeguarding and Positive Behaviour Support, has been completed and will be ongoing for newly recruited staff in line with requirements.
• Targeted modules focusing on English Competency-Based Assessment, Food Safety, Communication, Medication Management, Residents Rights, Restrictive Practices, Risk Management, Personal Planning, etc have been prioritised for the coming weeks to strengthen staff competence and confidence.
• Supervision structures have been fully reviewed, and a structured supervision schedule is now in place to ensure that all team members receive regular supervision in accordance with the Provider's Policy and Procedures. The Person Participating in Management will oversee the implementation of this schedule, with the Person in Charge providing monthly reports to monitor staff performance, identify learning and development needs, and ensure continuous improvement in practice. Due to be completed: 05/12/25.

Communication

• English competency-based assessment workshop and training has been completed with relevant team members on the 29th of October 2025. Outstanding team members are due to receive this training and assessment on the 21st of November 2025.
• Training in children's specific communication needs has been organised with an external trainer and is due to take place on the 10th of November 2025.
• Staff supervisions now include standing agenda topic of communication skills, engagement with children, and implementation of management directives.
• Children's plans of support reflect clear guidance in relation to personal and intimate care, positive behavioural support, and infection control practices. Due to be completed: 30/11/25.

Food Safety and Hygiene
• Immediate corrective actions were taken to address lapses in food safety, including a full stock review and enhanced monitoring of refrigeration and expiry checks.
• Laundry and hygiene procedures have been reinforced with staff and line management completed daily checks to ensure compliance with hygiene standards. Completed: 10/10/25.

Medicines and pharmaceutical services
• Medication management procedures have been thoroughly reviewed and updated to further strengthen safety, accuracy, and accountability in the administration, recording, storage, and review of all medications within the centre. Staff have received additional medication management training and completed competency assessments (as delivered and overseen by a qualified Nurse) with further reviews scheduled to ensure medication practices are embedded in the centre.
• Regular audits of medication records and practices are now scheduled and documented to ensure ongoing compliance and reduce risk. Completed: 31/10/25.

Regulation 24: Admissions and contract for the provision of services	Not Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

Following the inspection, the Provider has undertaken a comprehensive review of admissions to Cedar Lodge (in line with the Providers Admissions, Discharge & Transitions Policy & Procedure) and Statement of Purpose. Learnings from this inspection will be applied throughout the organisation to ensure that all future admissions strictly follow this policy, including filing of pre-admission assessments and alignment with centre's capacity and children's assessed needs. Admissions are overseen by the Admissions, Discharges & Transition (ADT) Manager and the Person in Charge in collaboration with the Providers ADT Committee to ensure compliance, transparency, and best practice in the placement process. Completed: 25/11/25.

Three children's Contracts of Care are fully complete and one outstanding Contract of Care is awaiting review by family and Social Work Departments. Due to be completed: 05/12/25.

The Provider has strengthened controls to ensure that evidence of the legal basis for all

children's placements is readily available and appropriately documented at the centre. Procedures have also been strengthened to verify the legal basis for placement in every child's file. Completed: 25/10/25.

The Person in Charge, Admissions, Discharges & Transition (ADT) Manager, the Providers ADT Committee monitor compliance with admissions procedures and through standardised new admission/ transition weekly reports, admission/transitions post admission report and reviews. Corrective actions and improvements will continue to be documented and reviewed regularly to ensure sustainable compliance and to safeguard the welfare and rights of children residing in the centre. Completed: 29/10/25.

Regulation 10: Communication	Not Compliant

Outline how you are going to come into compliance with Regulation 10: Communication:

The Provider has undertaken a full review of communication supports and guidance within the centre. Individualised communication plans have been developed for all children to ensure they are supported at all times in accordance with their needs and wishes. These plans will outline strategies to develop language, alternative and augmentative communication methods, and other forms of expression, tailored to each child's abilities and preferences. Completed: 04/11/25.

The inspection highlighted that guidance for one pre-verbal child was previously limited. The Interim Person in Charge has since engaged relevant professionals, including speech and language therapists, to obtain up-to-date assessments and practical recommendations. The centre is actively working to ensure that clear therapeutic guidance is thoroughly documented and easily accessible in each child's file, enabling staff to consistently support and promote effective communication for all children. Due to be completed: 05/12/25.

On the day of inspection, HIQA inspectors determined that some staff required additional proficiency in English, and that this was an area for directed training supports. Targeted English language support, including competency-based assessment, was provided on 29 October 2025 (by a competent, English Language and Literature professional) to ensure team members can communicate effectively with children and consistently implement centre- and person-focused supports. Additional English language support training and assessment has been scheduled to take place to ensure all relevant team members have been supported in this area. Due to be completed: 28/11/25.

As outlined under Regulation 16 of this report, communication training is scheduled to be delivered by an external trainer on 10 November 2025. This bespoke training will address the individual communication needs of children residing at Cedar Lodge, ensuring that team members are fully equipped and competent to support each child's unique requirements effectively. An additional training session will be scheduled to ensure that all core staff members have the opportunity to complete this training. Due to be completed: 05/12/25.

A structured plan has been introduced to provide Lámh (Irish Sign Language) training to staff working with children who use this form of communication, with ongoing

supervision and observation to ensure skills are applied consistently in practice. Due to be completed: 05/12/25.

Regulation 13: General welfare and development	Not Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:

The Provider has completed a comprehensive review of all children's assessments of need to ensure that educational requirements, academic attainment, and the impact of daily routines, including travel to and from school, are thoroughly documented. Due to be completed: 14/11/25.

For the two children experiencing significant travel times, the Person in Charge continues to engage with relevant representatives to assess the necessity of these school placements. It is the objective of the children's commissioners to relocate both children to foster care placements closer to their original locality (where one child currently avails of family access visits after school), their current school placements, and communities. In the meantime, Cedar Lodge will continue to review these placements, in collaboration with the commissioners and monitor the potential impact of extended school journeys on the children's well-being, daily routines and ensure that these are meeting their educational and cultural needs. Due to be completed: 05/12/25.

The Provider has reviewed records and practice relating to incidents of self-injurious behavior. Personal plans have been reviewed to include updated risk assessments and targeted interventions to support children's emotional well-being and Positive Behavior Support Plans implemented where applicable. Staff have been provided with guidance to monitor, document, and respond to any indicators of distress, ensuring appropriate strategies are implemented and reviewed regularly. Due to be completed: 07/11/25.

In response to observations that some children were not consistently afforded opportunities for privacy or the development of daily living skills, the Person in Charge has implemented structured routines that appropriately balance supervision with opportunities for independence and skill-building. Staff have completed training in Residents' Rights (delivered on 30th October 2025), with a follow-up workshop scheduled for 13th November 2025 to ensure full team participation. In addition, Personal Planning training is scheduled for 12th November 2025 to further support staff in planning and documenting meaningful, therapeutic activities that are purposeful, developmentally appropriate, and aligned with each child's assessed needs and individual preferences. Due to be completed: 30/11/25.

Additionally, activity planning has been reviewed to ensure that recreational opportunities are suitable, enjoyable, and reflective of children's interests. Staff continue to be supported on an ongoing basis through line management guidance/ mentoring to ensure that daily schedules promote engagement, development, and well-being. Completed: 17/10/25

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

The Provider immediately reorganised PPE and alginate bags which are now stored separately in clearly labelled and hygienic storage areas. A designated press has been assigned for PPE only, ensuring compliance with Infection control standards. Completed: 10/10/25

The broken food-operated bin has been replaced, and paper hand towels readily were made available in the kitchen and other relevant areas. Staff have been reminded of hand hygiene procedures and the importance of maintaining these facilities. Completed: 10/10/25

All chemicals, including toilet gel and bleach spray, have been relocated to a secure, locked press that is inaccessible to children. Regular checks have been implemented to ensure compliance with safety requirements. Completed: 10/10/25

The external laundry area has now been included as part of the registered centre in line with HIQA guidance. This area has been thoroughly cleaned, reorganised, and equipped with appropriate storage solutions for mops and cleaning equipment. Regular maintenance checks will be carried out to ensure cleanliness and organisation are maintained. Completed: 06/11/25

Infection Prevention Control audit has been completed to ensure effective oversight and monitoring. The IPC Link Officer monthly checklist has been updated to include suitable storage of items. Completed: 07/11/25

Regulation 18: Food and nutrition	Not Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

Immediately following the inspection, the Provider implemented corrective actions to address the food safety risks identified. Any food items that were out-of-date were removed and appropriately disposed of, and a full review of food storage systems was completed. A deep clean of all kitchen areas, including appliances, was carried out, and a newly improved system for daily checks of use-by and best-before dates have been introduced. These newly improved system checks are now recorded and subject to oversight by the Person in Charge, Regional Services Manager, Team Leads and Shift Leaders and Senior Management Members. Completed: 10/10/25.

The Interim Person in Charge has reviewed all food storage practices and introduced clear procedures to ensure the safe and hygienic handling, preparation, and storage of all food products. Staff have completed refresher training in Food Safety and Hygiene, which included practical guidance on temperature control, prevention of cross-contamination, and appropriate storage methods. Line management continue to monitor daily kitchen hygiene and food safety standards, and nutrition remains a key area of focus within the centre to ensure that each child’s dietary and nutritional needs are

consistently met. Completed: 17/10/25.

In response to the concerns regarding the variety of meal options, the Interim Person in Charge has completed a full review of meal planning to ensure that all children are offered wholesome, balanced, and nutritious meals that meet their dietary needs and preferences. Weekly menus have been further developed in consultation with the children / their representatives, reflecting both variety and nutritional balance, with a particular focus on including fresh fruit, vegetables, and protein-rich options. This is an area of ongoing development and monitoring. Completed: 17/10/25.

The Provider acknowledges that the previous menus and food provision did not fully reflect children's stated food preferences. Preferred food items have now been restocked, and staff have been reminded of the importance of ensuring that children's individual preferences, dietary needs, and cultural considerations are consistently met. This is documented as part of all children's personal plans. Due to be Completed: 07/11/25.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

The Provider recognises that effective risk management is essential to maintaining a safe and supportive environment for children and staff, and that all identified risks must be accurately assessed, mitigated, and regularly reviewed in accordance.

Following the inspection, the Provider has undertaken a comprehensive review of the center's risk register and associated risk assessments to ensure accuracy, consistency, and alignment with current practice. Each potential risk has been reassessed to confirm that ratings accurately reflect the level of residual risk and the effectiveness of existing control measures. Where risks were found to be inaccurately overrated or unsupported by evidence, they have been amended accordingly. For example, risks such as "violence to staff" and "fire outbreak" have been re-evaluated to ensure the rating reflects the presence and impact of implemented control measures, including completed fire safety training and safety management systems. Completed: 22/10/25.

The concerns regarding chemical storage and the absence of locked presses on the day of inspection was immediately rectified; corrective action was taken to install secure, lockable storage units for all cleaning products and chemicals in line with health and safety requirements. Staff have been re-briefed on the importance of maintaining safe chemical storage practices, and daily checks are now completed by the Person in Charge, Team Lead or delegated Shift Leader to ensure ongoing compliance. Completed: 10/10/25.

The Person in Charge has also reviewing individual risk assessments for all children to ensure they are comprehensive, evidence-based, and reflective of actual presenting needs and behaviors. Where risk ratings were inconsistent with control measures (e.g. absconding and behaviors of concern), these are currently being revised and updated. Due to be completed: 07/11/25.

Positive Behavior Support Plans were not in place for some children at the time of inspection. In response, the Behavioral Specialist has completed a full review of children in the service and devised Positive Behavioral Support Plans, where required. These plans detail preventative strategies, de-escalation techniques and structured behavior management supports and guidance. Tailored training in these plans was delivered to team members on the 30th of October 2025. Completed: 30/10/25.

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

Prior to this inspection, the provider had identified one child's support needs regarding head lice. The Provider had previously contracted the services of an external infection control specialist to attend the center (to provide prompt and appropriate treatment to the child and support to staff and management in this singular infection prevention concern). This was previously scheduled to take place on the 09th October 2025. On the day of this inspection, inspectors noted additional improvements required in infection control practices. Communal areas, including personal bathrooms and bedrooms, were deep cleaned following the inspection. Personal care items, such as combs, brushes, and lice treatment products, are safely stored individually and appropriately to prevent cross-contamination. Completed: 10/10/25.

Additional supplies of bed linen, towels, and personal hygiene items have been procured to ensure that each child has adequate, individually assigned resources in accordance with infection control guidance. Bed linen was changed daily during outbreak and weekly thereafter, with all changes recorded and monitored by the Interim Person in Charge. Completed: 10/10/25.

Laundry management practices have been reviewed to ensure compliance with infection prevention and control standards. A new laundry procedure has been introduced, which includes the segregation of soiled items, the use of labelled laundry baskets for each child, and designated routes for the transport of laundry to prevent contamination. Staff are completing refresher training in hand hygiene and infection control procedures, and compliance continues to be monitored through direct observation and checks in the center. Completed: 10/10/25.

The Provider also ensured appropriate storage of towels and toothbrushes. It is ensured that each child has individual toiletry storage to prevent cross-contamination, and communal storage has been removed. Completed: 10/10/25.

The use of oral syringes in the dishwasher has been discontinued. A new procedure for the ordering of disposable syringes has been implemented in line with manufacturer and infection control guidance to maintain the integrity of the equipment and eliminate the risk of cross-infection. Completed: 03/11/25.

The Person in Charge will conduct Infection Prevention and Control (IPC) audits at least

quarterly to ensure ongoing compliance with governing legislation and best practice frameworks. An IPC Link Officer has been designated within the team to support the Person in Charge in the governance, monitoring, and continuous improvement of infection prevention and control practices across the centre. This role will serve as a key liaison between frontline staff and management, promoting best practice, staff awareness, and adherence to IPC protocols. Due to be completed: 30/11/25.

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

A comprehensive review of all Children's medication records was completed immediately following inspection. Any duplicate or outdated prescription forms were removed, and all Service Owners' GPs were contacted to verify current prescriptions. Updated, signed, and dated prescription forms are now securely filed for each Child. Medication held on site has been verified by members of the Senior Management Team to ensure accuracy and alignment with the most recently dispensed prescriptions. Completed 10/10/25.

All identified discrepancies in medication directions, including variations between regular and PRN dosages, were escalated to the prescribing GPs. New prescriptions were obtained and are now maintained on file in each individual Child's Medication folder. Clear, consistent dosage instructions are now in place for all Children, and staff have been briefed to ensure uniform understanding. Completed 14/10/25.

All topical creams and ointments in use were reviewed to ensure they correspond with valid, GP-signed Kardex's and prescriptions. Any product without a corresponding prescription or Kardex entry was discontinued immediately and returned to pharmacy. Completed 14/10/25.

Medication that was prescribed twice under different names has been reviewed and clarified with the relevant GP. Duplicate entries were removed to avoid accidental double administration. All unsigned Kardex's were returned to the GP for signature and verification prior to any further use. Completed 14/10/25.

The medication press has been secured, and key management procedures are now in place. Keys are removed and stored safely in a standalone key box when not in active use, with responsibility for medication access clearly assigned to the designated Medication Leader. This role is confirmed daily during handover and monitored by a member of management. A lock has also been fitted to the medication fridge, and daily temperature monitoring logs are now reviewed by management to ensure compliance with storage standards. Completed 10/10/25.

All medications are stored in their original pharmacy containers with labels attached. When liquid medicines are opened, an additional label is applied to clearly display the opening and expiry dates in accordance with manufacturer guidance. Management checks these records twice weekly, and findings are logged within the centre's medication audit tool. This system, along with all medicines management practices, will

be reviewed by the Regional Service Manager during site visits and through Lotus Care's internal quality audit schedule. Completed 10/10/25.

An additional medication press has been put in place ensuring sufficient space for safe storage of individual Service Owner medication. Medications are organised into sections, allowing for clear separation between prescribed, PRN, and discontinued medications. All expired or unlabeled medicines have been safely disposed of in line with best practice guidance. Medication storage will continue to be monitored through regular internal audits, completed twice weekly by line management and verified by the Regional Service Manager and as part of the Lotus Care's ongoing quality assurance framework. Completed 14/10/25.

Lotus Care's Medicines Management Policy has been updated to reflect current legislation and best practice. The revised policy clearly outlines procedures for prescription verification, storage, labelling, PRN administration, and auditing. Completed: 31/10/25.

Refresher training on Medication Management has been rolled out for the team, which covers prescription checking, safe administration, accurate record-keeping, and storage requirements. Training is delivered by a qualified nurse and includes competency assessments to ensure understanding and confidence in the procedures. Attendance records and completed competency checklists are maintained as evidence of compliance. Completed 13/10/25.

As noted above, a structured twice-weekly medication audit tool has been implemented and will be completed by line management. This audit reviews prescription validity, labelling, storage, stock control, disposal procedures, and fridge temperature monitoring. Any issues identified are addressed promptly to maintain ongoing compliance and safety. Completed 13/10/25.

The centre's diary includes scheduled dates for the ordering and renewal of standard prescriptions to ensure timely updates and reviews. Regular communication continues to be maintained with both prescribing GPs and dispensing pharmacies to support oversight and ensure all medication documentation remains current and accurate. Completed 13/10/25.

Medication management is listed on the centre's risk register and will remain under review at governance and management meetings. Audit outcomes, corrective actions, and improvement measures will continue to be monitored by Senior Management to ensure safe, effective, and compliant medicines management for all Service Owners. Completed 13/10/25.

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:

Immediate action have been taken to address the identified gaps. A comprehensive review of the personal planning process is currently underway to ensure that all children

have detailed, individualised personal plans that reflect their assessed needs. This includes the development and implementation of the following documents for each child:

• Health Action Plan
• Individual Care Plan
• Communication Passport
• Health Passport
• Missing from Care Plan

In addition, specific plans have been developed for children with goals relating to toilet training, personal hygiene, or other identified developmental or care needs. These plans will include clear, step-by-step guidance for staff to ensure consistency in the delivery of care and support the achievement of each child's individual goals.

Staff will receive refresher training on the revised personal planning process, with an emphasis on the importance of consistent documentation, implementation, and review. Oversight mechanisms have also been strengthened to ensure that personal plans are maintained as live working documents, which are regularly reviewed, updated, and reflective of each child's changing needs.

The is committed to ensuring that all aspects of personal planning meet regulatory requirements and, most importantly, promote positive outcomes and consistency of care for the children residing in the centre. Due to be completed: 05/12/25

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

The internal behavioural specialist conducted an immediate review of all children in the centre on the 09th October 2025 which continued into the 10th October 2025, in collaboration with the Regional Services Manager & Person in Charge, regarding the concerns raised in relation to the management and reporting of restrictive practices within the centre. Positive Behaviour Support Plans were completed for all children who required them. These plans provide clear, individualised guidance for staff on proactive and reactive strategies to support positive behaviour and reduce the need for restrictive practices. Completed: 29/10/25

Positive Behaviour Support Plan Training was delivered to the staff team on the 29th October 2025 with additional training organised for outstanding team members on the 13th November 2025. The Person in Charge will ensure that all relevant documentation, including current Positive Behaviour Support plans and behaviour management guidance, is readily accessible within each child's file and reviewed regularly in collaboration with the Behavioural Specialist. Due to be completed: 05/12/25

Window restrictor keys were immediately removed and secured safely on the day of this inspection and secured safely in accordance with health and safety guidelines. A full review of all restrictive practices has been completed to confirm that there are no

unauthorised restrictive practices, including the practice of locking doors or restricting access to outdoor areas. Completed: 09/10/25

The Person in Charge & Behavioural Specialist have reinforced the requirement that all restrictive practices must be clearly risk-assessed, approved, and reported in line with organisational policy and regulatory requirements. Ongoing monitoring and oversight by the Person in Charge and senior management continues to ensure full compliance and the promotion of a least-restrictive, child-centred environment. Cedar Lodge remains fully committed to implementing a proactive, positive approach to behaviour support that prioritises safety, dignity, and the well-being of all children in the centre. Completed: 29/10/25

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

Immediate actions have been implemented to address practices relating to children's rights, advocacy, supervision, cultural and religious needs. Advocacy information, including contact details, is now displayed prominently within the centre and included in children's residential guides. There are procedures in place to protect children's privacy and dignity while ensuring their safety and well-being. Training has been delivered in Restrictive Practices and Residents rights to reinforce understanding and accountability. Due to be completed: 05/12/25.

Regarding supervision practices, the provider is currently reviewing supervision levels to ensure these are proportionate, risk-assessed, and justified based on individual needs. This in being done in collaboration with children's commissioners. This will be clearly documented in each child's personal plan with a transparent rationale. Due to be completed: 05/12/25.

In respect of religious and cultural needs, the provider has implemented structures to ensure that children's individual beliefs and preferences (including dietary requirements) are fully respected and consistently implemented. Cedar Lodge staff team continue to collaborate with families and multidisciplinary teams to ensure shared understanding and consistency of care. Due to be completed: 05/12/25.

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Not Compliant	Orange	05/12/2025
Regulation 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Not Compliant	Orange	05/12/2025
Regulation 10(3)(b)	The registered provider shall ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full	Not Compliant	Orange	05/12/2025

	capabilities.			
Regulation 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Not Compliant	Orange	05/12/2025
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	05/12/2025
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Not Compliant	Orange	05/12/2025
Regulation 13(3)(b)	The registered provider shall ensure that, where children are accommodated in the designated centre, each child	Not Compliant	Orange	05/12/2025

	has age-appropriate opportunities to be alone.			
Regulation 13(3)(c)	The registered provider shall ensure that, where children are accommodated in the designated centre, each child has opportunities to develop life skills and help preparing for adulthood.	Not Compliant	Orange	05/12/2025
Regulation 13(4)(c)	The person in charge shall ensure that when children enter residential services their assessment includes appropriate education attainment targets.	Not Compliant	Orange	05/12/2025
Regulation 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Not Compliant	Orange	22/10/2025
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the	Not Compliant	Orange	05/12/2025

	number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.			
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	05/12/2025
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Not Compliant	Orange	05/12/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	05/12/2025
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	07/11/2025
Regulation 18(1)(b)	The person in charge shall, so far	Not Compliant	Red	07/11/2025

	as reasonable and practicable, ensure that there is adequate provision for residents to store food in hygienic conditions.			
Regulation 18(2)(a)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Not Compliant	Red	07/11/2025
Regulation 18(2)(b)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are wholesome and nutritious.	Not Compliant	Orange	07/11/2025
Regulation 18(2)(c)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which offers choice at mealtimes.	Not Compliant	Orange	07/11/2025
Regulation 18(2)(d)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are consistent with	Not Compliant	Orange	07/11/2025

	each resident's individual dietary needs and preferences.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	05/12/2025
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	05/12/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	05/12/2025
Regulation 23(3)(a)	The registered provider shall ensure that effective	Not Compliant	Orange	05/12/2025

	arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.			
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	05/12/2025
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.	Not Compliant	Orange	07/11/2025
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated	Not Compliant	Red	30/11/2025

	infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 29(3)	The person in charge shall ensure that, where a pharmacist provides a record of a medication-related intervention in respect of a resident, such record is kept in a safe and accessible place in the designated centre.	Not Compliant	Red	31/10/2025
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Not Compliant	Red	31/10/2025
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably	Not Compliant	Orange	05/12/2025

	practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).			
Regulation 05(4)(a)	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 reflects the resident's needs, as assessed in accordance with paragraph (1).	Not Compliant	Orange	05/12/2025
Regulation 05(4)(b)	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 outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Not Compliant	Orange	05/12/2025
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	Not Compliant	Orange	05/12/2025

	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.			
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Not Compliant	Orange	05/12/2025
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures 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	05/12/2025
Regulation 05(8)	The person in charge shall	Not Compliant	Orange	05/12/2025

	ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).			
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.	Not Compliant	Orange	05/12/2025
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	05/12/2025
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status,	Not Compliant	Orange	05/12/2025

	race, religious beliefs and ethnic and cultural background of each resident.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	05/12/2025
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.	Not Compliant	Orange	05/12/2025
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Not Compliant	Orange	05/12/2025
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is	Not Compliant	Orange	05/12/2025

	respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			