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:	19 January 2026
Centre ID:	OSV-0009046
Fieldwork ID:	MON-0049176

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:	3

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
Monday 19 January 2026	07:15hrs to 16:20hrs	Maureen McMahon	Lead
Monday 19 January 2026	07:15hrs to 15:30hrs	Aonghus Hourihane	Support

What residents told us and what inspectors observed

The inspection was conducted to follow up the findings of a risk-based inspection carried out on 9 October 2025. The Chief Inspector of Social Services had received information of concern about the care and welfare of the children residing in the centre prior to that inspection.

The findings of the inspection from 9 October 2025 identified significant non-compliances with the regulations, three 'immediate actions' and one 'urgent action' were issued to the provider. The provider was found not to be in compliance in 14 of the 15 regulations reviewed as part of this inspection. There were significant risks to the health, welfare and development of the children residing in the service and the Chief Inspector took the decision to share the provisional findings of the inspection with The Child and Family Agency (Tusla) immediately after the inspection.

The findings from this inspection demonstrate that the provider had completed a significant amount of work to bring the service back into compliance with the regulations. There were better governance and oversight arrangements operating in the centre and enhanced resources were available in the centre such as a person in charge based full-time in this centre. Systems in place to manage food and nutrition, infection, prevention and control, communication, medication, positive behaviour support and children's rights were significantly improved. Inspectors could evidence that the lived experience of the children was improving and there were no safeguarding concerns evident requiring onward referral. However, there were still some areas that required significant improvement. The compliance plan that the provider had submitted in response to the 9 October 2025 inspection had not been implemented in full. The provider needed to address issues to ensure that staffing levels were informed by a robust assessment process and were appropriate to the individual needs of children and that did not unnecessarily impact on their wellbeing or rights. The personal planning process was largely disjointed, confusing and requiring further development. These failing led to non-compliances in Regulation 15 (Staffing), Regulation 5 (Individual assessment and personal plan) and Regulation 23 (Governance and Management) respectively.

The high staffing levels continued to directly impact all three children and were not conducive in supporting independence, child development or respecting the rights of the children. One child had been discharged since the last inspection and inspectors did observe that the reduction to three children in the centre did help improve the situation and also did observe that the high staffing levels appeared less restrictive than observed during the 9 October 2025 inspection. An inspector did observe that a child was left alone with toys to play freely and that staff were in the general area.

The inspection started at 7:15am and all three children were awake along with two waking night staff. Shortly after this day staff started to arrive to bring children to

school. One child was still displaying symptoms from a recent illness and so a decision had already been made that this child would not attend school that day. The children presented as happy and content as they engaged with inspectors and communicated through various different means. A staff member was observed to interact in a kind and caring way towards a child. The child had located Halloween decorations and was insisting that they were placed in certain places, the staff member let the child lead the play and engaged at the child's pace. The child later engaged the inspector with their project to decorate and overall they seemed happy and at ease with this staff member. Another staff member was observed interacting with a child where the child was moving from play to a functional task of preparing for school. The staff member was respectful but the tools and directions available in the child's personal plan were not actively observed during this particular interaction and there was little communication or explanation offered to the child.

The centre was located in a rural location close to several large towns. Suitable transport was available for all children, and staff used this to support children to attend school, participate in activities, and attend appointments. The centre was clean and well maintained. Children had access to outdoor recreational spaces. Security measures, including electronic gates, were in place to ensure access to the centre was appropriately monitored and that a safe environment was maintained for children living in this centre.

Staff described centre-based activities for children, such as water sensory play, online streaming, outdoors play, trampolining, and playing with preferred toys. Children also accessed recreational activities in the community, such as, visits to local parks, soft play areas, cinema trips, eating out and trips to toyshops. The inspector saw some children had recently taken a trip to Wicklow National Park and also Brittas Bay. On the day of inspection, children had planned appointments after school that familiar staff were supporting.

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 and there was one shared bathroom upstairs. The designated centre presented with a more homely environment with less visual directions for staff on walls. The centre had lots of toys in various locations and it was clear that the children used these on a regular basis. Inspectors noted that there was spare bed linen located in the hot press as the lack of available linen was a finding from the previous inspection.

In summary, there was much improved practices observed throughout the inspection. The inspectors were satisfied that the vast majority of issues that were brought to the attention of the management team were already known by them and that they were actively addressing the issues and were eager for the service to improve and to enhance the lived experience for all the children.

The management team were open with inspectors about the challenges they faced as they actively addressed the issues outlined from the previous inspection. They

acknowledge there was still much work to be done but outlined to the inspectors what they had done to bring the service into compliance.

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 provider's governance and management arrangements although greatly improved required further strengthening to ensure that a good quality and safe service was provided to all children on a consistent basis.

There was a clear governance structure with defined roles and responsibilities identified to manage the centre. There was a suitably qualified and experienced person in charge who was only responsible for this centre. The person in charge was knowledgeable with the care and support needs of children who lived in this centre. The person in charge was supported in the day-to-day management of the service by a team leader who was based in the centre. There were arrangements in place for management support at weekends and when the person in charge was not on duty, and these arrangements were clearly communicated to staff.

While many improvements had been made since the previous inspection in relation to aspects of staff training, food and nutrition, infection prevention and control (IPC) and medicines management, significant improvements and further oversight were still required to staffing arrangements and personal planning and assessment. Improvements were also required to aspects of positive behaviour support, risk management and children's rights.

Staffing levels in the centre still required significant review. The provider had not reassessed the staffing needs of the children and there was no documentary evidence available to support the current staffing levels for each child. The provider had committed to ensure staffing levels were in line with each child's individual assessment, presenting needs, and placement goals in the compliance plan submitted following the 9 October 2025 inspection. However, this had not taken place. This indicated a shortfall in governance and management systems to ensure that resources were used effectively and in the best interest of children.

An inspector reviewed the planned and actual rota from 13 December 2025 to 19 January 2026. This was found to be well maintained and accurate on the day of inspection. This review demonstrated a reduction in the reliance of agency staff in the centre, with agency staff only rostered three times during this period. Inspectors

observed a shift lead was clearly marked on the rota and staff spoken with were aware of who was responsible for each shift.

Staff had received training appropriate to their role and responsibilities. Staff members spoken with described some recent training events such as communication, food safety, and risk management. Records reviewed found all staff had received mandatory training. Newly inducted staff members described most training as having taken place in person and staff members commented that they found it to be very beneficial to their learning. It was evident that training provided had improved practices in the centre, with inspectors observing good standards in relation to food and nutrition. Staff also demonstrated their knowledge in the management of medicines and appropriate IPC measures. A system of formal staff supervision was in place with records available to view.

The centre was found to be suitably resourced with access to transport, Wi-Fi, comfortable accommodation and opportunities for recreation and play. Children had access to a large garden with a swing set and trampoline. Inspectors saw children had ample toys available within the centre.

The provider's systems in place to monitor and review the quality and safety of care in the centre required further oversight and review. An inspector reviewed local audits undertaken in the centre and found gaps in their completion, for example, daily safety checks were not being recorded on a consistent basis which posed a risk. The provider had undertaken a six-monthly unannounced audit of the centre in December 2025. This audit had found staffing levels to be appropriate to children's needs, both in terms of numbers and skill-mix but it was unclear as how the audit determined this. The audit did not demonstrate a clear evidence base to support its findings or conclusion. This limited the effectiveness of the audit as a governance and quality assurance tool.

Regulation 14: Persons in charge

The provider had recently appointed a suitably qualified person in charge, they worked full-time and were not responsible for any other designated centre. They had a clear understanding of the needs of the children. The person in charge had the appropriate qualifications and experience to manage this centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had failed to ensure that staffing levels were based on a clear assessment of need and were appropriate, proportionate and responsive to children's changing needs.

There was no clear evidence base or rationale demonstrating how staffing arrangements had been determined in response to children's needs, individual care/support plans, risk assessments or presenting needs. The provider could not evidence why two children needed two-to-one staffing at all times.

Following the last inspection, the provider had committed to ensuring staffing levels would be aligned with each child's individual assessment, presenting needs, and placement goals however, this had not yet taken place.

On the morning of the inspection, there were five staff providing direct care and support to three children. In addition two members of the local management team were present in the centre. While the provider had completed assessments of need for all children, inspectors found that these assessments did not clearly link children's identified needs to the allocation of staff resources.

The provider had not demonstrated how staffing levels were determined in response to children's assessed needs, nor was there evidence that consideration had been given to where staffing levels may need to vary, for example, within the centre or when children were engaged in activities in the community.

Inspectors found that the provider had not undertaken a review of staffing ratios in response to previous inspection findings, which had identified that high staffing levels did not support a homely environment, and had not sufficiently considered the impact of such arrangements on children's rights.

Judgment: Not compliant

Regulation 16: Training and staff development

The provider had ensured that staff had received training appropriate to their roles and to support them to provide suitable care to children and protect them from harm.

The inspector reviewed training records which showed staff had received mandatory training in fire safety, behaviour support, and safeguarding. Records reviewed showed staff had also completed training relevant to their roles, such as medication management, report writing, restrictive practices, human rights, food safety and Lámh. The provider had also put in place additional supports for staff regarding English competency with events having taken place in November and December 2025. The inspector spoke with a staff member in the process of their induction into the centre and found the provider had facilitated most training in person, this was described by the staff member as beneficial to their learning.

The provider had facilitated staff to attend training in relation to children's experience of trauma. This event was found to be overall beneficial for staff, however, given the complex nature of this topic, inspectors sought assurances from local management this was understood by all staff members. Local management accepted and understood the basis of this assurance.

The management team had introduced formal supervision meetings for staff since the last inspection. An inspector found staff were now supervised appropriately and records reviewed showed formal supervision meetings were taking place for staff. Staff spoken with confirmed they receive supervision. Newly recruited staff told an inspector they feel well supported in their role.

Judgment: Compliant

Regulation 23: Governance and management

Overall, inspectors found that the provider's governance and management systems still needed further strengthening and development to ensure that the service was appropriate to children's assessed needs, consistent and effectively monitored.

Local management had identified some issues in relation to oversight systems and were in the process of reviewing some governance processes. For example, from discussions had, local management described a review of oversight arrangements, such as auditing systems in the centre. The nature and frequency of these audits was under review to ensure they effectively monitored the centre.

While improvements to overall levels of compliance had taken place since the previous inspection, the provider had not yet fully implemented the time bound compliance plan submitted following that inspection.

Improvements and further oversight was still required to ensuring that appropriate staffing levels in accordance with the assessed needs of children were put in place and to ensure that those assessments of need completed were accurate and reflected the individual needs of each child. The provider failed to implement its compliance plan submitted to the Chief Inspector in response to the 9 October 2025 inspection. It stated "*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.*" On the day of the inspection there was no documentary evidence this had taken place and management confirmed this had not happened.

Improvements were also required to ensuring records such as guidance for staff were accurately and consistency maintained. Inaccurate guidance may impact on a staff members ability to deliver appropriate care and support to the children. Inspectors found instances where information appeared to be transferred from other documents, resulting in discrepancies across records, for example risk management

records referenced a different designated centre and records relating to a child's diagnosis were not consistent throughout their personal plan.

Further oversight was required to the provider's systems for monitoring the quality and safety of the service. Records reviewed showed that systems in place for regular daily and weekly safety checks were not being recorded on a consistent basis which posed a risk. In addition, daily notes were not always filed appropriately, which impacted on effective communication and continuity of care for children.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

A written contract for the provision of services was in place and included the required information.

An inspector reviewed contracts for two children and found these were signed, sufficiently detailed of pre-admission assessment, detail of care, support, and services to be provided were also included. Information regarding the legal status and the commissioner of services was available in the centre.

Judgment: Compliant

Quality and safety

Inspectors found that the provider had progressed many actions identified in their compliance plan; however, further work was required to ensure the centre met the regulations. The quality of life of the children residing in the centre was evidenced to have improved but further work was needed in areas especially related to assessment and personal planning.

Significant improvement was found on this inspection in relation to food and nutrition. Children had access to a dietitian as appropriate, and local management reported positive progress in relation to weight gain for one child. An inspector reviewed food records and found that children had access to a balanced and nutritional diet. School lunches were observed and were found to be freshly prepared, nutritious and aligned with children's individual preferences.

While there were systems in place for the identification, assessment, management and review of risk, improvements were required to some risk management practices.

The centre was adequately resourced to ensure safe infection prevention and control measures. Inspectors observed that the management of personal items, such as combs, was appropriate. The provider had also improved practices relating to the use of oral syringes. In addition, a recent outbreak of head lice was now closed following the provider's use of a specialist to manage the issue.

The provider had recently updated their medicines management policy. An inspector reviewed current mediation management practices in the centre through observation, a review of records and from discussions had with staff. Medicines management practices were found to be safe, with appropriate oversight arrangements in place to ensure consistency was maintained.

Children were supported to access appropriate healthcare in the centre. Inspectors saw children has access to their general practitioner (GP) and other health services, including Health Service Executive (HSE) services as required. The provider had taken measures to promote children's health, such as in oral care, and some children were awaiting review by a dentist specialising in special needs at the time of inspection.

Positive behaviour support plans were in place to guide staff. Improvement was required to ensure these plans were consistency implemented. Restrictive procedures were frequently reviewed in the centre. Local management discussed a recent reduction in restrictive practices in the centre, in relation to window restrictors.

While children's right were generally supported, the impact of high staffing levels required review. The provider also needed to review safeguarding arrangements relating to the use of digital devices and the email addresses linked to these devices.

Regulation 10: Communication

Inspectors found that children were assisted and supported to communicate in line with their individual needs and preferences.

The provider had implemented communication plans for children, which provided improved direction and guidance to staff on appropriate communication supports for children. The documents needed further work, development and review.

Staff were observed speaking to children in a supportive manner. Staff members spoken with were aware of communication strategies used by children, such as Lámh and were able to demonstrate some commonly used signs within the centre. Staff also described the use of visual signs displayed throughout the centre to support children's use of sign language. An inspector observed staff preparing a visual choice board to support a child with meal planning.

All staff had received training in Lámh, with additional training delivered in the use of visual aids for children. Easy-to-read information was available throughout the centre in relation to activity planning, menu planning, and children's rights.

Judgment: Compliant

Regulation 13: General welfare and development

Inspectors found children living in the centre were mostly provided with suitable care and support in line with their assessed needs and preferences. Children had access to recreation facilities both in the centre and in the community. Staff described a range of activities that children enjoy, such as, swimming, visits to local parks, pet farms, the cinema, and soft plan areas. Records reviewed confirmed that children engaged in activities they enjoy and align with their interests. However, further improvement was required to support children to access age-appropriate opportunities to be on their own. This is discussed further under Regulation 9.

The centre was well equipped with a range of age-appropriate toys readily available to children. Outdoors, children had access to a trampoline and swing set, as well as sand and water play tables.

All children in the centre were attending school. Since the previous inspection, the provider along with the multidisciplinary team, had reviewed school placements to ensure they were appropriate, given the time taken to travel to school each day. The travel times for one child remained unsuitable and the fact that the child had four hours in a car each school day was not sustainable into the future.

Judgment: Substantially compliant

Regulation 17: Premises

The designated centre was spacious, well furnished, clean, and suitably equipped throughout to meet the needs of children living in the centre.

The centre comprised a single-large house, which could accommodate up to four children. The house included a sitting room and a playroom, where children could play and relax together or separately as they wished. Children's bedrooms were found to be spacious with adequate furniture, such as wardrobes and drawers, in which children could store their clothing and belongings. There was a well-maintained garden with outdoor play items available to children.

Areas identified in the previous inspection of this centre were found to be addressed, such as the storage of personal protective equipment and secure

chemical storage. The provider had also applied to vary the registration of the centre to include the external washing facilities.

Judgment: Compliant

Regulation 18: Food and nutrition

Children's nutritional needs were being well supported in the centre. Findings from the most recent inspection were reviewed with the provider having taken action to address all areas requiring improvement.

The centre had a well equipped kitchen where food could be stored and prepared in hygienic conditions. Inspectors reviewed food items available in the centre and found children had access to a range of fresh produce and preferred items such as fruit, crackers and cheese. Children were observed accessing snacks throughout the day and drinks were readily available.

An inspector reviewed food records for two children for a period of one month. These records showed children had access to and enjoyed homemade options such as lasagne, pasta dishes and roast dinners with vegetables. Overall, records indicated children were supported to eat a nutritious balanced diet. An inspector spoke to staff regarding the nutritional needs of children, staff members were knowledgeable on children's individual preferences and also on the importance of trying new foods where children were found to be selective in their food choices.

Judgment: Compliant

Regulation 26: Risk management procedures

While the provider had implemented improvements to the systems in place for the management of risk, further improvements were required to aspects of risk management.

The provider had made significant changes to its management of risk in the designated centre. There were individual risk management documents for each child in the centre. Two of these documents better reflected the identified risks pertaining to the two children, these documents contained mitigation and control measures that were actively being implemented by management and staff on a regular basis. There was active consideration of the potential impact of control measures on the quality of life for the children.

There was a clear on-call system for staff to avail of in responding to emergencies.

However, there was still work to be completed to ensure the provider came into compliance with the regulations. There were still identified risks on a child's file that was not fully understood or based on evidence from daily notes or incidents. The provider needed to review all such risks and ensure that they were managed if relevant to do so.

The risk management document for the centre was incomplete, needed further work and ultimately needed to be shared with staff once agreed. The local management were clear that there was still work to be completed and were aware of the issues.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were effective measures in place in the centre to protect children from infection. The most recent inspection of the centre had identified significant areas for improvement. The provider had taken appropriate action as a result to strengthen infection prevention and control practices in the centre.

A previous outbreak of head lice was now closed, with all children recently examined by an expert who had confirmed the outbreak was over. The provider had measures in place to prevent further outbreaks, with staff describing regular checks for children and practices regarding hair care. Inspectors also observed improved practices in relation to the management of personal items, such as hair scrunchies and combs. Practices related to personal hygiene items, such as toothbrushes, were reviewed and found to be effective in preventing cross-contamination in shared bathrooms.

Laundry practices were found to be effective in the prevention of infection. Stocks of bed linen were readily available, and inspectors observed bed linen being changed on the day of inspection.

The provider had taken additional precautions in response to a child with an infection. An inspector reviewed records where staff had undertaken key working sessions with children to help them understand the illness and measures to prevent its spread, including hand hygiene and cough etiquette.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had safe and effective practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines.

An inspector observed staff administering medicines in the centre, staff wore an identifiable bib to alert others to the procedure they were undertaking. The provider had introduced this practice to strengthen medicine administration practices in the centre. This practice did not promote a homely environment for children. Staff spoken with were knowledgeable on the medicines prescribed and their uses including possible side effects. Records relating to medicines such as medicines prescription sheets were reviewed, the provider had implemented a new medicines management system since the last inspection in the centre and significant improvement in the safety of medicines was noted by the inspector.

Medicine related records such as stock checks were found to be well maintained with medicines prescription sheets easily identifiable, promoting safer administration practices. Medicines were observed to be securely locked during the inspection with staff ensuring keys were stored appropriately.

Records reviewed showed medicines were recently reviewed for all children. In addition, planned medicines reviews were undertaken on the day of inspection for some children with their GP.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider's assessment and personal planning process still required significant review and was still not operating in line with the regulations. Inspectors were concerned about the conflicting information in assessments and a continued lack of consistent guidance to staff in the delivery of care to the children.

The needs assessments for all three children were reviewed. The documents had been updated since the last inspection. An inspector was concerned that one needs assessment continued to reference a diagnosis for a child that was inaccurate and not supported by evidence. The plans deriving from the assessment such as the communication plan and health plan also referenced an inaccurate diagnosis which could lead to confusion amongst staff in the delivery of care.

The personal plans in place were large documents that in part were indistinguishable from the needs assessment. The plan for one child stated that they didn't need a behavioural support plan even though there was one in place. The goals for children were unclear and goals in the personal plans did not align with the goals in the school support plans which also looked at areas such as communication, daily living skills, socialisation and play. The divergent guidance to staff and the differing approach both in school and in the residential centre was not conducive to the best outcomes for the children.

The local management team recognised these concerns, had identified many of them and had plans in place to comprehensively address them.

Judgment: Not compliant

Regulation 6: Health care

Children's healthcare needs were well supported in the centre.

The inspector reviewed healthcare records for two children. These showed that children were supported to attend medical appointments and had regular access to their GP. Referrals were made to medical and health services when needed. For example, the person in charge had recently referred children to a dentist specialising in special needs. Active referrals were also in progress for ophthalmology review for some children. Staff who spoke with the inspectors were knowledgeable on children's individual healthcare needs.

The provider had made records of childhood immunisations available in the centre. These records also recorded past relevant childhood illnesses that children may have experienced.

Judgment: Compliant

Regulation 7: Positive behavioural support

Improvements were noted to the management of restrictive practice and some practices used at the time of the previous inspection were no longer in use. These included locked doors and restricted access to outdoor areas. The provider had an up-to-date register of restrictive practices in the centre and the provider had reviewed restrictive practices in use. For example, a restrictive practice in relation to window restrictors on the ground floor of the building was no longer in use. Improvements identified in a recent six-monthly provider audit were also in progress, including a review of positive behaviour support documentation to ensure it was consistent and accurately reflected the child's needs.

The provider had put in place positive behavioural support plans for all children. The provider needed to ensure that these plans outlined interventions that were based on evidence from incidents and presenting behaviours. The provider needed to review the written plans to ensure they did not outline strategies that were inappropriate or disproportionate to the presenting behaviours.

It was not clear if strategies outlined in plan were consistency implemented. For example, where transitions were identified as difficult for a child, the plan recommended using a timer to assist a child to transition from the centre. However, from inspectors' observations, these strategies were not consistently applied by staff.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Children's rights in the centre were promoted. However, improvement was required to ensure safeguards were in place in relation to children's access to digital devices. The provider also needed to ensure that the assessment process considered the impact of high staffing levels on the rights of the children residing in the centre.

Children were consulted and participated in the running of the centre, records of meetings were reviewed that demonstrated children were supported to make choices in areas such as menu and activity planning. Key working sessions were used to provide children with specific information. For example, a recent session had resulted in a child been supported to raise a complaint regarding an aspect of their care they were unhappy with

An inspector reviewed the email address registered to a child's personal tablet device. The permissions for this personal tablet device were linked to an email address that the provider could not access or assure appropriate oversight. As a result, the provider did not have clear oversight of the child's digital activity, resulting in an increased risk of online abuse and exploitation.

The assessment process did not consider the impact of high staffing levels on the rights of the children residing in the centre.

Judgment: Substantially 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	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cedar Lodge OSV-0009046

Inspection ID: MON-0049176

Date of inspection: 19/01/2026

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant

Outline how you are going to come into compliance with Regulation 15: Staffing:
Each child has had a comprehensive multi-element (including rights restrictions) assessment to determine the minimum safe staffing levels carried out by the multi-disciplinary team. This assessment considered the views of the child and other stakeholders. The comprehensive multi-element (including rights restrictions) assessment to determine the minimum safe staffing levels carried out by the multi-disciplinary team will be reviewed every 3 months.

The Person in Charge attended a meeting with the commissioner of services to review the staffing levels of service owners. The Commissioners of services agreed that the current staffing ratios for service owners are to remain in place with the plan to review again in 3 months. This meeting was carried out on 13/02/2026. A review of staffing levels are to be carried out again on 12/05/2026.

The Person in Charge has undertaken a comprehensive review of the times of day when service owners are supported on a 1:1 basis. This review carefully examined how care is delivered during these periods, particularly where a second member of staff is allocated to complete other essential duties such as documentation, care planning updates, medication records, and housekeeping tasks. This review confirmed that staffing arrangements remain appropriate and responsive to residents' assessed needs, while also ensuring that service owner's rights are not impeded upon through alleviation of a second staff member to fulfil administrative responsibilities and housekeeping tasks. This review was carried out in February 2026. All relevant documentation for service owners will be updated to reflect that staffing levels may vary at these identified times throughout each day (due to be completed by 30/04/2026).

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Prior to admission, each child will have comprehensive multi-element (including rights restrictions) assessment to determine the minimum safe staffing levels carried out by the multi-disciplinary team. This assessment will consider the views of the child and other stakeholders. The comprehensive multi-element (including rights restrictions) assessment to determine the minimum safe staffing levels carried out by the multi-disciplinary team will be reviewed every 3 months by the Person in Charge.

All service owner's documents will be updated to reflect their current and accurate diagnoses following clarification of same from most recent psychology report received on 12/01/2026. This will be completed by 30/04/2026.

The Provider has introduced a new online system (ClearCare) for the recording, updating and storage of all documentation pertaining to the designated centre on 04/02/2026. The Provider anticipates that this will ensure that care plans, risk assessments, and other daily documentation are current and readily accessible. This system is proving successful in providing improved oversight and governance through centralised access to files, reducing the risk of outdated paperwork and duplication. The system further strengthens accountability, enhances regulatory compliance, and supports a more efficient monitoring of all documentation within the centre.

The Provider moved from paper audit templates to an Online Auditing system in 2025. The Person in Charge has archived all previous audits and continues to complete weekly, monthly, bi-monthly and quarterly audits as per audit schedule on Viclarity System.

The Person in Charge attended a meeting with the commissioner of services to review the staffing levels of service owners. The Commissioners of services agreed that the current staffing ratios for service owners are to remain in place with the plan to review again in 3 months. This meeting was carried out on 13/02/2026. Review of staffing levels to be carried out again on 12/05/2026.

The Person in Charge will ensure that realistic and achievable timelines are set for all external and internal audits going forward.

Regulation 13: General welfare and development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
The permissions for the personal tablet device for the service owner have been changed on 21/01/2026 from the previous email address that was linked to the tablet.
Permissions are now set to the Cedar Lodge centre email address whereby members of the Cedar Lodge Team have clear oversight of the child's digital activity. Service owners are supported to download and access age-appropriate apps and digital content of their choice.
The Person in Charge has undertaken a comprehensive review of the times of day when service owners are supported on a 1:1 basis. This review carefully examined how care is delivered during these periods, particularly where a second member of staff is allocated to complete other essential duties such as documentation, care planning updates, medication records, and housekeeping tasks. This review confirmed that staffing arrangements remain appropriate and responsive to residents' assessed needs, while also ensuring that service owner's rights are not impeded upon through alleviation of a second staff member to fulfil administrative responsibilities and housekeeping tasks. This review was carried out in February 2026. All relevant documentation for service owners will be updated to reflect that staffing levels may vary at these identified times throughout each day (due to be completed by 30/04/2026).

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
An evidenced based approach to hazard identification will be introduced by the provider before 30/03/2026 to ensure that the controls put in place are appropriate

The centre risk register will be fully reviewed before 30/03/2026 to include all centre specific risks pertaining to Cedar Lodge. Once completed, this will be discussed at the staff team meeting in April and become a standardised item on the agenda of staff team meetings.

All service owners' risk management plans will be updated to ensure that they are accurate and reflective of each service owner's current risks. Where historical risks have been mitigated and no further instances of these risks re-occur, they will be removed from the risk management plans accordingly. This is due to be completed by 30/04/2026.

The introduction of the new online system for recording, updating and storage of files (Clear Care) allows for service owners' risk management plans to be reviewed as required. All risk management documents will be transferred onto this online system before 30/03/2026.

The Person in Charge continues to have oversight and governance of risk management in the centre through monthly audits and through their monthly Governance Assurance Report.

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:
All service owner's documents will be updated to reflect their current and accurate diagnoses following clarification of same from most recent psychology report received on 12/01/2026. This will be completed by 30/04/2026.

A comprehensive review of all service owners' documents will be carried out to ensure all documents are triangulated with most recent and updated accurate diagnosis and their identified needs and support in terms of behavior support. This is due to be completed by 30/04/2026.

The Person in Charge and service owner's key workers, in conjunction with members of the Multi-Disciplinary Team, will revise all service owner's goal-setting framework to ensure each objective is SMART (Specific, Measurable, Achievable, Relevant, Time-bound). Goals will include the personnel responsible for supporting each goal, clear timelines, review dates and evidence of progress monitoring through monthly check ins. This will be completed by 30/04/2026.

The goals for service owners will be aligned with service owner's individual educational plans in place.

Annual key working calendars have been created for each service owner to outline a schedule of key working sessions for the year which include monthly key working sessions on goal setting and reviews.

The comprehensive needs assessment will be reviewed to ensure that it is being used for its intended purpose of outlining only the identified needs of each service owner, while the personal plans will be reviewed to ensure they outline the supports in place for each identified need noted within each Comprehensive Needs Assessment. This will address the issue of duplication of information across documents. This is due to be completed by 30/04/2026.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
The Comprehensive Needs Assessments and Personal Plans will be reviewed to ensure they reflect the identified needs and supports in relation to positive behaviour support. This will be completed by centre management before 30/04/2026.

All positive behaviour support plans are currently being reviewed by the Behavioural Specialist to ensure that interventions are informed by analysis of incidents and observed behaviours, are proportionate, and clearly linked to each child's identified needs.

Refresher training will be provided to all staff to support the consistent implementation of positive behaviour support strategies, with particular emphasis on supporting transitions and the effective use of agreed tools, such as timers.

Centre management will monitor practice through routine observations and supervision, providing feedback to support consistent implementation of strategies across all shifts. A training session for positive behaviour support plan for one service owner is scheduled for 02/03/2026. Refresher training dates for two other service owner's behaviour support plans will be scheduled and completed by 30/04/2026.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The Person In Charge has undertaken a comprehensive review of the times of day when service owners are supported on a 1:1 basis. This review carefully examined how care is delivered during these periods, particularly where a second member of staff is allocated to complete other essential duties such as documentation, care planning updates, medication records, and housekeeping tasks. This review confirmed that staffing arrangements remain appropriate and responsive to residents' assessed needs, while also ensuring that service owner's rights are not impeded upon through alleviation of a second staff member to fulfil administrative responsibilities and housekeeping tasks. This review was carried out in February 2026. All relevant documentation for service owners will be updated to reflect that staffing levels may vary at these identified times throughout each day (due to be completed by 30/04/2026).

The permissions for the personal tablet device for the service owner have been changed on 21/01/2026 from the previous email address that was linked to the tablet.

Permissions are now set to the Cedar Lodge centre email address whereby members of the Cedar Lodge Team have clear oversight of the child's digital activity. Service owners are supported to download and access age-appropriate apps and digital content of their choice.

Centre management are scheduled to attend a webinar which will be hosted by Alex Cooney, CEO of CyberSafeKids. Dr. Colman Noctor (Child and adolescent psychotherapist) will be discussing how parents (and caregivers) can be more involved in children's online lives, the challenges they face, and the opportunities and risks that come with the digital age. This webinar will take place on 25/02/2026. Centre management will then share key learnings from this webinar with the staff team at team meeting scheduled on 06/03/2026.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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.	Substantially Compliant	Yellow	30/04/2026
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.	Not Compliant	Orange	26/05/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to	Not Compliant	Orange	26/05/2026

	ensure the effective delivery of care and support in accordance with the statement of purpose.			
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	26/05/2026
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	30/04/2026
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or	Substantially Compliant	Yellow	30/04/2026

	adverse events involving residents.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/03/2026
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	30/04/2026
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	30/04/2026

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	30/04/2026
Regulation 05(6)(d)	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 take into account changes in circumstances and new developments.	Not Compliant	Orange	30/04/2026
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Not Compliant	Orange	30/04/2026
Regulation 07(1)	The person in charge shall ensure that staff have up to date	Substantially Compliant	Yellow	30/04/2026

	knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	30/04/2026
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.	Substantially Compliant	Yellow	06/03/2026
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications,	Substantially Compliant	Yellow	26/05/2026

	relationships, intimate and personal care, professional consultations and personal information.			