



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

Issued by the Chief Inspector

Name of designated centre:	Oak Lodge
Name of provider:	Communicare Agency Ltd
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	22 January 2026
Centre ID:	OSV-0009083
Fieldwork ID:	MON-0048410

About the designated centre

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

Oak Lodge provides care and support to four adults who have a diagnosis of intellectual disability and/or mild autism and may also present with mental health issues. The premises is a single floor bungalow with four bedrooms, a shower room and an open plan sitting cum dining and kitchen area. A snug is available off the courtyard garden as additional communal space. The living environment is designed to promote independence and to provide stimulation as well as opportunity for rest and recreation Oak lodge is located close to the amenities of a busy town. Residents are supported by a staff team that includes social care workers, who are present in the centre both during the day and at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 22 January 2026	09:10hrs to 14:30hrs	Mary McCann	Lead

What residents told us and what inspectors observed

Oak lodge was registered as a designated by the Chief Inspector of Social services to provide care to four residents in September 2025.

This was the first inspection of this centre since registration and was a short notice announced inspection. This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and support of residents in designated centres for persons (children and adults with disabilities) 2013.

At the time of this inspection there were two residents living in the centre and plans had commenced for another resident to be admitted.

The inspector met with both residents, the person in charge and briefly with two staff who were on duty. The inspector observed that staff interacted in a positive way with residents in the kitchen while doing some baking. Two staff accompanied the residents to visit a local town as per their choice. As there was two staff, residents could engage in individual activities of their choice.

The inspector met with both residents individually who stated they were happy living in the centre and got to live their lives as they chose. Both residents confirmed that their independence was increasing since they commenced living in the centre, and staff supported them to develop cooking skills, social skills and to access the community frequently. Residents confirmed they had flexibility in the way they chose to spend their day. Residents spoke of how they got on well with the staff and the inspector observed positive interactions between staff and residents during the inspection.

One resident regularly went to visit his family independently and could independently access the local community. A vehicle was available for residents' use to access the local community and assist with attending appointments with health or social care staff.

Oak lodge provides a comfortable home to residents with adequate personal and communal space available and a secure well maintained enclosed garden with garden furniture. The person in charge confirmed that they felt there was enough staff on duty to meet the needs of residents and also felt they could safely evacuate at night time if required.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affect the quality and safety of the service provided.

Capacity and capability

The provider had ensured that effective governance and oversight arrangements were in place at the centre which resulted in a good support and care being provided to residents.

There was clear lines of accountability ensuring that issues were escalated to the person in charge and also to senior management as and where required. The centre had an IT system in place where all incidents were recorded and according to risk were automatically sent to relevant personnel.

The flexibility of staffing rotas ensured that residents' needs were supported at all times and a consistent approach to care was maintained.

Regulation 14: Persons in charge

The person in charge was appropriately qualified and experienced to fulfil the duties of their post.

They worked full time and were responsible for one other service which was located locally. They divided their time equally between both services. The person in charge was available throughout the inspection and displayed a positive attitude towards ensuring the rights of residents were protected and that their lives were meaningful and enjoyable.

Judgment: Compliant

Regulation 15: Staffing

There was adequate staff on duty to meet the assessed needs of residents.

The inspector reviewed the rota from the 29 December 2025 to 8 February 2026. A planned and actual rota was in place. These indicated that there was adequate adequate staff on duty at all times to assist residents. The staff were consistent and familiar to the residents. Flexibility was built into the rota to ensure that staff were available to assist residents in line with their needs. For example, if a resident was required to attend a medical appointment, staff were available to accompany them.

When one of the residents went out for the day to meet their family, one staff member was available for the one resident.

Judgment: Compliant

Regulation 16: Training and staff development

The provider and person in charge had ensured that all staff had undertaken all mandatory training as required to meet residents needs and as required by the regulations except one staff who required refresher training in managing behaviours that is challenging. This was planned to occur in March 2026.

The provider had a policy on staff education, training development and appraisal. This was reviewed by the inspector. Staff had received training relevant to the care of the residents for example safe management of medication and restrictive practices. The person in charge completed supervision with staff on a quarterly basis.

Judgment: Compliant

Regulation 23: Governance and management

This service was well governed and lines of accountability were clearly defined.

The person in charge reported to the regional manager and met with them regularly. Governance meetings are held fortnightly. The person in charge submits a report on the running of the centre to these meetings. Senior governance meetings are held six weekly. Senior staff and the registered provider representative attends these meetings. Person in charge meetings were also occurring. These had a briefing and education focus. Outcome of HIQA inspections were discussed at these meetings to ensure transfer of learning and information.

An out of hours on call service was available for staff should they require assistance or advice out of hours. No unannounced provider visit or annual review had been completed to date as the centre was not open six months as yet.

The person in charge had developed a system where findings from audits were recorded, with an action plan devised to address any deficits identified on within a specific time frame. The provider had submitted notifications to the Chief Inspector of Social Services in line with the regulations. Staff meetings were occurring. Minutes were available of these meetings so that staff who were unable to attend were aware of the discussions that had occurred. The inspector reviewed the minutes of two of these meetings. Items discussed included residents goals, medication management and safeguarding.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed the contract of care for the provision of services for one of the residents. This contract clearly outlined the fees that the resident was required to pay and the terms on which the resident resided in the centre. The contract was signed by the provider's representative and the resident.

Judgment: Compliant

Regulation 34: Complaints procedure

Arrangements in place at the centre supported residents to raise their views and concerns.

A complaints policy which complied with the regulations was in place. An easy to read guide was also available. The two residents who spoke with the inspector told the inspector that they were very happy in their home and had no complaints at the current time. One resident had complained about the quality of the Wi-Fi in the centre. This complaint was reviewed by the inspector and was found to have been appropriately managed and was resolved on the same day of inspection. The residents stated that they could complain to any member of staff if they were unhappy, and were confident that staff would address their concerns. The residents had access to advocacy services as required.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector reviewed the policies required to be in place by the provider under the regulations and found that all of the policies as required were in place.

The policies were available in the centre to assist staff knowledge and to inform them of best practices in providing a safe service and delivering person centred care and support to residents.

Judgment: Compliant

Quality and safety

Overall, the findings of this inspection was that the residents reported that they were happy and felt safe. They were making choices and decisions about how, and where they spent their time.

The Inspector found that the service was person-centred and the care and support provided to residents reflected the needs and wishes of the residents.

Regulation 11: Visits

The snug area provided a private area which was separate from the resident's room to receive a visitors if required

A visitor's policy was in place.

Judgment: Compliant

Regulation 12: Personal possessions

Each resident had adequate space to store and maintain their clothes and personal possessions.

All residents had their own room which contained a wardrobe and a lockable space. Residents were supported to do their own laundry and there was a washing machine and tumble dryer available to residents. Resident's finances were not reviewed on this inspection.

Judgment: Compliant

Regulation 17: Premises

The premises were designed and laid out to meet the aims and objectives of the service and the number and needs of residents. It was of sound construction and in a good state of repair and was clean and pleasantly decorated.

The centre consists of a bungalow is a bungalow style house with parking to the front. It is located close to a busy town with good facilities such as hotels, restaurants, gyms and shopping areas. The kitchen-cum dining and sitting room and dining area was open plan. Residents had private space in their bedrooms or in the Snug which is a detached room located off the garden area. A large courtyard style garden is available. An office was also located off the corridor area on entry.

The house comprises of four bedrooms. The inspector reviewed three of the bedrooms observed that the bedroom occupied was personalised and living areas were clean and bright. An accessible shower room a separate toilet was available for residents.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that a resident's guide was available to resident that was in compliance with the regulations.

The inspector reviewed the residents' guide which provided information to residents on the services and facilities provided, the terms and conditions relating to residing in the centre, the arrangements for residents involvement in the running of the centre, how to access inspection reports, the procedure regarding complaints and arrangement's for visits. An easy to read version was also available.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Transition planning had been undertaken for both residents to prepare them for moving into the centre.

Both residents confirmed that they were well prepared for moving into Oak Lodge. Residents confirmed that they had visited the house prior to moving in and were involved in choosing their bedrooms.

Judgment: Compliant

Regulation 26: Risk management procedures

There were good risk management systems in place in this centre. The provider had a risk management policy in place which was reviewed by the inspector and was found to comply with regulation 26 risk management.

A risk register was in place also. On review of this the inspector noted that there was no risk assessment in place regarding a step on exit from the Snug area. This was rectified by the person in charge on the day of inspection.

Judgment: Compliant

Regulation 28: Fire precautions

A comprehensive fire safety management system was in place which included arrangements to detect, contain and extinguish any outbreak of fire and to safely evacuate the centre.

Each resident had a personal emergency evacuation plan (PEEP) in place which outlined the arrangements to support them to evacuate. The house was equipped with fire safety measures which included a fire alarm, fire doors, signage, emergency lighting and fire fighting equipment. Fire drills were taking place at monthly intervals and the inspector reviewed the documentation from the drills completed on the 28 November 2025 and 12 December 2025. The documentation did not record the time scale as to how long the evacuation took. While PEEPS (personal evacuation plans) were used these were not reviewed as to whether these were effective or required review to enhance safe evacuation. The person in charge committed to carrying out a fire drill and reviewing the documentation and completing a review of the PEEPS post the drill. Fire drills had been carried when the least amount of staff were on duty to ensure that safe evacuation could be undertaken at all times.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Overall, the residents were provided with safe and person-centred care and support in the designated centre, which promoted their independence and met their individual assessed needs. The inspector reviewed the care files of both residents and found there was a well completed comprehensive assessment of needs and corresponding care and support plans in place to meet the assessed needs of each resident. Regular meetings with health and social care personnel were organised according to the needs of residents. Personal goals were identified and were being

achieved. One goal related to a resident attending Chess classes and this had been achieved. Another related to attending boxing sessions and this had been achieved.

Judgment: Compliant

Regulation 6: Health care

The inspector reviewed the medical records relating to the two residents and found that the health needs of residents were well managed.

There was good access to a range of health and social care specialist personnel. Good person centred health assessments were completed detailing past and present medical issues. Both residents were registered with a general practitioner.

Judgment: Compliant

Regulation 7: Positive behavioural support

One resident had a positive behaviour support plan in place at the time of the inspection. The inspector reviewed this and found that it clearly outlined the approach to manage the behaviour of concern.

Signs of responsive behaviours (how persons may communicate or express their physical discomfort or discomfort with their social or physical environment or care needs. The inspector observed that there were no episodes of responsive behaviour throughout the inspection. Staff told the inspector that there was access to behaviour specialist staff and psychology services.

Judgment: Compliant

Regulation 8: Protection

Good practices were in place in relation to safeguarding.

The provider and person in charge was endeavouring to ensure that residents living in the centre were safe at all times. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice. There were no safeguarding plans in place at the time of this inspection. Additional procedures to protect residents were in place, which included safeguarding training for all staff, the development of a personal intimate care plan to guide staff and the support of a

designated safeguarding officer within the organisation and a centre specific safeguarding policy.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant