Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Oscar Lodge
Name of provider:	Communicare Agency Ltd
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	28 April 2026
Centre ID:	OSV-0009157
Fieldwork ID:	MON-0049122

About the designated centre

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

Oscar Lodge is a single-storey house located on the outskirts of a city. It is registered for a maximum capacity of five residents and can provide a full-time residential service for up to four residents and a respite service for one more resident. The centre can support residents of both genders and over the age of 18 years, who have a diagnosis of intellectual and/or physical disability and/or autism who may present with mental health support needs. There are five en suite bedrooms for residents' use while other rooms in the centre including a kitchen-dining area, two living areas, a laundry room, a utility room and a staff office. Residents are to be supported by the person in charge, team leaders, nurses and healthcare assistants.

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
Tuesday 28 April 2026	14:00hrs to 18:55hrs	Conor Dennehy	Lead
Wednesday 29 April 2026	08:45hrs to 15:00hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

As this centre had only been registered since December 2025, this inspection was conducted to assess the centre's compliance with regulations since registration. During the course of the inspection, the inspector met with all three residents present and also spoke with two members of centre management and three staff members. Overall, a nice atmosphere was encountered in the centre during the inspection with two residents seen to smile at times while staff interacted positively with residents throughout. Some regulatory actions were identified in areas such as personal plans, fire safety and medicines storage.

This inspection was conducted over the course of two days and was announced in advance at short notice. Upon arrival at the centre on the first day of inspection, the inspector was informed that only three residential residents were present in the centre for the week of the inspection. The centre had one residential vacancy at the time of inspection but could also provide for one respite bed. This respite bed was not in use during the course of the inspection. Initially when the inspection commenced, the three residents that were present were away from the centre attending day services so the inspector used this initial period to speak with management and staff present.

When residents did return to the centre from their day services, it was heard that they were warmly greeted by staff and management when they arrived back at the centre. Such interactions contributed to a positive atmosphere being present in the centre, particularly during the first day of inspection. This was further added to by it being the birthday of one of the residents. To mark this occasion staff had put some birthday decorations up in one of the centre's two living areas and had gotten a birthday cake for the resident. Towards the end of the first day of inspection, a birthday party was held for the resident with a relative of the resident visiting the centre for this.

Before this the inspector was introduced to all three residents who were all wheelchair users. None of these residents communicated verbally but it was seen that two of these did smile when interacted with by the inspector but particularly by the staff on the duty. The residents appeared comfortable in the presence of staff who were seen to support residents in a positive and respectful manner during observations on the first day of inspection. For example, when one resident indicated that they wanted some food from a press in the kitchen-dining area, a staff member opened the press and showed the resident different food items to find out what the resident wanted.

The staff on duty were also found to know the residents' needs and preferences well. This included a staff member putting on some music for a resident which they said the resident enjoyed. When this music was put on the resident smiled and was later seen to enjoy playing a games console when supported by a different staff

member. This games console was located in the resident's bedroom which was seen to be personalised to the resident. This included having a working police type siren in their bedroom. A staff turned this siren on while the inspector was present with the resident appearing to enjoy this also.

This resident's bedroom was seen to be nicely furnished as were the bedrooms of the other two residents that were present. Such bedrooms were also personalised including one resident having a personalised bed spread in place. Residents' bedrooms had framed resident and family photographs present with framed resident photographs also hung up in one of the centre's living areas. Both of the living areas in the centre were each provided with couches and a television. Overall, the centre was seen to be clean, homely and well-furnished throughout the two days of the inspection.

During the second day of inspection, the inspector's interactions with and observations of residents were limited compared to the first day. This was contributed to by two of the residents leaving the centre that morning to go to their day services. These residents would normally be collected at the centre by their day services. However, when a delay was encountered with this on the second day of inspection, management of Oscar Lodge arranged for centre staff to drop these residents to their day services using the centre's own transport. The inspector was informed that the third resident had had an unsettled night so they were supported by staff to remain in the centre on the second day of inspection to better support their needs.

In summary, three residents were met during this inspection who did not communicate verbally so the inspector did not get direct verbal feedback from them on life in the centre. However, two of these residents were seen to smile at times and appeared comfortable in the presence of staff. Such staff interacted with residents in a positive and warm manner throughout which including putting on a birthday party for one resident. Regulatory actions identified during this inspection will be discussed elsewhere in this report.

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

Capacity and capability

Overall, the provider's management systems had ensured that residents were well-supported in some areas such as with the staff support provided. However, some of the monitoring systems in operation needed some improvement to ensure that relevant matters were identified in a timely manner.

In October 2025, the provider applied to register Oscar Lodge as a designated centre with a view to providing a residential service but also a respite service. To inform this application a site visit was conducted in November 2025. During this site visit management of the centre indicated that the centre would provide for four full-time residential residents while one bedroom in the centre would be used for respite. It was further indicated this respite bedroom would be used on a rotational basis between four specific respite users. Following that site visit and the submission of required documentation and assurances, the centre was subsequently registered by the Chief Inspector of Social Services in December 2025 without any restrictive condition. Shortly after registration it was communicated by the provider that two residents had moved into the centre.

As such, to assess how such residents were being supported and the provider's compliance with relevant regulations, the current inspection was conducted. Overall, this inspection found residents to be well supported. This included the provision of nursing staff in the centre while training and supervision was being provided to staff members. Such staff outlined how management of the provider and the centre had regularly visited the centre with meeting notes provided indicating that the centre was discussed at a senior level within the provider. Some monitoring systems were is use for the centre at the time of inspection such as monthly audits. However, it was found that such monitoring systems had not identified some regulatory actions identified during this inspection in a timely manner. It was also found that a contract for the provision of services for one resident had not been agreed while the centre's directory of residents was missing some required information.

Regulation 15: Staffing

Under this regulation staffing arrangements in a centre must be in keeping with the needs of the residents and the centre's statement of purpose. Given the needs of some residents who lived in the centre or attended the centre for respite, the inspector was informed that a nurse was always to be on duty in the centre by day and night. Discussions with staff members and staff rotas reviewed for March and April 2026 indicated that such nursing staff support was provided for the centre. These discussions and rotas also indicated that there was appropriate staffing levels provided for residents on a day-to-day basis. While residential residents did attend day services away from the centre during weekdays, the inspector was informed that staff remained on duty in the centre by day in the event that residents had to stay the centre. This was observed on the second day of inspection.

It was noted though that there could be times in the centre when only one member of nursing staff would be on duty. Given that two residential residents and one respite resident required a nurse to go with them for outings away for the centre, having just one staff nurse on duty could potentially limit such external activities or mean that multiple residents had to leave the centre together for outings. When queried, the inspector was informed by management of centre that this had not been an issue so far since the centre was registered. At the time of inspection, the

centre did have some staff vacancies with recruitment ongoing but no adverse impact to existing residents was identified from these vacancies.

Judgment: Compliant

Regulation 16: Training and staff development

Based on documentation reviewed during this inspection, staff working in this centre had received formal supervision or probation meetings from centre management during March and April 2026. Training records that were also provided for such staff confirmed that most staff had completed relevant training to supports the needs of resident. While some staff still had to undertake some training, in areas such as first aid, the records provided confirmed that these staff had been booked to receive this training in the weeks following this inspection.

Judgment: Compliant

Regulation 19: Directory of residents

It was found during this inspection that a directory of residents was being maintained which was made available for the inspector to review. From a review of this directory, it was seen that it contained most of the required information such as residents' names and their dates of admission to the centre. It was noted though that this directory of residents did not include some required addresses nor the name of any authority, organisation or other body, which arranged the residents' admissions to the designated centre. Such information is required to be included within a directory of residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

An organisational structure was in place for the centre as outlined in the centre's statement of purpose. This structure provided for lines of accountability and reporting from front-line staff to the provider's board of directors and included local management of the centre and senior management of the provider. From meetings notes provided for 2026, it was seen that such management met regularly to discuss the centre and matters which impacted residents such as identified risks. At the time of this inspection, the centre was in the process of undergoing a management change but staff spoken with outlined how management of the centre and the

provider had visited the centre regularly while this change was ongoing. Contacts details for the management of the centre and the provider were seen to be on display in the centre along with details of on-call managerial support to provide additional out-of-hours support for staff if required. Staff spoken with were aware of this on-call support.

Given that the centre had only been registered since December 2025, no annual review nor any six monthly unannounced visit to the centre by a representative of the provider, two requirements of this regulation, had been conducted. These can be important in monitoring the quality and safety of care and support provided to residents. Documentation provided during the inspection did confirm that there was some local monitoring of the services being provided in the centre. For example, monthly audits had been conducted in January, February and March 2026 that assessed areas such as staffing and risk. Weekly service checks were also being conducted but, based on records provided, no such checks had been conducted since 23 March 2026. When queried, the inspector was informed that such service checks should have been completed since then. Given some of the regulatory actions that were found during this inspection, such as those under Regulation 6 Healthcare and Regulation 29 Medicines and pharmaceutical services, the monitoring systems in operation for the centre did need some improvement to ensure that relevant matters were identified and addressed in a timely manner. It acknowledged though that good evidence of supports were found in other areas as referenced elsewhere in this in report.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

In keeping with this regulation's requirements, the provider is required to agree with residents (or their representatives) upon residents' admissions to a centre, a contract for the provision of services. Such contracts should outline the services residents are to receive in a designated centre and the fees to be paid. During this inspection, the inspector saw contracts for the three residential residents who been admitted to the centre. These contracts had been agreed to and contained details of the services and fees related to the centre. When queried, the inspector was informed that these fees were not yet being paid by residents as payment arrangements were still being set up. The inspector was informed through that these fees would not have to be paid retrospectively by these residents once payment arrangements were in place.

The inspector also requested to review the contract of a respite resident. While a contract document was provided that set out the required information, the contract had not been agreed to by the resident (or their representatives). This was not consistent with this regulation given that the resident had been admitted to the centre in January 2026.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose is an important governance document that describes the services and supports to be provided to residents while also forming the basis for a condition of registration. In addition, to comply with this regulation, a statement of purpose must contain specific information. The statement of purpose that was read during this inspection had been reviewed in March 2026 and was found to contain all the required information. This included a description of the rooms in the centre and the information that was set out in the centre's certificate of registration.

Judgment: Compliant

Quality and safety

Residents in this centre were seen to be comfortable in the presence of staff on duty with such staff aware of how to respond to any safeguarding concerns. Where safeguarding concerns had been raised previously, the provider had responded appropriately to these. Some regulatory actions were identified relating to fire safety systems, medicines storage and personal plans.

The premises provided for residents to avail of was seen to be well-presented on the days of inspection. This premises was provided with various facilities including en suite bedrooms for residents, ceiling hoists, laundry facilities, communal space and storage for residents' medicines. This medicines storage was found to be secure but the inspector did observe that a medicine which required refrigeration was not being stored at the correct temperature. It was also identified that one resident's percutaneous endoscopic gastrostomy (PEG) feeding was being delivered slightly differently that the resident's relevant support plan provided for. Such support plans were contained within residents' personal plans which were generally seen to be of a good standard. It was identified though that these personal plans were not available in accessible format.

When reviewing documentation relating to residents it was noted that they had received visitors to the centre with the centre's residents guide indicating that visitors were welcome. One resident's family member was observed to visit the centre for a birthday party on the first day of inspection. The residents in the centre were seen to be comfortable in the presence of staff on the days of inspection. Such staff were aware of how to respond in the event that a safeguarding concern arose. For any safeguarding matters that had been raised since the centre was registered, it was seen that appropriate follow-up action had been taken by the provider in

response. The provider had also ensured that staff had completed training in safeguarding and fire safety. Systems to ensure fire safety were present in the centre but some of the fire doors present did need review while some fire safety systems had not received timely maintenance checks.

Regulation 11: Visits

The centre's residents guide indicated that visitors were welcome in the centre. Discussions with staff, records reviewed (including a log of family contact in 2026 for one resident) and observations on the first day of inspection confirmed that residents were facilitated to receive visitors in the centre. For example, one resident's family member visited the centre for a birthday party. Based on the observed premises layout, space was available for residents to receive visitors in private in a room other than their bedrooms.

Judgment: Compliant

Regulation 17: Premises

Overall, the designated centre was seen to be presented in a clean, homely, well-furnished and well-maintained manner on the days of inspection. Five individual resident en suite bedrooms were present in the centre with one of these used solely for respite. The residential residents living in the centre were seen to have personalised bedrooms with storage facilities provided for their personal belongings. Such bedrooms also had ceiling hoists provided to support the mobility needs of residents. Communal space was provided in the centre via two living areas and a kitchen-dining area. Such rooms were seen to be well-furnished. For example, the living areas each had couches and a television present. Other rooms in the centre included a utility room and a laundry room with the premises seen to be of a good standard and size to support existing residents. It was also found that specific requirements under this regulation had been met. For example, arrangements had been made for the disposal of general waste from the centre.

Judgment: Compliant

Regulation 18: Food and nutrition

The centre's kitchen-dining area had seen to have appropriate facilities for food to be stored in through various presses and a fridge-freezer. While the residents living in this centre did have particular needs related to their nutrition, it was seen that

various types of food and drink were stored in the centre including milk, fruit, cereal and meat. During the course of this inspection one resident was seen to be offered choice by a staff member around the food that the resident wanted.

Judgment: Compliant

Regulation 20: Information for residents

This centre had a residents guide in place as seen by the inspector during this inspection. When reading this guide it was noted that it contained all of the required information including how to access any inspection reports on the centre and a summary of the services and facilities provided. This residents' guide also outlined residents were to participate in fortnightly residents' meetings. Based on records provided, such meetings had taken place regularly in January and February 2026 but there had been no such meeting between 18 February 2026 and 13 April 2026.

Judgment: Compliant

Regulation 28: Fire precautions

The centre had fire safety systems present in the centre including a fire alarm, fire extinguishers, emergency lighting and fire blankets. Personal emergency evacuation plans were seen for two residents. These plans had been reviewed since residents moved into the centre and contained guidance on how residents were to be supported if a fire were to occur. Based on records provided, all staff working in the centre had completed fire safety training with both staff and residents having participated in multiple fire drills that had been taken place since the centre was registered. The fire drills records provided indicated low evacuation times. While such matters were positively noted, some areas were identified from a fire safety perspective which needed review or improvement. These were:

- None of the fire drills that had been conducted since the centre was registered had involved minimum staffing levels in the centre. In addition, the fire drills that had been carried out only involved three residents but there had been times when four residents had been availing of the centre. Given that the centre supported residents with high mobility needs, this required review to provide assurances that the maximum number of residents currently availing of the centre could be safely evacuated with minimum staffing levels.
- Some of the fire safety systems present had not received timely maintenance checks by external contractors to ensure that they were in proper working order. This included the fire alarm which did not have such a check since the centre was registered until the second day of inspection despite being due

one since January 2026. Based on documentation provided and the comments of management, the emergency lighting for the centre had yet to receive a maintenance check by an external contractor since the centre was registered.

- Fire doors are important in preventing the spread of fire and smoke and providing a safe evacuation route in the event of a fire occurring. While fire doors were present in the centre and were generally seen to be of a good standard, the inspector did observe some visible gaps between some double fire doors in the centre. This was highlighted to management of the centre who confirmed that there were some differences in the smoke seals used for such doors but that this would be resolved in the week following this inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Documentation reviewed during this inspection for two residents included their medicine prescription and medicine administration records for April 2026. Such records confirmed that residents had been receiving their medicines as prescribed while incident reports reviewed for the months leading up to this inspection highlighted no medicine related errors. When reviewing the two residents' records, it was also noted that both had been assessed since moving into the centre to determine if they could self-administer their own medicines. Storage facilities were present in the centre for medicines to be stored securely in. Such facilities included an overall medicines press and a separate refrigerator specifically for medicines.

The inspector viewed inside the medicines press and found a sample of medicines reviewed to be appropriately labelled and in-date. One medicine for a resident was stored in the medicines refrigerator. However, this medicine was to be stored at a specific temperature range and a temperature log for the refrigerator indicated that this medicine had been stored over this temperature range throughout April 2026 including both days of the inspection. This was highlighted to management of the centre who confirmed that this matter had not been raised nor identified previously. It was also indicated that the provider was considering moving the location of the medicines storage for the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

To comply with this regulation all residents should have a comprehensive assessment of need carried out to identify their needs with such needs then to be

reflected in an individualised personal plan. During the course of this inspection, the inspector reviewed the personal plans of two residential residents. These plans were found to have been informed by comprehensive assessment of needs with the plans containing guidance on how to support the needs of residents. This included areas such as their intimate personal care, participating in meaningful engagement and their health needs. Some areas for improvement were identified regarding one resident's health support plans which is addressed under Regulation 6 Healthcare. The inspector was informed that meetings were to be arranged with residents' circles of support with a view to identifying person-centred goals for the residents. Record of one such meeting were provided to the inspector which referenced a goal of swimming being identified for the resident. However, when the inspector queried if residents' personal plans were available to them in an accessible format, it was confirmed by management of the centre that they were not. Having personal plans available in an accessible format is required under this regulation.

Judgment: Substantially compliant

Regulation 6: Health care

When reviewing the personal plans of two residents, it was seen that these plans contained detailed guidance on supporting the health needs of the residents. This covered areas such as skin integrity and an indwelling catheter. Having such guidance in place was particularly important for one resident given their particular needs with a specific protocol in place on seeking medical assistance for the resident depending on their presentation. Staff spoken with were aware of this protocol and the assistance to seek if required. Records provided for this resident also referenced them availing of health and social care professionals since their move to this centre including a general practitioner and a chiropodist.

Regarding the other resident, it was seen that they had a specific support plan around PEG feeding that had been reviewed in March 2026. Management of the centre confirmed that this was the support plan to be followed for this resident in this area. However, when reviewing fluid balance charts for the resident for April 2026, it was noted that, based on the recorded entries, the resident had been receiving a slightly different PEG feeding amount than the resident's support plan outlined. Required flushing before and after such feeds was also not being consistently recorded. The same resident had an epilepsy support plan in place and while this was generally found to contain good information, the wording of this did need review to ensure that there was clarity as the circumstances when an ambulance was to be called if required.

Judgment: Substantially compliant

Regulation 8: Protection

Training records provided confirmed that all staff working in this centre had undergone safeguarding training. Staff spoken with on inspection also demonstrated a good awareness of how to respond in the event that a safeguarding incident or allegation was identified. Since the centre was registered, the Chief Inspector had been notified of five safeguarding matters from this centre. These were of a varied nature and documentation provided during this inspection confirmed that all of these had been subject to a preliminary screening with safeguarding plans put in place where required. There was also evidence that measures outlined in such safeguarding plans were followed. For example, one of the safeguarding notifications submitted was finance related for one resident and efforts had been made since then to safeguard the resident's finances and support them to exercise their legal rights around their finances. This included getting the resident their own photo identification to enable them to open a bank account. Aside from the safeguarding notifications that had been received, documentation reviewed, observations during the inspection and discussions with staff and management did not highlight any other safeguarding concerns.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Oscar Lodge OSV-0009157

Inspection ID: MON-0049122

Date of inspection: 29/04/2026

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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: All required information as per Regulation 19 is now included in the Directory of Residents.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: All weekly in-house service checks and internal auditing processes are now being completed as scheduled and reviewed by the Person in Charge, with regular oversight from the Regional Manager. Lengthy Governance and Oversight meetings involving senior divisional managers and members of the SMT (including the RPR) take place fortnightly. Oscar Lodge is a standing agenda item at these meetings, with the discussion being informed by a detailed report submitted in advance by the PIC to the Regional Manager and all decisions and action items remitted to the PIC through the circulation of relevant excerpts of the meeting minutes shortly thereafter. These processes ensure that any issues that may arise relating to governance and management of the centre are dealt with promptly.	

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant

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

Signed Contracts of Care are now in place for all residents and respite users.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Fire drill with 4 residents (including one respite user) and minimum staffing level (2) has taken place and a satisfactorily low evacuation time achieved. Fire safety is a standing agenda item at team meetings and residents' meetings.

Maintenance contracts are in place with APM to ensure that all required checks and servicing of the FDAS, EL system and portable fire equipment will take place on a regularly scheduled basis. Daily fire safety checks are carried out by staff and recorded. Any issues noted are brought to the attention of the PIC and the Provider's maintenance team for prompt action.

All Fire Doors were reviewed on 7 May 2026 and any gaps where the cold / smoke seal met the ironmongery were resolved to ensure compliance with Fire Safety regulations.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

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

Following the inspection, a new refrigerator was put in place for storage of certain medications. Daily Temperature checks are being carried out and recorded to ensure that

the fridge is operating within the correct parameters. Staff have been made aware of the need to inform Centre management of any issues with temperature checks.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

Residents' personal plans are now available to them in an accessible format.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

The specific support plan around PEG feeding has been reviewed and updated to reflect the correct feeding amount and provide for consistent recording of required pre- and post-feed flushing.

The wording of the Epilepsy Care plan has been updated to clarify the order in which relevant parties are to be alerted when the support of emergency services is required.

Staff team has been made aware of and is familiar with updated plans.

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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	30/04/2026
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.	Substantially Compliant	Yellow	05/05/2026
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	Substantially Compliant	Yellow	22/05/2026

	reside in the designated centre.			
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	07/05/2026
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	07/05/2026
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	14/05/2026
Regulation 29(4)(b)	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 medicine which is	Substantially Compliant	Yellow	14/05/2026

	prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
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.	Substantially Compliant	Yellow	21/05/2026
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	30/04/2026