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:	Misneach
Name of provider:	Corlann
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	21 April 2026
Centre ID:	OSV-0004751
Fieldwork ID:	MON-0041716

About the designated centre

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

Misneach (which was previously named Goldfinch 2) consists of three detached bungalows. Two of these are located near one another in a small town while the other is located on the outskirts of a city. Two of the bungalows can support four residents each while the third provides a home for three residents. Combined these three bungalows provide full-time residential care for a maximum of eleven residents of both genders over the age of 18 with intellectual disabilities. However, the provider was reducing the capacity of the centre to 10 as part of the centre's registration renewal. All residents have their own bedrooms, some of which have en suite bathrooms. One bungalow also has a kitchen, a sitting room, a utility room and a staff office, another bungalow has a kitchen-dining area and the third bungalow has a kitchen, a dining room, a living room, a utility room and a staff office. Support to residents is provided by the person in charge, nursing staff, care assistants and day service staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10

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 21 April 2026	10:10hrs to 18:20hrs	Lisa Redmond	Lead
Tuesday 21 April 2026	10:10hrs to 18:20hrs	Louise O'Sullivan	Support

What residents told us and what inspectors observed

This was an announced inspection completed in the designated centre Misneach. This designated centre was registered to provide full-time residential services to a total of 11 adult residents. This inspection was completed to make a decision regarding the registered provider's application to renew the registration of the centre for a further three year cycle. As part of this registration renewal, the provider was reducing the capacity of the centre from 11 to 10 residents.

The centre Misneach comprised of three houses. Two of the houses were located in the same housing estate, while the third house was located approximately 25km away. Inspectors visited residents in each of the three houses, however the two residents in one of the houses were only met with briefly. The inspectors completed a walk-around in two of the three houses on the inspection day.

Overall, there were mixed findings in each of the houses in Misneach. One of the houses evidenced good compliance levels whilst the second house visited demonstrated poor practices in relation to infection prevention and control and fire safety. It was evident that management systems in place required review to ensure such issues were identified through the oversight and management systems in the designated centre.

Whilst in one of the centre's houses the inspectors identified a high level risk relating to fire evacuation. This resulted in the registered provider being issued with an urgent action under Regulation 28, fire precautions. An urgent action is issued by the Chief Inspector of Social Services when a risk is identified which requires the registered provider to take urgent action to mitigate the risk it poses to residents living in the centre. It was evident from the response submitted by the registered provider that actions had been taken to address the risk.

Throughout the inspection day, inspectors met with nine of the 10 residents living in Misneach. One resident appeared curious to the inspectors' visit and accompanied them as they walked around their home. The atmosphere in this house was calm and relaxed. An outdoor seating area had been developed with garden furniture for residents to enjoy the sunshine and fresh air. Residents were observed to relax in this area throughout the inspectors' visit to their home. Staff noted that it had a protective covering so that residents could continue to enjoy this area during adverse weather. Staff noted that residents appeared to really enjoy this addition to their home.

The second house visited by inspectors had damage to communal areas which were due to be repaired. Inspectors also observed some clinical equipment trolleys in residents' bedrooms which could be more homely in nature. Procedures relating to infection prevention and control required significant improvements in this house. Inspectors observed bowls used to support residents with personal hygiene were

stored at the back of the toilet. Although inspectors were assured this toilet was not in use, this still posed a risk of infection to the resident.

Residents were supported to access their local community on the inspection day. Staff in one house described the plans for each day as 'spontaneous'. Staff spoken with noted there was sufficient staffing in place to support residents to participate in individualised or group activities, or to rest at home if they wished. Staff noted this flexibility meant they could respect and promote residents' wishes in relation to activities. As it was sunny on the inspection day, staff were planning to support residents to go to a local scenic area. Staff members were observed preparing flasks of hot chocolate for residents to enjoy whilst having a picnic there.

It was evident that person centred supports were provided to residents in their home. One resident was supported to go to mass with staff noting that they had met with a staff member they had worked with a number of years ago whilst there. A staff member who was employed to provide activation for residents told inspectors that they had sourced a sensory room in a local library that one resident attended regularly. They were supported to do this on the inspection day.

Throughout the inspection day, residents were observed to appear relaxed and comfortable in the presence of staff members and each other. Inspectors were provided with four questionnaires completed by residents and their representatives about the quality of care and support that they received in their home. These questionnaires noted that residents were happy with the supports they received in their home. The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Capacity and capability

Improvements were required in relation to the governance and management of Misneach. The registered provider's internal monitoring systems had not identified an urgent risk in relation to fire evacuation for residents living in one of the three houses. This finding is actioned under Regulation 28, fire precautions. It was also observed that poor infection prevention and control practices were observed in this house. This was consistent with the findings of the inspection completed in the centre in September 2025 which indicated that actions taken by the registered provider had not led to regulatory compliance.

Despite this, it was evident that staff working in Misneach had been provided with appropriate training and supervision. It was also evident that there was sufficient staffing in place each day to provide care and support to residents. Staff spoken with throughout the inspection day told inspectors that they were well supported by

the management team in the centre. Documentation reviewed indicated that staff meetings were held in the centre on a regular basis.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had not ensured that a full application to renew the registration of the designated centre had been completed in a timely manner. The provider's application was returned due to an administrative error. The provider re-submitted the application by providing the prescribed information in the correct manner. This was completed within two weeks after the application's original due date.

Judgment: Substantially compliant

Regulation 15: Staffing

The number and qualifications of staff were appropriate to the number and assessed needs of residents. Residents were supported by a team of nurses and care assistants in their home. A risk assessment outlining the control measures in place should non-nursing staff be required to fill a staffing vacancy in one of the centre's houses had been completed. This included the control measure that nursing staff would still be provided in the neighbouring house. This meant that residents would still have access to nursing care if required. Management in the centre noted that this was only required on occasions to fulfil leave requests for staff nurses and that there was a full staffing compliment of nurses in the designated centre.

Inspectors completed a review of the staff rota over four specific dates for each of the centre's three houses. The rota contained the hours of duty for each staff member. It was evident that sufficient staffing was in place on the dates reviewed, and the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training as part of a continuous professional development programme. The inspector reviewed

the training records of 16 of the 42 staff assigned to Misneach and found that all staff had been supported to receive the following training;

- Fire safety
- Management of behaviour that is challenging
- Safeguarding
- Manual Handling
- Infection prevention and control

The inspector also reviewed evidence that 23 staff had received supervision with management in the centre in the previous three months.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a valid contract of insurance against injury to residents living in the designated centre. This insurance policy was submitted as part of the registered provider's application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

Management systems in Misneach did not ensure that the service provided to residents was safe, appropriate to their needs and consistent and effectively monitored.

- Auditing and oversight systems including six-monthly unannounced visits and an annual review had been completed in the centre. This had not identified that fire evacuation methods in the centre were not appropriate to ensure residents were safely evacuated.
- Infection prevention and control was identified as an area of non-compliance at the inspection completed in September 2025. Poor practices in relation to infection prevention and control were also observed on this inspection of Misneach. This was despite regular infection prevention and control audits being completed in the centre,and staff having completed training in this area. Therefore, it evident that actions taken by the provider had not been effective in meeting regulatory compliance in this area.

Judgment: Not compliant

Regulation 3: Statement of purpose

A statement of purpose was submitted as part of the centre's application to renew the registration of the centre. This was reviewed as part of the inspection and it was noted that it outlined the specific care and support needs for residents living in Misneach.

Judgment: Compliant

Regulation 31: Notification of incidents

The registered provider had ensured that the Chief Inspector had been provided with notice in writing within three days of adverse incidents occurring in the centre, as outlined under this regulation. The inspector reviewed the centre's incident report records from 01 January to 31 March 2026. This review noted that the incidents recorded had been notified as required.

Judgment: Compliant

Quality and safety

Improvements were required in Misneach to ensure the safety of residents with regards to fire precautions and infection prevention and control. Inspectors observed significant differences in the quality of care and support provided to residents in each of the houses inspected. Where one house demonstrated residents receiving a good quality of care and support in their home, the other house visited required significant improvements to meet regulatory compliance.

Premises upgrades were also required to ensure the residents' home was kept in a good state of repair. Despite this, efforts had been made to make the residents' home personalised. For example, one resident had a projector which showed photographs of the resident with friends, family and staff. This was projected onto the ceiling so the resident could watch this while resting in bed. Staff supported the resident to show this to inspectors and it was evident that this was meaningful to them as they looked at these photographs while the staff told stories about the photographs. Rock music was also heard playing which staff stated one resident particularly enjoyed. The resident appeared to be content as they were observed rocking to the beat of the music.

Inspectors observed some very person centred supports being provided to residents. For example, a staff member gave the inspectors a magazine as they noted that one resident would ask the inspectors for this on their return home. They requested that if the resident asked for this that the inspectors would give it to them. When the resident returned home, they requested this item from inspectors and was smiling as they proudly showed staff the magazine they had been given. This evidenced how well the staff knew the residents, and the care and thought given to meet their assessed needs.

Regulation 17: Premises

The registered provider had ensured that residents' homes were clean and suitably decorated. Efforts had been made to personalise residents' homes. For example, one resident had a mural painted on their bedroom wall which had been completed by an artist. Auditing in the centre noted areas for improvement in the premises such as having a board for a resident to display their artwork. Such actions were being progressed at the time of the inspection. Painting was also scheduled to take place in one of the centre's houses in June 2026.

Improvements were required to ensure the premises was designated and laid out to meet the number and needs of residents, and that it was kept in a good state of repair.

- Significant damage to the counter-tops, kitchen cabinets and kitchen equipment was observed in one of the centre's houses. There were plans for this to be repaired after the inspection took place.
- Damage was observed to a cupboard in the hallway of one house.
- Damage to the flooring entering one resident's bedroom and en-suite bathroom was observed.
- Steel trolleys were used to store residents' belongings in three of the residents' bedrooms. This practice appeared clinical in nature and required review.
- Residents living in one of the centre's houses had access to a small outdoor space. Although efforts had been made to decorate this area, it was quite small and did not provide a garden space for residents to enjoy.
- One of the centre's houses only had one shared communal space for the three residents that lived there. This space was the kitchen/dining and sitting room area. This required review.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents in respect to the designated centre. This guide included the information required under this regulation to include a summary of the services and facilities provided, the terms and conditions relating to residency and the arrangements for visits.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had not ensured that residents were protected from healthcare associated infections by adopting appropriate procedures consistent with best practice.

- A sluice was observed in the staff bathroom in one of the centre's houses. Staff spoken with noted that this was used daily to clean soiled laundry. This posed a risk of exposure to bodily fluids and cross-contamination. It was noted that this practice was not consistent with the organisation's infection prevention and control policy which stated manual sluicing or hand washing of soiled laundry should not be carried out. Alternative procedures for laundering soiled laundry such as the use of alginate bags were provided in the centre, however manual sluicing was still being carried out by staff.
- The provider's policy stated that soiled laundry should be put into an alginate bag at the initial point of contact. It was noted that the access to the sluice from the toileting facilities in place for two residents was through a kitchen. This posed a risk of cross-contamination as staff spoken with noted that alginate bags were used after manual sluicing had taken place. This practice required review.
- Items used to support a resident with personal hygiene were stored behind a toilet. Although the toilet was not in use, it did not have a toilet seat and posed a risk of infection.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider had failed to identify that there were not adequate arrangements in place to safely evacuate residents living in one of the centre's houses. This was evidenced as;

- The residents' personal emergency evacuation plans stated that if a fire occurred whilst they were in bed that they were evacuated using a duvet. Residents would then be transferred to the assembly point by two staff. It was not evident that this method of evacuation would ensure they were

safely evacuated in line with their assessed needs such as a diagnosis of osteopenia and scoliosis of the spine.
- Procedures to be followed in the event of a fire were not displayed in a prominent place and/or readily available in the designated centre. The procedure for evacuation of residents in their home at night were also unclear following discussions with staff and management in the centre on the inspection day.

It was evident that effective fire safety management systems were not in place in the designated centre. The registered provider had stated in documentation that specific protocols and procedures were in place in the event of a fire. These procedures and protocols were not in place as stated by the registered provider. For example;

- The designated centre's statement of purpose stated that a fire protocol had been developed for the first responders in Misneach. This was not available as outlined on the inspection day.
- The fire safety risk register noted that each work area should have a specific set of procedures to be followed in the event of a fire. This was not available as outlined on the inspection day. It was also noted that the fire safety risk register provided to inspectors referenced fire safety measures in place in a centre the residents had not lived in since 2019.

As a result of these findings, the registered provider was issued an urgent action at the inspection feedback meeting. The urgent compliance plan response submitted by the registered provider did assure the Chief Inspector of Social Services that appropriate actions were taken to reduce the risk to the residents. This included a review of the processes in place for the safe evacuation of residents living in Misneach. At the time of the writing the report, inspectors were informed that residents would be evacuated using wheelchairs and/or prescribed fire safety equipment unless there was an immediate threat to their life.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed the personal files of two of the residents living in the designated centre. Each resident had been supported to have a comprehensive assessment of their health, personal and social care needs. Multi-disciplinary support was provided to residents. This was provided by a team of allied health and social care professionals including G.P's, speech and language therapists and occupational therapists.

Residents were supported to develop personal goals as part of the centre's person centred planning process. Staff had contacted a local men's shed to support one resident in line with their personal planning goals. Staff noted that another resident

had been supported to go for a spa day which they had enjoyed and requested to complete again in the future. Another resident had been supported to purchase a mobile phone so that they could send photographs into the family group chat.

Judgment: Compliant

Regulation 8: Protection

The registered provider had put measures in place to ensure residents were protected from all forms of abuse. The provider had developed a policy on the safeguarding of vulnerable adults. Safeguarding was a consistent topic of conversation at staff meetings held in the designated centre.

There was a low level of safeguarding events notified to the Chief Inspector for this designated centre. It was noted when such allegations were notified, they had been reviewed in line with organisational 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	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Misneach OSV-0004751

Inspection ID: MON-0041716

Date of inspection: 21/04/2026

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**
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: • The application for registration form and supporting documentation were submitted to HIQA by registered post on 01/04/2024, in advance of the due date of 07/04/2026. • The application form was submitted without a signature. This was an error on the provider's behalf. HIQA brought this oversight to the provider's attention on 07/04/2026. • In line with HIQA procedures, the provider was required to wait for the return of the original application form, rather than just reprinting and resubmitting immediately. • The provider received the original documentation back from HIQA on Tuesday, 14/04/2026. The application form was then signed and returned to HIQA by registered post on the same day.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • 23/04/26 Meeting held with Person in Charge, Head of Integrated services and Ass Director of Nursing in relation to Auditing and oversight systems. • 23/04/26 Meeting held with the Person in Charge and the IPC link Practitioner Nurse. • 27/04/2026 Meeting held with the Fire Safety Engineer, Head of Integrated Services, Ass Director of Nursing and Person in Charge. • 29/04/2026 Fire safety management systems updated to reflect effective safety	

measures are in place.
• 29/04/2026 The fire precautions and emergency protocols and procedures in the Statement of purpose have been updated.
• 28/04/2026 First responder protocol finalized for safe evacuation, this is now displayed in prominent areas in all houses in the designated centre and are readily available to view for staff.
• 24/04/2026 Fire Risk register reviewed and updated.
• Fire Brigade contacted by Fire Safety Engineer to arrange a review of the fire systems in place in the designated center. This will be completed by 30/06/2026.
• 1/05/26 All Egress plans reviewed and updated. All Egress plans now reflect the updated process as per Fire Safety Engineer's advice for evacuating via duvet, which is only when there is an immediate threat to life of the person i.e. there is a fire in the person's bedroom, and they are in bed.
• 05/05/2026 fire drills carried out both day and night incorporating new systems in place for safe evacuation and quarterly thereafter as per policy. The fire drills have incorporated the updated Egress plans, and have given assurance of safe evacuation for all residents in a timely manner.
• Staff meetings 6/05/2026 and 8/05/2026 both day and night to incorporate the new systems in place for safe evacuation.
• 28/04/2026 First responder protocol finalised for safe evacuation.
• A full review of regulation 28, which includes a review of fire containment, training and equipment has been carried out, with assurance that all updated processes have been reviewed and all residents can evacuate safely in the event of a fire.
• 27/05/26 The Person in Charge and IPC link Practitioner Nurse devised a local protocol for contaminated clothing ensuring that residents were protected from healthcare associated infections by adopting appropriate procedures consistent with best practice.
• IPC training is being rolled out in Corlann Integrated Services by the IPC Nurse Practitioner. This will be completed by 30th June 2026.
• 25/05/26 The Person in Charge completed IPC audit following appropriate IPC procedures that are now in place.
• Quarterly IPC audits will continue throughout the designated center.
• Monthly meetings with Director of Services, Head of Integrated Services and Head of Quality to review findings of six monthly internal audits in order to share learning. Feedback on this inspection will be shared at this meeting.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• The registered provider acknowledges the footprint of the designated centre in relation to one shared communal space and access to a small outdoor space.
• The space had reduced due to an extension being completed, in consultation with MDT in order to increase the internal communal area based on the assessed needs of the

residents and their will and preference.
• The increased living space has resulted in an improvement to the quality of life of residents.
• The provider will continue to review the footprint and capacity of the designated centre based on the assessed needs of the residents and changing needs.
• The provider acknowledges that one house in the designated center requires regular maintenance. This is as a result of one resident who chooses to self-propel safely into furniture and fixtures for sensory stimulation. Supporting the resident to access his preferred natural environment is vital in ensuring his happiness and independence. This is reflected in their Sensory Occupational Therapist report and the Behaviour support plan.
• Risk assessment completed in relation to furniture and fixtures and mitigations identified.
• Bi weekly meetings are held with the maintenance dept, the Head of Integrated Services and the Ass Director of Nursing to prioritise maintenance in the designated centre.
• A maintenance budget is prioritised yearly for the designated centre for 6 monthly painting and repairs of counter tops, cupboards and changing appliances or as required.
• At the time of this inspection there were plans in place to carry out maintenance works in the designated centre. The counter-tops, kitchen cabinets, kitchen equipment and cupboard in the hallway will be repaired. This will be completed by 30/07/2026
• 22/04/26 Maintenance request sent to the maintenance department for flooring to be repaired in one of the resident's bedrooms. This will be completed by 30th June 2026
• New homely compact trolleys purchased for three residents to store their toiletries and personal care items to facilitate ease of use and access. These are now stored in each residents individual en-suite.

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
• 23/04/26 Meeting held with the Person in Charge and the IPC link Practitioner Nurse.
• 27/05/26 The Person in Charge and IPC link Practitioner Nurse devised a local protocol for contaminated clothing ensuring that residents were protected from healthcare associated infections by adopting appropriate procedures consistent with best practice.
• The practice for soiled laundry reviewed. Sluice removed 27/04/2026.
• Deep clean of the premises carried out on the 29/04/2026.
• Items used to support a resident with personal hygiene that were stored behind a toilet were removed on the day of the inspection.
• 22/04/2026 new toilet seat covers ordered for 3 x toilets in each en-suite.
• Washing machine for the use of soiled laundry purchased.
• New homely compact trolleys purchased for three residents to store their toiletries and personal care items for ease of use and access. These are now stored in each residents

individual en-suite.
• IPC training is being rolled out in Corlann Integrated Services by the IPC Nurse Practitioner. This will be completed by 30th June 2026.
• 22/04/2026 Maintenance request sent to the maintenance department for flooring to be repaired in one of the resident's bedrooms. This will be completed by 30th June 2026
• 25/05/2026 The PIC completed IPC audit following appropriate IPC procedures that are now in place.
• Quarterly IPC audits will continue throughout the designated centre

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• 27/04/2026 Risk assessment completed with the Fire Safety Engineer for first responders supporting evacuation of residents from neighboring house.
• 27/04/2026 Meeting held with the Fire Safety Engineer, Head of Integrated Services, Ass Director of Nursing and Person in Charge.
• 29/04/2026 Fire safety management systems updated to reflect effective safety measures are in place.
• 29/04/2026 the fire precautions and emergency protocols and procedures in the Statement of purpose have been updated.
• 28/04/2026 First responder protocol finalized for safe evacuation. This is now displayed in prominent areas in all houses in the designated centre, and are readily available to view for staff.
• 24/04/2026 Fire Risk register reviewed and updated.
• Fire Brigade contacted by Fire Safety Engineer to arrange a review of the fire systems in place in the designated center. This will be completed by 30/06/2026.
• 01/05/2026 All egress plans reviewed and updated. All Egress plans now reflect the updated process as per Fire Safety Engineer's advice for evacuating via duvet, which is only when there is an immediate threat to life of the person i.e. there is a fire in the person's bedroom, and they are in bed.
• Staff meetings 6/05/2026 and 8/05/2026 both day and night to incorporate the new systems in place for safe evacuation.
• 28/04/2026 First responder protocol finalised for safe evacuation.
• 05/05/2026 fire drills carried out both day and night incorporating new systems in place for safe evacuation and quarterly thereafter as per policy. The fire drills have incorporated the updated Egress plans, and have given assurance of safe evacuation for all residents in a timely manner.
• A full review of regulation 28, which includes a review of fire containment, training and equipment has been carried out, with assurance that all updated processes have been reviewed and all residents can evacuate safely in the event of a fire.

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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	14/04/2026
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/06/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	30/07/2026

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/07/2026
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.	Not Compliant	Orange	30/07/2026
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	30/06/2026
Regulation 28(1)	The registered provider shall ensure that effective fire safety	Not Compliant	Red	30/06/2026

	management systems are in place.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Red	30/06/2026
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Not Compliant	Red	30/06/2026