



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

Issued by the Chief Inspector

Name of designated centre:	Goldfinch 1
Name of provider:	Corlann
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	22 July 2026
Centre ID:	OSV-0004828
Fieldwork ID:	MON-0042463

About the designated centre

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

Goldfinch No 1 is a residential service providing full-time care for adults with intellectual disabilities. The centre comprises of three residences located in Limerick City environs. The houses are all located in residential areas with good access to public transport, local shops and amenities. All residents have their own bedrooms; there are adequate dining and kitchen facilities in each area. Each residence has a sitting room /reception area to receive visitors. Residents have access to transport and the service is provided through a social care model of support. All residents regularly attend either day services, employment or a vocational training centre outside of the designated centre. Residents are not usually present in the centre between 08:30 – 16:00hrs. However, the centre can also provide limited support in the centre, if required due to changing needs of a resident. Residents are supported by social care staff during the day, with sleep over staff at night time in each of the houses. Individuals are supported to access other services such as general practitioner (GP) and consultant services as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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
Wednesday 22 July 2026	10:00hrs to 17:45hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

This was an announced inspection completed in the designated centre Goldfinch 1. Goldfinch 1 was registered to provide full-time residential services to a total of 10 adult residents. At the time of this inspection, eight residents lived in Goldfinch 1.

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. The registered provider was planning to reduce the capacity of the centre from 10 to nine adult residents as part of the application to renew registration. The inspection was also completed to identify if areas of non-compliance identified at the inspection in February 2026 had been addressed by the registered provider.

Overall, the inspector found that significant actions had been taken to address the areas of non-compliance identified at the February 2026 inspection. This ensured that residents living in Goldfinch 1 received a safe service. Although some improvement remained under residents' rights and premises, action was being taken by the registered provider to address these issues.

Goldfinch 1 comprised of three houses. Each of the three houses were visited on the inspection day, and the inspector met with four of the eight residents living there. On the morning of the inspection, one resident told the inspector that they had 'slept it out', noting that they had a lie-in on the morning of the inspection. The resident told the inspector they had had a great sleep that night, and it was noted from documentation reviewed that the resident had requested a later start in day service on occasions to support them to rest for longer in the mornings. This ensured their views about their daily life were listened to.

One resident spoke with the inspector about building work which was taking place to install a ramp in their garden so that it would be fully accessible to them. They stated that they were looking forward to being able to enjoy the recent spell of good weather, and garden furniture had been purchased to make an area where they could relax in the garden. It was also noted that they were planning to have a garden party when this was completed, and they planned to invite their friends to this event.

Residents spoken with told the inspector about events and celebrations they had attended. One resident spoke about recent concerts to see music acts they enjoyed. A second resident spoke about a recent birthday celebration they had in a local hotel with their friends and family. They also showed the inspector pictures of them with their friends and their partner at this event. These photographs were framed and on display over the fireplace in the living room of their home. It was evident that these photographs were important to them, and that they were a reminder of a happy occasion with their loved ones.

Residents living in one of the centre's houses spoke about a summer black-tie celebration that was taking place the day after the inspection. Residents appeared to be very excited about this, with one resident indicating that they were looking forward to the music by dancing with the inspector and staff in the kitchen of their home. Staff noted that this resident was very sociable, and that they loved a good party. From discussions with residents and staff, it was noted that residents were kept informed of parties and events in their local area and within Corlann services. One resident showed the inspector an invitation to a friend's birthday party which was due to take place in August. It was evident they were looking forward to this event.

Holidays were being planned at the time of the inspection. This included holidays with their family to Donegal and to a music event in Spain. Holidays supported by staff were also planned for two residents to go to the Algarve, while another resident planned to go to Old Trafford. The person in charge noted that one of the holidays was made possible by the goodwill of a staff member who had agreed to support residents on a volunteer basis.

A HIQA survey about the care and support residents received in Goldfinch 1 had been completed by residents and their representatives. Eight surveys were received and reviewed by the inspector. The surveys were positive and identified that there were no changes or improvements that residents would like in their home. One resident had stated that they are happy in their home, and they get on well living there.

At all times, residents were observed to be comfortable in the presence of staff and those they lived with. Interactions between staff and residents were kind and respectful in nature. A friendly atmosphere was observed throughout the inspection day, with residents and staff observed laughing, smiling and joking with each other. 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

This centre was inspected in February 2026 over two days. At this inspection, the inspector identified a high-level risk relating to fire evacuation in one of the centre's three houses. It also identified that one resident's garden was not accessible to them. Since this inspection, significant works had taken place in this resident's home. While some areas for improvement remained in the centre, it was evident that appropriate measures had been taken to address non-compliance in the centre. It was also noted that where improvement remained, the provider had not yet met the timeline to achieve compliance as outlined in the compliance plan response for the February 2026 inspection. This meant that the Chief Inspector of Social Services

had accepted that improvement in premises and residents' rights would take longer to address and had agreed that this was acceptable.

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 ensured that a full application to renew the registration of the designated centre had been completed in a timely manner. This included the submission of prescribed information and the payment of the required fee.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a person in charge in the designated centre. The person in charge commenced this role in April 2026, having previously held the role of team leader in the centre. This person worked full-time and it was evident from a review of documentation that they held the necessary skills, qualifications and experience to carry out the role. The inspectors also met with the person in charge on the day of the inspection. It was evident from discussions that they had effective oversight of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had not ensured that staff had access to appropriate training as part of a continuous professional development programme. This included training specified in the regulations and those in line with the assessed needs of the resident living in Goldfinch 1. The inspector reviewed the training records of 17 staff and found that all staff had been supported to receive the following training;

- Safeguarding of vulnerable adults
- Children's First
- Infection prevention and control

One staff member who was due refresher fire safety training in March 2026 was scheduled to complete this in August. Five staff were due refresher training in the

management of behaviour that may be challenging. It was noted that one of these staff members was overdue this refresher training by one year.

Judgment: Substantially 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

There was a clear governance and management structure in place in Goldfinch 1. All staff providing direct care and support to residents reported directly to the person in charge. The area manager had commenced leave and management noted that this role was being recruited to cover the period of leave. In the interim, the person in charge was reporting directly to the Head of Community Services, who reported to the Director of Services.

Auditing was carried out by the person in charge and the staff team to ensure effective oversight and monitoring in the designated centre. A six-monthly unannounced visit had been completed in April 2026, and this outlined areas for improvement. In addition, auditing was carried out in areas such as restrictive practices, medicines management and finance. An action tracker had been developed to outline the progress on actions and areas for improvements in audits completed in the centre.

Team meetings were held in the centre on a regular basis. Meeting notes evidenced discussions regarding the assessed needs of residents, person centred planning and safeguarding.

Judgment: 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 Goldfinch 1.

Judgment: Compliant

Quality and safety

The findings of this inspection noted that residents received a good quality of care and support in their home which promoted their safety and emotional wellbeing. Improvements had been made in areas such as risk management and fire precautions. Works to the premises continued and it was evident that although these were required to improve fire evacuation and accessibility, the benefits to the resident's quality of life were already evident as they were excited to plan a garden party when the works were completed.

The registered provider's current process for managing and supporting residents with their finances did not support the residents' rights. Residents who had opted for the support of the provider with their finances could only access their finances with the support of an assigned person, their key worker or senior management. Choices regarding the type of account and assigned persons to support the resident remained limited. This was reflective of the provider's current policy relating to finances, which the provider was actively trying to address.

Residents were being supported to seek employment if they wished. One resident had been supported to complete a curriculum vitae (C.V) with the support of a job coach. This resident was currently employed in a restaurant, while another resident was exploring the possibility of employment in a music shop as this aligned with their interests.

Regulation 17: Premises

The residents' homes were clean, warm and suitably decorated. Personal items including photographs were displayed throughout the residents' homes. A large television was observed in the sitting room of one of the centre's houses and it was noted that residents living there were sports fans and enjoyed watching matches on the television.

One of the houses had internal painting completed since the previous inspection. This added to the homely feel of the residents' home. The garden renovations taking place in one of the centre's houses were being carried out to make the resident's home accessible to them, in line with their assessed needs. It was also being completed to rectify trip hazards and uneven paving which had previously posed a

risk to the resident. The renovations were due to be completed in the weeks after the inspection had taken place. Handrails were also due to be installed after the inspection had taken place.

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 26: Risk management procedures

It was evident that there were effective systems in place for the management of risk in Goldfinch 1. Works were being completed to address risks relating to fire evacuation and falls for one resident. The inspector reviewed a sample of risk assessments that had been completed in response to the support needs of residents. Where these identified specific controls to protect residents, these controls were observed to be in place. For example, following a resident not evacuating successfully during a fire drill, this was repeated within one month as outlined in the risk assessment. It was noted that at the subsequent fire drill the resident evacuated their home successfully.

Judgment: Compliant

Regulation 28: Fire precautions

Significant actions had been taken by the registered provider to address areas of non-compliance identified under this Regulation at the inspection in February 2026. As a result of these actions, the registered provider had ensured adequate arrangements had been put in place for evacuating residents in the event of a fire, and bringing them to a safe location. This was evidenced as follows;

- The registered provider had sourced a fob to so that they could access one resident via an external pathway at the back of their home. The fob opened a

gate which had previously impeded access to the resident through this external pathway.

- A door had been installed to provide an additional escape route and to support the resident to evacuate their home. This route also ensured that staff could support the resident to evacuate in line with their assessed needs.
- Fire evacuation drills had been completed to ensure the resident could safely evacuate via the emergency exit beside their bedroom. There were plans for a fire drill to be completed through the new escape route once handrails were installed to support the resident's mobility needs.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal files of four of the residents living in Goldfinch 1. Each resident had been supported to have a comprehensive assessment of their health, personal and social care needs. Residents were also supported to identify and achieve goals as part of the person-centred planning process. One resident was planning a trip to Old Trafford, while another was planning a tour of Thomond Park. Photographs were evident in residents' personal files which evidenced achievement of goals such as walking with and grooming horses, and going for afternoon tea. There was evidence of regular review of the progress made to achieve these goals with residents.

Judgment: Compliant

Regulation 8: Protection

The registered provider had put measures in place to ensure residents were protected from all forms of abuse. Intimate care plans had been developed with residents. These plans outlined the areas of support required to meet residents' hygiene needs. It also outlined their independence in areas to ensure an appropriate level of support was provided.

The inspector also reviewed documentation relating to four allegations of suspected abuse of residents. It was evident that these had been reported to the designated safeguarding officer, and the safeguarding and protection team in line with the provider's policy.

Safeguarding of residents was an agenda item at staff team meetings to ensure staff were aware of their role and responsibility to ensure the protection of residents.

Judgment: Compliant

Regulation 9: Residents' rights

Improvements had been made to ensure residents exercised choice and control in their daily lives. For example, a restrictive practice regarding a resident's access to cigarettes had been updated to reflect that this had been discussed with the resident and that they had consented to this support. It also clearly outlined if the resident requested more cigarettes that this choice was respected. It was also noted that increased choices had been provided to residents with regards to holiday locations. This ensured residents did not have to compromise on the location of their holiday. However, in some cases holidays were still reliant on the goodwill of staff to volunteer to support residents.

Progress had been made in promoting residents' independence through the provision of personal bank cards, enabling residents to access and manage their own finances where appropriate. However, this practice required further review, as it was not consistently supporting all residents to manage their finances in a manner that reflected their assessed needs, abilities and preferences. This was also limited due to the providers own policy. For example, bank statements for a resident were still addressed to the registered provider rather than the resident. It was also noted that this resident had been documented as outlining their will and preference not to have supports from staff to manage their finances, however such supports were still provided and required to ensure the resident could access their finances.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Goldfinch 1 OSV-0004828

Inspection ID: MON-0042463

Date of inspection: 22/07/2026

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • The Person in Charge has completed a full review of the risk matrix for the designated centre. • The required trainings have been booked and are scheduled for completion no later than 30/11/2026.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Remaining building works within the designated center will be completed in line with the action plan submitted to the Chief Inspector in February 2026. • Completion date for these works is 31/08/2026.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: • Restrictive practice regarding person supported choice to smoke continues to be reviewed on a quarterly basis with MDT. • Person supported has been consulted with for the implementation of this restriction. • The person supported can choose to have more cigarettes than the recommended amount should they wish to do so. They also have access to their cigarettes. • All restrictive practices are reviewed in line with the services restrictive practice policy. • Corlann Limerick will endeavour to facilitate persons supported on holidays of their choice but, this can be limited due to staff roster as there is no budget outside of the budgeted staffing allocation. • Where a resident has identified in their person-centred plan that they wish to go on a	

specific holiday this is identified as a goal for the individual. From time to time this goal can be achieved through planning and consultation. The holiday may be facilitated within the existing roster or through an element of volunteerism by staff or a family member.

- Two persons supported will be going to Portugal in September 2026.
- One person supported will be going to Spain in October
- Another person supported is being facilitated to go to Manchester.
- Appendix 11 from the Corlann Policy on the Handling of the Personal Assets of the Adults Supported by the Services relates to supporting holidays for people supported.
- Each person supported within Corlann Limerick has the right to choose the level of support that they receive regarding their personal assets from Corlann Limerick.
- No person supported is or will be restricted from managing their own personal assets and have the option to opt out from such supports. Appendix 2 of our personal assets policy supports this.
- Persons supported may choose to manage their own personal assets independently, with a decision supporter or another person outside of the service of their choosing.
- Where a Person Supported by the Services chooses to be supported by the Services with the management of their finances, there will always be restrictions around the type of account and the staff who can provide support.
- The staff who are authorised to provide support will necessarily be limited to those included on the bank mandate.
- Where the Services have a role in the management of the finances of a Person Supported by the Services it is important that staff are provided with a safe system of working so that appropriate controls and records are maintained to evidence the correct use and safeguarding of the money for the benefit of the relevant Person Supported by the Services.
- Two persons supported within the designated centre do not have a person in care account.
- One person supported is happy with their current financial arrangement to opt out of financial supports by the service. This is recorded on appendix 2 of personal assets policy in their MPMP.
- The second person supported has opted to open a deposit account. This account is currently being finalised. They will be supported with management of finances by their keyworker in line with policy.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/11/2026
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre	Substantially Compliant	Yellow	31/08/2026

	to ensure it is accessible to all.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	31/12/2026