



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

Issued by the Chief Inspector

Name of designated centre:	Sandpiper 2
Name of provider:	Corlann
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	27 July 2026
Centre ID:	OSV-0004830
Fieldwork ID:	MON-0042548

About the designated centre

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

Sandpiper 2 is a residential service providing full time care for up to ten adult men and women, with intellectual disabilities. The centre comprises of three residences located in the environs of a large town. The three houses are located in residential areas with access to local shops and amenities. The houses are two-storey with gardens at the rear of each house. The houses have been adapted to suit the needs of the current residents. Two residents live in one house with staff support. Three residents live in another house with the support and space required for their assessed needs. The third house supports three residents in the main house and has an adjoining self-contained single level area that can support the needs of one resident. Residents have access to transport and the service is provided through a social care model of support. Residents regularly attend day services outside of the designated centre. Residents are not usually present in the centre between 9am – 4pm Monday to Friday. Residents are supported by social care staff during the day, with a sleep over staff at night time in each of the houses. The multi - disciplinary team are available to support the needs of the residents. Individuals are supported to access other services such as GP, consultant services and chiropody as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
--	---

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 27 July 2026	09:35hrs to 17:35hrs	Lisa Redmond	Lead
Monday 27 July 2026	09:35hrs to 17:35hrs	Donal Crowley	Support
Monday 27 July 2026	09:35hrs to 17:35hrs	Lucia Power	Support

What residents told us and what inspectors observed

This was an announced inspection completed in the designated centre Sandpiper 2. Sandpiper 2 was registered to provide full-time residential services to a total of 10 adult residents. At the time of this inspection, nine residents lived in Sandpiper 2.

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 six adult residents as part of the application to renew registration. This involved plans to remove one of the centre's three houses and a self-contained apartment from the current footprint of the designated centre, adding it to another designated centre operated by the registered provider.

Overall, it was evident that residents were safe in their home. There had been some improvements since the August 2025 inspection in areas such as complaints, risk management and the notification of adverse events to the Chief Inspector of Social Services. However, there was evidence of continued regulatory breaches in areas including the review of residents' personal plans, oversight of the designated centre and fire precautions.

Each of the three houses and the self-contained apartment were visited on the inspection day. Inspectors met with six of the residents living in Sandpiper 2. One resident had been temporarily transitioned to a medical facility for rehabilitation following a medical event and as a result, inspectors did not have the opportunity to meet with them. Two residents declined to engage with inspectors and this choice was respected.

For the most part, residents living in Sandpiper 2 attended day services during the week. However, residents were on a planned holiday from their day services when the inspection took place. Therefore, residents were being supported at home by the staff team. One resident often chose to stay at home without staff support rather than attend day service and this choice was promoted and respected. This ensured that they had the freedom to exercise choice and control in their daily life.

Two residents were observed having their breakfast at the kitchen table on the morning of the inspection. A resident used gestures to communicate to inspectors that they planned to go for a drive later that day, with staff noting that this would occur when a named staff member came on duty. Residents living in one of the houses went for lunch in a local restaurant, with one of these residents telling the inspector that they had enjoyed their meal. Residents also spoke about a summer black-tie event they had attended the week before the inspection. It was evident that residents had enjoyed this, with one resident noting they had won a prize for best dressed.

One resident told the inspector they were going to the bank to get 'a loan' on the inspection day. It was explained by management in the centre that the resident was using the centre's bank card to access money from the service's bank account. This was due to their key-worker and management in the centre being unavailable to support the resident to access their own personal bank account. This will be further discussed in the quality and safety section of this inspection report.

Three of the residents living in Sandpiper 2 verbally expressed to inspectors that they liked living in their home. Two of these residents showed the inspector their bedrooms which had been painted in colours that they had chosen. Each of these residents' bedrooms were decorated with personal items that reflected their likes, interests and personalities. For example, one resident pointed out photographs of friends and loved ones that were very meaningful and important to them. One resident had moved to a new house within this designated centre since the previous inspection, however staff noted that they still regularly met with their friends and housemates from their previous home for lunch.

Inspectors did observe that areas of the residents' homes required cleaning and maintenance. This included the self-contained apartment which was on the grounds of one of the centre's houses. Although there was no person living here at the time of the inspection, the registered provider was responsible for ensuring the upkeep of this apartment.

Health Information and Quality Authority surveys about the care and support residents received in Sandpiper 2 had been completed by residents and their representatives. Nine surveys were received and reviewed by the inspectors. Overall, the response from residents and their representatives were positive in nature. For example, one resident stated that they "love" living in their home and that "staff are always nice to me and take me out on the weekends". However, residents' views and feedback on areas they felt could be improved did align with regulatory actions identified during this inspection. For example, one resident noted that "there can be lots of different staff coming in to cover shifts". Inspectors did note a high level of relief staff, particularly in one of the centre's houses. Two surveys stated that choices regarding what they do each day could be better, and that making friends and getting along with those living in their home could also be improved on. Inspectors reviewed the person-centred plans and goals developed for both residents. It was evident that this continued to be an area requiring improvement, as identified at the inspection in August 2025.

In summary, residents received a safe service in their home. However, it was evident that further improvements were required to improve oversight and monitoring in the centre. This was particularly evident in the house that was due to be removed from the footprint of the designated centre. At all times, residents were observed to be comfortable in the presence of staff and those they lived with. 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 by the Chief Inspector in August 2025. At this inspection, it was noted that the remit of the person in charge appeared to be contributing to challenges in maintaining effective oversight of the designated centre. In response to these findings, the registered provider had decreased the remit of the person in charge which meant they could provide increased oversight of Sandpiper 2.

Inspectors found that the frequency of staff meetings had improved since August 2025, and that notifications of adverse events had been submitted as outlined in the regulations. However, further improvements were required to ensure documentation including residents' personal plans were up to date. It was also evident that this had been an area of improvement in the centre's most recent annual review in March 2026.

It is noted that the registered provider was planning to further increase the oversight of the designated centre by reducing the capacity of the centre from 10 residents to six by removing one of the centre's houses. The house and apartment that were being removed from the footprint of this designated centre were planned to become part of another designated centre operated by the registered provider. This would increase managerial oversight of the centre. However, management did note that the person in charge was due to depart their role in this designated centre, with recruitment for a person in charge ongoing at the time of the inspection. 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 15: Staffing

The registered provider was ensuring that the number of staff was appropriate to the number and assessed needs of residents. Residents were supported by a team of support workers and social care workers in their home. At the inspection completed in August 2025, it had been noted that inconsistency of staff was evident

due to staff leave which was being covered by relief staff. Inspectors reviewed rotas for the centre from 11 January to 4 April 2026 for two of the centre's houses. This had evidenced that consistent staff had been provided to residents at this time.

However, more recent rotas for one of the centre's houses had noted that this improvement had not been sustained. Inspectors reviewed the rota for one of the centre's houses from 15 June to 4 July 2026. Twenty-one staffing shifts had taken place during this period, and it was noted that 20 of these had been covered by a relief staff member. Upon further review, it was noted these 20 shifts had been covered by eight different members of staff. An incident report documented a resident living in this house displayed behaviours that may challenge in June 2026. Upon review of this event, it was noted by staff that the resident's routine had been disrupted due to inconsistent staffing increasing their anxiety. Although this area required further review, it was a known area for improvement to the registered provider as evidenced in staff meeting notes in May 2025. Interviews were ongoing for staff recruitment at the time of the inspection.

A rota had been developed to outline the staff on duty each day. However, the times of staff starting and ending their shifts were not documented.

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

Improvements were required to ensure effective monitoring and oversight of the services provided to residents in Sandpiper 2. An annual review of the quality of care and support provided to residents had been completed in March 2026. This review included consultation with residents and their representatives, and it was noted that residents' feedback had been followed up on as a result. For example, two residents had noted that the centre's transport was difficult to enter and exit. Residents had been supported to make a complaint and as a result a step had been fitted to the transport.

In addition, six-monthly unannounced visits had been completed in July 2025 and January 2026. An action plan had been developed to ensure areas of improvement

were addressed. Despite this, inspectors observed consistent areas of regulatory breaches in several regulations at this inspection and the inspection completed in August 2025. This included staffing, governance and management, individual assessment and personal planning and residents' rights. The provider did note that plans to reduce the capacity of the centre was requested to increase and improve the oversight and monitoring of the centre.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that residents had a contract which outlined the terms on which they lived in Sandpiper 2. However, it did not accurately outline the fees that residents were charged, and what these fees were for areas such as rent. This required review.

Judgment: Substantially 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 Sandpiper 2.

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 1 January to 26 July 2026. This review noted that the incidents recorded had been notified as required. This was an area of non-compliance at the inspection completed in August 2025 and it was evident this had been addressed by the registered provider.

Judgment: Compliant

Regulation 34: Complaints procedure

Inspectors reviewed three complaints that had been made by residents and their representatives regarding the care and support they received in their home. Each of the complaints were documented as having been closed to the satisfaction of the complainant. This ensured that residents' views were respected and areas of concern for residents were addressed.

Judgment: Compliant

Quality and safety

The wellbeing and welfare of residents living in the designated centre was maintained overall by a good standard of care and support. It was noted however that one area of the centre required more improvements than the other two houses visited by inspectors. Further review was required to ensure residents were provided with a consistent level of support in line with their assessed needs and wishes.

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.

It was noted that the person in charge had reviewed an increase in medicines errors occurring in the designated centre. It noted that actions and learning were being taken in response to this. For example, discussions were being held with the pharmacy to ensure medicines were received in the correct manner. One staff member was also being supported to receive additional training and support in medicines management.

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 which outlined the roles and responsibilities of staff. Inspectors reviewed the documentation relating to two allegations of suspected abuse of a resident. It was evident that these had been reported in line with the organisation's policy.

Regulation 17: Premises

The registered provider had not ensured that the designated centre was clean, and that it was kept in a good state of repair. This was evidenced as follows;

- An apartment that was on the grounds of one of the centre's houses had not been maintained by the registered provider. Although this was not currently occupied by a resident, it was registered as part of the centre. The apartment was not clean. An exposed cable was also observed, and it was noted that this area of the centre had no running water.
- Skirting boards in the kitchen and bathroom of one house required cleaning.
- Bins and mobility aids in bathrooms were observed to be unclean and rusted.
- Entrance to the attic of one house was through a resident bedroom. Inspectors opened the attic and observed insulation that had fallen causing a draught from this area.

The provider had not made provision for suitable storage in one of the centre's houses. Cleaning supplies were stored in the hallway under the stairs where they were visible to residents and their visitors. It was also noted that vacant resident bedrooms were being used for storage which required review.

Judgment: Not 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 including 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

The registered provider had ensured that a risk management policy had been developed. This policy contained the information as specified in this regulation.

The inspectors 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. There was also

evidence of positive risk taking evident to support residents to spend time alone, and to spend time in their local community without staff support.

Judgment: Compliant

Regulation 28: Fire precautions

Actions had been taken to address non-compliance with this regulation since the inspection completed in August 2025. Fire evacuation plans and procedures were in an accessible location in the event of an emergency. An evacuation folder had also been developed to include contact details of management and emergency services in the event of an emergency. Management in the centre noted that fire evacuation drills were completed in the centre monthly. However, there was no evidence of a fire drill being completed in one of the centre's houses to reflect an emergency scenario at night.

Emergency lighting, fire alarms and fire fighting equipment were provided in each of the residents' homes. Fire-resistant doors were also installed. However, one of the fire doors was not closing on the day of the inspection. This required review as this door was required to protect the escape route upstairs in the event of a fire in the hot press.

One staff member had not completed training in fire safety. This was important as the staff member was a lone-worker, meaning that they were the only staff on duty to support residents in their home and help them evacuate their home in an emergency.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

When reviewing incident reports in the designated centre, it was noted that there was an increased number of medicines errors in one of the centre's houses. Inspectors reviewed the medicines prescription records for the two residents living in this house. Residents' medicines were prescribed by their general practitioner (G.P). The dose, route and time of administration was documented on the residents' medicines prescription records to guide staff on the administration of medicines. However, the maximum dose of PRN medicines (medicines taken only when needed) were not always documented. This required review.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Improvements were required to ensure that residents' personal plans were the subject of a review annually to ensure the maximum participation of the resident in accordance with their wishes, and to review the effectiveness of their plan. Inspectors reviewed the personal files for six residents living in Sandpiper 2. Each resident had a person-centred plan where they developed goals that they would like to achieve. There was no evidence of a review of one resident's person-centred plan since November 2023. Where residents' plans had been reviewed, the goals identified were not always meaningful. For example, goals related to medical needs and to ensure residents wore appropriate clothing for the weather. This was despite residents requiring staff support to meet these assessed needs. Inspectors also noted every goal outlined for two residents were the same. This was a repeated area of a regulatory breach following the inspection completed in August 2025. Therefore, it was not evidenced that improvements had been made in line with the provider's compliance plan response following the previous inspection.

Residents had access to a multidisciplinary team of allied health and social care professionals.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Each of the residents had been supported to develop a positive behaviour support plan if this was in line with their assessed needs. Inspectors reviewed the behaviour support plans developed for three residents. These included details to ensure staff were guided on how to support the residents, in line with their assessed needs. However, it was evident that one of these plans had not been subject to a review since it was developed in March 2025. This did not ensure that staff were provided with up-to-date knowledge and skills to respond to behaviour that is challenging so that staff could support the resident to manage their behaviour.

The person in charge had not ensured that all staff received training in the management of behaviour that is challenging. Two staff members had not completed this training. This was important as the staff members were often lone-workers, meaning that they were the only staff on duty to support residents in their home. It was also noted that this training was a requirement as outlined in one resident's behaviour support plan.

Judgment: Substantially compliant

Regulation 8: Protection

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.

Inspectors reviewed the training records of nine staff and found that each staff member had completed training in the safeguarding of residents.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents were supported to maintain their privacy and dignity. When one resident declined weight checks, their choice regarding this was respected. It was also noted that two residents were supported to spend time alone in their home if they chose to do so.

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 provider's own policy. For example, one resident could not access their own bank account on the inspection day as their key-worker was off duty, and senior management could not support them to go to the bank. Therefore, they were supported to receive money from the centre's bank account which they would pay back. This practice did not ensure the resident's freedom to exercise choice and control was provided in relation to their personal 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 15: Staffing	Substantially compliant
Regulation 22: Insurance	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
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	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 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Sandpiper 2 OSV-0004830

Inspection ID: MON-0042548

Date of inspection: 27/07/2026

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • A new roster has been compiled and commenced on the 20/08/2026 highlighting staff starting and ending their shifts. • Vacancies have been identified and sandpiper will be prioritized as part of on-going recruitment campaigns. • Within the constraints of the current recruitment challenges, continued consideration will be placed on the staffing of houses in relation to regular and familiar relief staff, with an emphasis of having the least impact on the person supported.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Recruitment of a PIC for sandpiper 2 is on-going. The most recent advert for PIC position closed on the 19th of August 2026 with interview's scheduled for the week of the 24th August 2026. • Plans are agreed to reduce the footprint of this designated centre by one house. This will be advised to HIQA in due course. • As part of the person-centred planning process, the PIC will support the key worker in identifying and achieving the individuals agreed goals, as well as ensuring that appropriate documentation and evidence of progress are maintained.	

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: • The individual service agreement will be reviewed to ensure that there is clarity in how charges are calculated to ensure full transparency.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • A deep clean of the vacant apartment has been arranged with a proposed completion date of 25/09/2026. • Bi-Weekly checks of the vacant apartment has commenced from 19/08/2026 • Exposed cable in the vacant apartment has being rectified as of 19/08/2026 • New bins were purchased and placed in each house on the 01/08/2026 • Mobility aid replaced due to rust 19/08/2026 • Fallen insulation was rectified on the 29/07/26. Health safety officer has reviewed and noted no further concerns. • Deep clean of house including the skirting boards in the kitchen and bathroom proposed completion 25/09/2026	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • Three staff have being booked in for refresher Fire training 28/08/2026 • The works regarding one of the fire doors was completed on the 08/06/26. • Night time drills in all locations were completed on the weekend of the 1st August 2026. The next planned night time drill is due in October 2026.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:	

• A review of the Kardex's will take place with the GP, with particular emphasis on the maximum dose. Proposed completion date 30/10/2026 • Medication administration, appropriate documentation of medication will be an on-going agenda item in team meetings. Next planned staff team meeting will take place on the 23/09/2026	
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: • As part of the person-centred planning process, the PIC will support the key worker in identifying and achieving the individuals agreed goals, as well as ensuring that appropriate documentation and evidence of progress are maintained. • Current individual assessment and personal plan's will be reviewed by key-worker to explore if current goals can be modified or made more reflective of person supported personal goals. • Information gathering has commenced for one person supported. There is a proposed completed date of the 02/10/2026 • In upcoming planned supervisions and staff meetings the topic of individual assessment and personal plan will be explored. Emphasis will be placed on the importance of being person centred in identifying goals for each individual.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: • The positive behavior support plan developed in March 2025 was reviewed by the CNS behavior support on the 31/07/2026. • Safety intervention training has been scheduled for 06/10/2026. All staff have been notified of the training and have been reminded of its importance and the requirement to attend.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Corlann Limerick Policy on the Handling of the Personal Assets of Adults Supported by the Services includes a permission form which supports people to opt in or opt out of	

support from Corlann Limerick in the management of their personal assets.

- 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 resident is restricted from managing their own personal assets if they choose to opt out of support from Corlann Limerick. Residents may choose to manage their personal assets independently, with a decision supporter or another person outside of the services should they choose to.
- In order to support people to make an informed decision information is provided to them regarding the nature of the support that Corlann Limerick can offer to them in terms of the management of their personal assets.
- Corlann Limerick had identified one suitable deposit account and one suitable current account through which support can be offered in a safe manner both for the person supported and for staff.
- These person in care accounts have since been withdrawn by the sole financial institution that was providing these accounts following the introduction of ADMA legislation. No suitable alternative has been put in place. This account currently remains available for existing account holders.
- Corlann Limerick continue to advocate via channels including the Decision Support Service, National Federation, HSE and Financial Institutions for this gap in banking product to be made available.
- The Corlann Limerick Policy on the Handling of the Personal Assets of Adults Supported by the Services clearly sets out the limitations on direct access to personal assets inherent in the use of this type of account in order to ensure full transparency when a person is choosing to opt in or opt out of 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.
- Every effort is made to mitigate the impact of the restrictions on direct access to personal assets inherent in the use of this type of account and these are set out in the policy.
- Limitations on direct access to personal assets inherent in the use of this type of account as well as those in place to minimize the vulnerability to misappropriation of funds are not notified to the regulator as restrictions as each person support has the right to opt in or opt out of support.
- Corlann Limerick is committed to exploring all alternative accounts that may become available in the future that will facilitate less restrictive direct access to personal assets for people supported who opt in to support from Corlann Limerick.
- In line with policy residents are supported with independence using their bank card in the presence of their keyworker, where they wish, alternatively if their keyworker is off duty their independence is promoted through cash transactions.

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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/12/2026
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	20/08/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair	Not Compliant	Orange	18/09/2026

	externally and internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	25/09/2026
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 to ensure it is accessible to all.	Substantially Compliant	Yellow	25/09/2026
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	01/01/2027
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the	Substantially Compliant	Yellow	31/10/2026

	support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	17/08/2026
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	28/08/2026
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,	Substantially Compliant	Yellow	01/08/2026

	residents, are aware of the procedure to be followed in the case of fire.			
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 prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	30/10/2026
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with	Substantially Compliant	Yellow	02/10/2026

	the resident's wishes, age and the nature of his or her disability.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	02/10/2026
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/10/2026
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	31/10/2026
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes,	Substantially Compliant	Yellow	31/12/2026

	age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			
--	--	--	--	--