



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

Issued by the Chief Inspector

Name of designated centre:	Waxwing 2
Name of provider:	Corlann
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	21 July 2026
Centre ID:	OSV-0004842
Fieldwork ID:	MON-0042459

About the designated centre

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

Waxwing 2 consists of two dwellings, one of which is situated on the outskirts of a rural village/small town and the other is located in the city suburbs. This designated centre can provide a residential service for a maximum of 8 residents with intellectual disabilities, over the age of 18 and of both genders. Each resident in the centre has their own bedroom and other rooms throughout the two houses of the centre include kitchens, dining rooms, living rooms and bathrooms. Residents are supported by the person in charge, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

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 July 2026	09:00hrs to 17:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an announced inspection carried out following an application to the Chief Inspector to renew registration of the centre, to monitor compliance with the regulations and conditions of registration. The registration of the designated centre was renewed in December 2023 with a non-standard condition attached to the registration. This condition required the provider to address the regulatory non-compliance's in relation to regulation 28: Fire precautions, to the satisfaction of the Office of the Chief Inspector no later than 31/12/2024. In November 2024, while progress had been made on the planned works, the provider formally requested an extension of the condition until 30/11/2026. While the provider has made good progress in relation to the planned schedule of works, the provider has requested a further extension to condition 4 until the 30/11/27 with a detailed updated plan of remaining scheduled works and time lines outlined.

At the time of the last renewal of registration, Waxwing 2 comprised of two houses, which were located in close proximity to one another on the outskirts of a rural village. Both houses were found to be non-compliant with regards to fire safety. In line with the providers plan, one house has since closed and residents accommodated there have moved to a fully refurbished house located in a residential area of the nearby city suburbs following its registration as part of Waxwing 2 in December 2025. The provider has since appointed a builder and works are due to commence on the completion of extensive refurbishment works at the closed house to upgrade and ensure that the building achieves the required structural fire safety compliance. The provider has advised that on completion of the planned refurbishment works, an application to vary the conditions of registration will be submitted to include the refurbished house as part of the designated centre. The provider has advised that existing residents will then move to live in the refurbished house. When the plan is complete, the centre will comprise of two fully refurbished houses that will be structurally compliant with fire safety requirements.

Waxwing 2 currently consists of two houses and both were visited as part of this inspection. The inspection was facilitated by an area manager who deputised on behalf of the person in charge who was on leave at the time. The inspector also met with four residents living in the centre and reviewed three completed questionnaires about what its like to live in the centre which residents had completed in advance of the inspection.

On the morning of inspection, the inspector visited the house located in the city suburbs. There were two residents accommodated, however, one resident was in hospital who was discharged later that day. Both residents had moved in since December 2025 and staff advised that both had settled in and were getting on well together. The house was registered to accommodate up to four residents but the area manager advised that there were no immediate plans to admit any further residents. The inspector met with one resident as they were finishing breakfast and

getting ready to attend their regular day programme. They were in great form, as they smiled and chatted with the inspector and staff. They advised that they had settled in well since moving into the house the previous December. The mentioned how they liked the house and consented to the inspector having a walk around and look at their bedroom. They spoke of having enjoyed a boat trip on the River Shannon the day previous and were looking forward to attending a BBQ the following day. They mentioned how they enjoyed eating out, going to the cinema, going bowling and visiting the shops. They also advised that they regularly go swimming, enjoy pottery, arts and crafts, reflexology and music sessions as part of their day programme. Over the past weekend, they had visited the village where they previously had lived prior to moving to this house, attended mass in the local church, had breakfast in one of the local cafes there and had enjoyed meeting up with people they knew from the area. They had also visited their peer who was in hospital over the weekend. The resident appeared very content and relaxed as they sat and chatted with the inspector and engaged in friendly banter with staff.

The house is a large single storey house which was extensively refurbished and redecorated to a high standard during 2025, it was found to be visibly clean, bright, spacious and comfortable. Accommodation for residents is provided in four bedrooms. Bedrooms were found to be personalised in line with individual interests including framed photographs, soft toys and religious figures. Both residents had large televisions in their rooms, one resident had a DVD player and a large selection of DVD's which they enjoyed watching. There are two large assisted shower rooms available. Ceiling hoists are provided to all bedrooms and shower rooms to assist residents with mobility issues. There was a large bright kitchen/dining room and two sitting rooms provided. There was a well equipped laundry room which included storage for cleaning equipment, a staff office and or sleepover bedroom provided. Residents have access to a large paved outdoor area which is provided with outdoor dining furniture and several planters containing a variety of shrubs, plants and flowers. Staff spoken with advised that one resident enjoyed spending time outside and had some of their meals outdoors during the recent warm weather. All areas of the house including the garden were wheelchair accessible.

During the early afternoon, the inspector visited the second house located on the outskirts of a rural village. There were four residents accommodated, however, one resident was in hospital. Residents living in this house had high support needs including requiring supports with activities of daily living, with managing behaviours, communication, eating, drinking and swallowing difficulties and in managing specific health care conditions.

The house is a single storey dwelling set on its own grounds. While the house was found to be comfortable and homely, it was of an older style and required refurbishment. The provider had recognised the deficits in this house and was progressing works on a phased basis with the plan for residents in this house to move to the upgraded and fully refurbished house located nearby once works were completed there. It was intended that the refurbished house would provide residents with spacious, well equipped accommodation that would meet their needs into the future. In the interim, basic maintenance and repair works were being completed to the existing accommodation, the external walls were being repainted

on the day of inspection, a residents bedroom was scheduled to be repainted and new flooring had recently been provided to the kitchen.

The inspector met with all three residents and with two staff members working in the centre. The inspector was greeted and welcomed by a resident on arrival to the centre. They spoke briefly with the inspector as they were on their way out to go for a drive and visit the recycling centre to dispose of bottles and cans. Two residents normally attended a day programme three days a week and were provided with a day programme from the house on other days. Staff advised that residents in this house preferred a slower pace of life. The inspector met with the other two residents in the house. One was relaxing at the dining table having a cup of tea. Due to communication needs of the resident, they were unable to tell the inspector their views about the care and support they received; however, they appeared comfortable and content in their environment and with the staff supporting them. Throughout the afternoon, they were observed to be relaxed and content, watching television, completing table top puzzles and having snacks. The inspector chatted with another resident in their bedroom. This resident had chosen to remain in bed as was their preferred routine on some days. They were in great form and appeared very happy and content. They told the inspector that they were very comfortable and liked their new bed. They showed and spoke about how they recently bought a new scented candle, new soft toy, had their nails manicured and painted, and had their hair done. They explained about people and events that were displayed in framed photographs in the bedroom. They mentioned how they had enjoyed a special milestone birthday and showed photographs of their outfit and birthday cake. Residents were seen interacting with staff members throughout the day, enjoying friendly banter, engaging in conversations and it was clear that they had developed comfortable and trusting relationships with one another.

There was consistent and stable staffing arrangements in place. Staff spoken with had worked in the centre over a sustained time period and demonstrated a good knowledge and understanding of residents' individual communication styles, needs, preferences and interests. Staff were observed to be attentive and responsive to the residents throughout the day, ensuring that their comfort, well being and care needs were met. Staff spoken with outlined that residents continued to enjoy a variety of activities and outings including going on day trips to places of interest, eating out, visiting the local shops and cafes, attending mass in the local church, and some residents had visited their peer who was in hospital. Residents also continued to enjoy music sessions which were held weekly in the house. There were normally two staff on duty during the weekdays and three staff on duty at weekends which supported residents with the choice to get and out and about or remain the centre if they wished.

From conversations with residents and staff, observations made while in the centre, a review of completed questionnaires and information reviewed during the inspection, it was evident that residents were consulted with and were listened to, had choices in their lives and that their individual rights and independence was promoted.

The next two sections of the report outline the findings of this inspection, in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of residents lives.

Capacity and capability

The findings from this inspection indicated that the provider was making progress towards achieving compliance with regulation 28: Fire Precautions. While one of the existing houses had not yet achieved the required level of fire safety compliance, significant progress had been made in planning for a full refurbishment of an alternative house, with building works due to commence. On completion of these works, residents will be relocated to the refurbished premises which is intended to provide a fully compliant environment that meets the required fire safety standards.

While there was evidence of good practice in many areas, improvements and further oversight were also required to some other aspects of fire safety management, staff rosters, servicing of equipment, and assessment and personal planning.

There was a clearly defined management structure in place. The person in charge worked full-time and was also person in charge for two other designated centres. The team leader post was currently vacant. The inspector was informed that recruitment to fill the post was actively taking place, with interviews scheduled later in the week. The person in charge was being supported in the role by the service manager and members of the senior management team. There were on-call management arrangements in place for out-of-hours. These arrangements were clear and available to staff in the centre.

The provider had ensured that the staff numbers and skill-mix were in line with the assessed needs of residents. The inspector noted that there were adequate staff on duty to support residents on the day of inspection. There was a full compliment of staff in place with all staff having worked in the centre over the past number of years. The inspector reviewed the staff rosters for 12 to 25 July 2026 and noted that stable staffing arrangements were in place. However, staffing rosters require improvement to ensure further clarity as regards hours worked and staff on duty.

Staff training records reviewed indicated that all staff had completed mandatory training. Additional training had also been provided to staff to support them in their roles and meet the specific support needs of some residents. Training requirements and opportunities were regularly discussed with staff at team meetings.

The provider had systems in place for reviewing the quality and safety of the service including six-monthly provider led audits and an annual review. The annual review for 2025 was completed and had included consultation with residents and their families. The provider continued to complete six-monthly reviews of the service. The

most recent review was completed on 24 February 2026. Actions identified as an outcome of the reviews had been addressed.

The local management team continued to regularly review areas such as incidents, risk management, infection prevention and control, medication management, staff training, restrictive practices and residents records. The results of a sample of recent audits reviewed indicated satisfactory compliance. The inspector noted that there was a low level of reported incidents, no complaints had been received in the past year, no active safeguarding concerns and no restrictive practices in use in one of the houses visited.

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge was suitably qualified and experienced for the role. The inspector did not meet with the person in charge as they were on leave at the time of inspection. The area manager facilitated the inspection and maintained oversight of the service in the absence of the person in charge.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that there were adequate staff to meet the assessed needs of residents living in the centre, however, improvements were required to ensuring greater clarity in the staff roster. There was normally one staff on duty in the morning, two staff in the afternoons and evening with one staff on sleep over duty at night-time in one house to meet the needs of two residents. There were two staff on duty during the day/evening during the weekdays with three staff on duty at weekends and two staff on waking night-duty to meet the needs of four residents in the other house. The roster was not sufficiently clear and could be confusing when determining the staff on duty. It included different coloured fonts and various colour coded sections which were not always fully accurate. The staff member in charge of each shift was not identified on the roster.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider had ensured that all staff who worked in the centre had received mandatory training in areas such as fire safety, positive behaviour support, manual

handling and safeguarding. Additional training was provided to staff in various aspects of infection prevention and control, safe administration of medications, epilepsy care, eating, drinking and swallowing guidelines, open disclosure and food safety management. There were systems in place to oversee training and to ensure all staff were provided with refresher training as required.

Judgment: Compliant

Regulation 23: Governance and management

The findings from this inspection indicated that the centre was being well managed. The provider continued to make progress towards achieving compliance with regulation 28: Fire Precautions. There was a plan in place to replace one of the existing houses which was not structurally fire compliant with a fully refurbished house that would meet the needs of residents and the required fire safety standards. The provider needed to fully implement the time-bound plan submitted to achieve compliance with regulation 28: Fire Precautions. In addition, further improvements were required in the day-to-day management of fire safety, as well as improvements to the oversight of servicing of equipment, assessment and care planning documentation.

There was a clear management structure in place as well as an on-call management rota for out of hours and at weekends.

The provider and local management team had systems in place to maintain oversight of the safety and quality of the service. The person in charge was full-time and the provider was actively recruiting to fill the vacant post of team leader to ensure consistent management oversight and presence in the centre.

The provider had maintained stable staffing levels which supported continuity of care and contributed positively to the overall quality and safety of the service. There was evidence of ongoing consultation with residents to ensure they were involved in decision-making about their care and support, preferences, wishes and individual goals.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose submitted with the application to renew registration. It was found to contain the required information as set out in schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

Overall, residents received a good standard of care and support from a stable and experienced team who were familiar with their individual needs and preferences. Throughout the inspection, residents appeared comfortable in their homes and staff interactions were observed to be respectful, warm and responsive. Residents were supported to access their local community on a regular basis and participated in a range of activities in line with their interests and preferences. Residents health care needs were appropriately identified and they had access to relevant health care professionals when required.

While one of the houses had not yet achieved compliance with the required fire safety regulations, the provider had implemented a number of interim measures to enhance residents safety. These included the purchase of a new bed for one resident and the provision of an appropriately sized external door and ramp from their bedroom to ensure that this resident could be evacuated safely and in a timely manner while remaining in their bed, if required. There were two staff members on active duty at night-time to support residents evacuate in the event of fire or other emergency. Regular fire drills had been carried out to ensure that staff were familiar with their roles, however, there had been no recent night-time scenario drill completed in one of the houses. Fire drill records reviewed in both houses indicated that residents could be evacuated safely and in a timely manner.

Improvements were required to assessment and care planning documentation. There was no comprehensive assessment of the each residents health, personal and social care needs available. As a result, there was insufficient evidence that all the residents assessed needs had been identified. The area manager did outline residents individual care and support needs and there were corresponding assessments, as well as, care and support plans recorded for those needs, however, some care plans reviewed lacked comprehensive guidance to direct care.

Personal plans had been developed in consultation with residents and their key working staff. Files reviewed showed that residents had goals clearly set out for 2026. There were regular progress notes recorded with evidence that goals were being progressed and achieved.

The local management team had systems in place for the regular review of identified risk in the centre as well as regular reviews of health and safety, infection prevention and control and medication management. Individual risks to residents were identified, assessed, and managed with appropriate measures in place to support residents safety while promoting autonomy and quality of life.

The management and staff team continued to promote a restraint-free environment and there were no restrictive practices in use in one of the houses. There was some restrictive practices in use in the other house and these were found to be managed in line with national policy.

Regulation 17: Premises

The provider had acknowledged that the physical premises required improvement and was committed to addressing this. The provider had agreed a time bound solution the the Chief Inspector. The first phase of the plan was complete and some residents had moved in December 2025 to a fully refurbished house. Works were due to commence on a second house currently vacant with a view to residents moving in there once the works were complete and the house registered as part of the designated centre. On completion of these planned works, Waxwing 2 will consist of two fully refurbished houses, laid out to meet the needs and future needs of the residents.

Judgment: Not compliant

Regulation 28: Fire precautions

One of the existing houses had not yet achieved the required level of fire safety compliance, however, progress was being made in completing a full refurbishment of an alternative house. On completion of these works, residents will be relocated to the refurbished house which is intended to provide a fully compliant environment that meets the required fire safety standards.

Improvements were required to some other aspects of fire safety management and to ensure that all staff were fully familiar with the operation of the fire alarm system. While regular fire drills had been carried out to ensure that staff were familiar with their roles, there had been no recent night-time scenario drill completed in one of the houses in order to provide assurances that residents could be evacuated safely at night-time.

All staff spoken with had completed fire safety training, however, staff were unclear and not knowledgeable regarding the workings of the fire alarm systems. They were unsure as to the number of fire compartments in the houses and did not know what information would be displayed on the fire alarm panel in the event of fire. There was no layout plan of the building in one of the houses displayed adjacent to the fire panel to assist staff and emergency services in identifying the location of an activated zone.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge had not ensured that a comprehensive assessment of the health, personal and social care needs of the residents was carried out. While care plans were in place for issues as outlined by the area manager and staff were observed to have a good knowledge of residents needs, they were not underpinned by a comprehensive assessment of need for each resident. Therefore, it was difficult to determine if each residents assessed needs had been identified and were informing the development and review of care plans.

There was evidence that care and support plans in place were regularly reviewed. However, some care and support plans lacked detail and did not provide comprehensive guidance for staff. For example, staff spoken with were unclear regarding the specific care needs of a resident at night-time. A care plan was not in place to guide the care of a resident using a bed rail including the required safety checks and the measures necessary to ensure the safety of the resident.

Judgment: Substantially compliant

Regulation 6: Health care

The local management and staff team continued to ensure that residents had access to the health care that they needed.

Residents had regular and timely access to general practitioners (GPs), medical consultants and health and social care professionals. A review of residents' files indicated that residents were regularly reviewed by their GP. Residents had also been reviewed by the occupational therapist (OT), speech and language therapist (SLT), dietitian, psychiatrist, positive behaviour therapist, psychologist, behaviour support specialist, physiotherapist, chiropodist, dentist and optician. Residents had also been supported to avail of vaccination and national screening programmes.

Judgment: Compliant

Regulation 7: Positive behavioural support

All staff had received training in supporting residents manage their behaviour. Those who required support had access to a behaviour support specialist and had positive behaviour support plans in place.

The local management team promoted a restraint free environment. There were no restrictive practices in use in one of the houses and they continued to regularly review restrictive practices in use in the other house. The inspector found that restrictions in use were being managed in line with national policy, were regularly reviewed and there was a clear rationale set out for their use.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that residents accommodated were protected from abuse. All staff had completed training in relation to safeguarding. Safeguarding and associated topics were regularly discussed with staff at team meetings. Residents spoken with and questionnaires reviewed indicated that they felt safe in the centre. There were no safeguarding concerns at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents rights were promoted and respected in the centre. Residents were supported to make choices about their daily lives, including how they spent their time, their preferred routines, meals and activities. Staff were observed to interact with residents in a respectful, dignified and person-centered manner and were familiar with residents individual preferences and communication needs. Residents were consulted with through regular house /advocacy meetings and day-to day discussions with staff. One resident chose to spend some days in bed and staff respected this choice while maintaining regular contact to ensure the residents comfort, well-being and care needs were met.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Waxwing 2 OSV-0004842

Inspection ID: MON-0042459

Date of inspection: 21/07/2026

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: Updating of roster template	
• The roster has been updated to show only staff on duty in the Centre. This was completed on 09/08/2026 • There is a management structure in place which provides support to staff across each shift. This includes Area Manager, Team Leader and PPIM's. While the role of supernumerary Team Leader is currently vacant, recruitment is ongoing and suitable applicants are going through the onboarding process. They will be appointed as soon as they have completed the onboarding process. A shift plan is in place daily which identifies the duties of each staff member, this is shared with the Area Manager & Team Leader daily.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	
Servicing of equipment	
• Corlann have access to servicing providers for the maintenance and servicing of equipment • This company was contacted with the details of all equipment which requires servicing, 30/08/2026. • The servicing of all equipment in Waxwing 2 has been planned and will be completed by 21/08/2026 • All of the equipment in Waxwing 2, is now scheduled for servicing every 12 months • Overhead hoist servicing has been completed 14/08/2026. • All overhead hoists are now included in the scheduled contracted servicing, which will	

recur every 6 months.

- Any essential maintenance of equipment will be notified to the servicing company and completed on our request.

Assessment of residents

- Within 28 days of admission to Corlann residential services, a personal plan is developed to reflect the needs of the resident.
- An annual assessment for residents to understand their individual needs is completed in a multi-documentation and multi-disciplinary process. Corlann do not have a single specific process to fulfil this process.
- An annual Person Centred Plan is completed to assess and understand the personal needs and wishes of the residents for the coming year.
- Other assessments which are completed include;
 - o A review of personal information on their individual file
 - o Multidisciplinary team meetings
 - o Referral for assessment by Multidisciplinary team members
 - o Risk assessment process
 - o Accident and incident reporting and response
 - o Primary care assessments
 - o Acute Health care services guidance input
 - o GP oversight
- The completion of assessments, review of documentation and recommendations, guide the planning of services for each individual

Care planning

- A Health care plan is in place for each resident in Waxwing 2
- The plans outline the health conditions experienced by each resident and offer guidance to staff on how to support the resident appropriately.
- All Health care plans are reviewed annually or sooner if required.
- A review of all Health care plans will be undertaken by the PIC to ensure that all plans are individualised and include full details of all aspects of care required. 31/10/2026

Regulation 17: Premises	Not Compliant
-------------------------	---------------

Outline how you are going to come into compliance with Regulation 17: Premises:
Fire compliance works

1. Building works commenced on replacement house on 13th August 2026. This will result in replacement house being fully fire compliant and will provide a home that will meet the needs of the residents that will live there.
2. It is expected that building works will be completed by 30th September 2027.
3. Once upgrade and fire safety works have been completed at Greenpark an Application to Vary Condition will be submitted, for this property to be added to the footprint of Waxwing 2.
4. Residents from the non-fire compliant house will then be supported to transition once registered.

Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire Drills • All staff working in the centre, both day staff and night staff, will participate in fire drills, these are scheduled and will be completed by 30/09/2026. These will be overseen by the Person in charge. Staff training • Training for staff on the fire panel was provided on 17/04/25. Six staff attended at this time, two from one house and four from the other house. • Additional training will be provided for remaining staff, to be completed by 30/09/2026 by the Corlann Limerick Health and Safety officer & PIC Floor plan and fire panel review • The floor plan for each house has been reviewed in the context of the fire panel and floor plan, to ensure that room numbers on the fire panel and the floor plan are consistent. This has been confirmed as correct by fire servicing engineer and the Corlann Health & Safety officer. 14/08/2026 • Compartmentation is illustrated on the floor plan for the house where it is present. • All exits in both houses are clearly displayed on the floorplans for the house and escape routes are clearly defined on the floor plan, identified by a green line	
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: Assessment of residents • Within 28 days of admission to Corlann residential services, a personal plan is developed to reflect the needs of the resident. • An annual assessment for residents to understand their individual needs is completed in a multi-documentation and multi-disciplinary process. Corlann do not have a single specific process to fulfil this process. • An annual Person Centred Plan is completed to assess and understand the personal needs and wishes of the residents for the coming year. • Other assessments which are completed include; - o A review of personal information on their individual file - o Multidisciplinary team meetings - o Referral for assessment by Multidisciplinary team members - o Risk assessment process - o Accident and incident reporting and response	

- o Primary care assessments
- o Acute Health care services guidance input
- o GP oversight
- The completion of assessments, review of documentation and recommendations, guide the planning of services for each individual

Care planning

- A Health care plan is in place for each resident in Waxwing 2
- The plans outline the health conditions experienced by each resident and offer guidance to staff on how to support the resident appropriately.
- All Health care plans are reviewed annually or sooner if required.
- A review of all Health care plans will be undertaken by the PIC to ensure that all plans are individualised and include full details of all aspects of care required. 31/10/2026
- A specific care plan for a resident using a bed rail which includes safety checks and measures to ensure the safety of the resident has been completed by the PIC and commenced on 17/10/2026

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(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	15/08/2026
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.	Not Compliant	Orange	30/11/2027
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	Substantially Compliant	Yellow	31/10/2026

	to residents' needs, consistent and effectively monitored.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	30/11/2027
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/11/2027
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.	Substantially Compliant	Yellow	31/10/2026
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	09/08/2026