Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Waxwing 1
Name of provider:	Corlann
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	30 June 2026
Centre ID:	OSV-0004918
Fieldwork ID:	MON-0042787

About the designated centre

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

This designated centre is comprised of one detached single storey premises located in a small housing development in a rural location. It is close to a large city and transport is provided. Residential services are provided to a maximum of four residents and the house is staffed on a full-time basis. The provider aims to provide each resident with a safe homely environment, quality care and supports appropriate to their individual requirements; this is achieved through a process of individual assessment and planning. The provider aims to support residents of all abilities but who are experiencing a need for increased care and support in relation to their disability or increasing age. Residents are supported to enjoy a quieter pace of life but to have continued access to the day service and the wider community in line with their preferences and ability. The model of care is a social model and the staff team is comprised of social care workers and support workers. Direct team management is by an administrative team leader. This person reports directly to the person in charge who is based off site. The house is comprised of four individual bedrooms, two bathrooms, a sitting room, dining room / kitchen, utility room, store room and staff office. There is a large garden to the rear of the property.

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

What residents told us and what inspectors observed

This was an announced inspection carried out to monitor compliance with the regulations and to inform the renewal of registration of the centre. The last inspection of this centre took place in September 2025 and indicated good compliance with the regulations. The findings from this inspection indicated continued compliance with the regulations reviewed. The inspection was facilitated by the team leader.

Throughout the inspection, it was evident that staff strived to ensure that the care and support provided to residents was person-centred in nature and that they prioritised the well-being and quality of life of residents. Some improvements were required to staff rosters to clearly set out staff on duty and flooring to parts of the premises required repair and upgrading.

There were four residents accommodated on a full-time residential basis, the inspector met with all four residents at various intervals throughout the day. The inspector also reviewed three completed questionnaires which residents had completed in advance of the inspection about what its like to live in the centre. Three residents normally attended a day service programme during the weekdays and one resident was on a semi-retirement programme and arranged their own day programme with the staff on duty.

Residents spoken with had a good understanding of the role of HIQA and the role of the inspector. They told the inspector that they liked living in the centre and got on well with one another. Some residents were assessed as largely independent in activities of daily living while others required support with all activities of daily living as well as with managing behaviours and in accessing and participating in social activities in the community. One resident engaged well with the inspector using non verbal communication. The resident smiled, maintained eye contact, took the inspector by the hand to show them their bedroom, appearing happy and comfortable throughout the interaction. Staff were observed to respond appropriately to the residents gestures and non-verbal cues, demonstrating a good understanding of the residents preferred communication style. Warm and respectful interactions between the residents and staff were evident throughout the inspection.

The centre consists of a single storey house, located in a residential area of a rural village but close to a wide range of amenities in the nearby city and surrounding areas. The house was found to be comfortable and furnished in a homely manner. Residents had access to a large kitchen/ dining room and two sitting rooms. Some residents had their own preferred armchairs decorated with their own personalised throws. One resident was observed to have their own dining table and chair which had been adapted to a lower height to meet their individual needs. This supported the residents comfort, accessibility and independence during meal times. A digital photo display was observed on the dining table. The screen automatically rotated

through a selection of recent photographs showing residents participating in and enjoying a variety of activities and events. Each resident had their own bedroom and shared two accessible shower rooms. Each bedroom had adequate personal storage space and had been personalised in line with residents individual preferences including framed photographs, soft toys, dolls and other memorabilia of significance to them. Residents were happy to show the inspector their bedrooms, stated that they liked their bedrooms and liked to spend time there. One resident proudly showed the inspector their collection of medals they had won a various special Olympic sporting competitions. Some bedrooms had been recently repainted and new soft furnishings provided. The team leader outlined that further refurbishments including the provision of some new furniture was also planned. Residents had access to a large garden and lawn area to the rear of the house and some outdoor dining furniture was provided. Residents spoken with told the inspector how they sometimes liked to spend time outside when the weather was warm. While the house was generally found to be visibly clean and well maintained, improvement works were required to some flooring and skirting boards. The flooring to the kitchen, dining and living area required repair and upgrading. There were gaps and defective carpentry noted to wooden flooring particularly at many wall floor junctions. This also impacted upon infection, prevention and control as these areas could not be effectively cleaned.

Three residents chatted with the inspector both in the morning, and later when they returned from their day programme. Residents told the inspector that they were happy living there and enjoyed their daily lives. They said that they were all friends and got on well together. They spoke of how they sometimes planned outings together and told the inspector how they had enjoyed at day out a Ballybunion beach during the recent hot weather. The spoke of how they usually enjoy having breakfast out on a Tuesday morning, a take-away meal of their choice every Wednesday evening and usually eat out in a local hotel or restaurant on a Sunday. They mentioned that they partake in a residents house meeting every week and plan the weekly menu, discuss and plan their preferred activities and could raise any issues or concerns. Residents stated that they enjoyed going for walks in the local parks, going bowling, attending monthly music and dance socials, visiting their neighbours, going shopping and one of the residents enjoyed regular spa days. They mentioned how they had enjoyed recent day trips to the beach, an animal farm and Knock religious shrine. Some had enjoyed attending football and rugby matches. Some residents spoke of their plans to go on holidays later during the summer. One resident was looking forward to a trip to London and another to attending a music concert with an overnight stay away. Residents also stated that they enjoyed spending time at home in the house, watching television, You Tube videos, listening to music, making jig-saws, colouring, making cups of tea and chatting with staff and peers.

Residents also mentioned the importance of family and how they were supported to regularly visit and stay in contact with family members. One resident went home to stay with family members every weekend, while others received visits from family members in the centre. One resident was supported to regularly visit their family member who was residing in a nursing home. Three residents had their own mobile

telephones which they used independently to keep in contact and communicate with family members.

Residents were supported by a team of staff who knew them well. On the day of inspection, there were adequate staff on duty to meet the needs of residents. While a number of staff were on long term leave, regular relief staff were used to cover shifts. Residents were observed interacting with staff members throughout the day, enjoying friendly banter and it was clear that they had developed comfortable and trusting relationships with one another.

From conversations with residents and staff, observations made while in the centre, 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

There was a clearly defined management structure in place and the findings from this inspection indicated that the centre was being well managed. The local management team were committed to promoting the best interests of residents and complying with the requirements of the regulations. The findings from this inspection indicated good compliance with the regulations reviewed and there was evidence of good practice in many areas. However, some improvements were required to ensuring greater clarity in the staff rosters to accurately reflect staffing arrangements. In addition, repairs and and refurbishments to sections of flooring was required to ensure the premises continued to be maintained to an appropriate standard and effectively cleaned.

The person in charge worked full-time and was also person in charge for two other designated centres. They were supported were supported in the role by a team leader and service manager. 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. While there were no staff vacancies, the inspector was informed that a number of staff were currently on long term leave and rosters were being filled by using regular relief staff who knew the residents well. The inspector reviewed the staff rosters for June 2026 up to the 7 July 2026 and noted that stable staffing arrangements were in place.

Staff training records reviewed indicated that all staff including relief 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 and at individual supervision 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 26 May 2026. The team leader advised that they had received the review report and action plan in the days prior to the inspection and had not yet followed up on all of the actions identified.

The local management team continued to regularly review areas such as incidents, fire safety, risk management, infection prevention and control, medication management, staff training, restrictive practices, residents finances and residents records. The results of a sample of recent audits reviewed indicated satisfactory compliance. Regular staff team meetings were taking place at which the results of audits and actions required were discussed to ensure sharing of information, inform learning and improvement to practice. The inspector noted that there was a low level of reported incidents and no complaints had been received in the past year.

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 person in charge was supported in the role by a full-time team leader who was based in the centre.

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 were normally three staff on duty throughout the day and one staff on active duty at night-time. The roster included the names of staff members who were on long term and annual leave, displayed in a different coloured font, however, there was no key or legend to explain the colour coding. As a result, the roster was not sufficiently clear and could be confusing when determining the staff on duty. The team leader was recorded on a separate

roster which also included their on-call shifts. This further reduced the overall clarity of the staffing arrangements as the roster did not provide a clear, consolidated record of staff on duty.

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, diabetes awareness, stoma care, 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. A review of the minutes of team meetings showed that training requirements were regularly discussed with staff.

Judgment: Compliant

Regulation 23: Governance and management

The findings from this inspection indicated that the centre was being well managed. The compliance plan submitted following the previous inspection had been addressed. 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 was supported by a team leader who managed the day-to-day running of this service and provided a consistent management 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: Compliant

Quality and safety

Overall the provider demonstrated good practice in promoting the quality of life and safety of residents. The inspector found that the local management team and staff were committed to promoting the rights and independence of residents and ensured that they received an individualised safe service. The residents who used this service continued to enjoy a good social life, had good access to their local community and they were actively supported to engage in activities which they enjoyed. Residents spoken with confirmed that they were consulted with, had control over decisions regarding their care and support, their daily routines and could choose to partake in their preferred activities.

Staff spoken with were familiar with, and knowledgeable regarding residents' up-to-date health care needs. The inspector reviewed the files of two residents in detail and also reviewed sections of two further residents files. There were recently updated comprehensive assessments of the residents health, personal and social care needs completed. Support plans were in place for all identified issues including intimate care and specific health-care needs. Support plans were found to be comprehensive, informative, person centered and had been recently reviewed.

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.

Residents had access to general practitioners (GPs), out of hours GP service, nursing and medical specialists and consultants. Records and files reviewed showed that residents had an annual medical review and access to the medical care as required.

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, restrictive practices and medication management. 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 local management team had fire safety management systems in place. All staff and residents had been involved in completing fire drills. Fire drill records reviewed provided assurances that residents could be evacuated safely in the event of fire. Residents spoken with confirmed that they had taken part in fire drills.

The management team had taken measures to safeguard residents from abuse. All staff had received specific training in the protection of vulnerable people. There were comprehensive and detailed personal and intimate care plans to guide staff. Safeguarding was a standing agenda item and discussed at all staff meetings. The inspector reviewed and discussed a recent safeguarding incident which had been notified to the Chief Inspector and was provided with assurances that it was being managed appropriately in line with safeguarding policies.

The centre was found to be comfortable, spacious, furnished and decorated in a homely style. However, repairs and and refurbishments to sections of flooring particularly in the kitchen and communal living areas was required to ensure the premises continued to be maintained to an appropriate standard and effectively cleaned.

Regulation 11: Visits

Residents were supported and encouraged to maintain connections with their friends and families. There were no restrictions on visiting the centre. There was adequate space available to meet with visitors in private if they wished. Some residents received regular visits from family members and friends in the centre. Some residents regularly visited their family members at home and others were in daily contact with family by telephone.

Judgment: Compliant

Regulation 17: Premises

The centre was designed and laid out to meet the needs of residents, however, the flooring including skirting boards required repair in the kitchen and in some of the communal living areas to ensure that they were maintained in a good state of repair and provided a sealed surface that could be effectively cleaned and maintained.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. There was a risk register in place which had been recently reviewed and updated. There were regular reviews of health and safety, incidents, restrictive practices and medication management. The recommendations from reviews were discussed with staff to ensure learning and improvement to practice. All residents had a recently updated personal emergency evacuation plan in place.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place. Daily and weekly fire safety checks were taking place. There was a schedule in place for servicing of the fire alarm system and fire fighting equipment. All staff had completed fire safety training. Regular fire drills of both day and night-time scenarios were taking place involving all staff and residents. Fire drill records reviewed by the inspector provided assurances that residents could be evacuated in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Care plans reviewed by the inspector were found to be individualised, clear and informative. Staff spoken with were familiar with were knowledgeable regarding the assessed needs of residents. There were individual risk assessments, as well as, care and support plans in place for all identified issues including specific health care needs. There was evidence that assessments and support plans were regularly reviewed.

Judgment: 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 psychologist, behaviour support specialist, neurologist, diabetic nurse, stoma care nurse, 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 plan in place. The inspector reviewed a positive behaviour support plan which had been drafted by the clinical nurse specialist in behaviour support. The plan was found to be comprehensive and informative clearly setting out trigger factors, proactive approaches and suggested staff responses.

The local management team continued to regularly review restrictive practices in use. The inspector found that restrictions in use were being managed in line with national policy with 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 residents at weekly house meetings and with staff at team meetings. Residents spoken with advised that they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were promoted and respected in the centre. Residents spoken with during the inspection demonstrated an awareness of their rights and confirmed that they were supported to make their own decisions.

Residents were supported to participate in the community and had opportunities to partake in activities of their choosing. Some residents were registered to vote and could exercise their civil rights if they wished. A resident who liked to attend local church services was supported to attend when they wished. Residents had access to information and communication resources in the centre. These included access to telephones, televisions and Wi-Fi which supported residents stay informed and stay in contact with family, friends and the wider community.

There were good consultation practices in place. Regular opportunities were provided to residents to express their views. Regular house and key worker meetings provided opportunities for residents to discuss their preferences, raise concerns and contribute to decisions about their care and the operation of the centre.

The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a respectful manner.

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	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	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 1 OSV-0004918

Inspection ID: MON-0042787

Date of inspection: 30/06/2026

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: • The PIC of the designated centre reviewed and updated the current roster. • The roster now includes a key as a guidance on which staff members are on duty and off duty. • The roster also identifies the on-call shifts for both the PIC and the Social Team Leader of the designated centre, providing greater clarity regarding staffing arrangement.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The maintenance team visited the designated centre on 15/07/2026 and confirmed that the required repair works to the premises will be completed by 30/09/2026.	

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	15/07/2026
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 externally and internally.	Substantially Compliant	Yellow	30/09/2026