



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

Issued by the Chief Inspector

Name of designated centre:	No 4 Brooklime
Name of provider:	Corlann
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	01 July 2026
Centre ID:	OSV-0005147
Fieldwork ID:	MON-0042417

About the designated centre

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

No 4 Brooklime is located on the outskirts of a large town in Cork. The centre provides residential support for up to three adults with severe levels of intellectual disability including those with autism. The individuals have multiple/complex support needs including behaviours that challenge. The service is based on a social care model. To meet the needs of the residents the house has been refurbished and redesigned to incorporate two self-contained apartments. It is a ground floor premises with large garden spaces and a patio area in a tranquil setting. Access to local amenities and shops requires the use of transport. One apartment can support two residents, each with their own bedroom. There is also a shared bathroom, separate toilet area, kitchen-dining area, utility room and two sitting rooms. The second apartment supports one resident who has their own bedroom, sitting room, kitchen-dining area, bathroom and shower room, staff office/bedroom with en-suite and a store room. The centre's focus is on providing a consistent and predictable supported environment including a total communication approach by staff. The individual needs of the residents are supported in a homely environment and they are supported to reach their fullest potential by participating in leisure, social and household activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 1 July 2026	09:35hrs to 17:15hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

This was an announced inspection completed in the designated centre No. 4 Brooklime. This designated centre was registered to provide full-time residential services to a total of three adult residents. This inspection was completed to make a decision regarding the registered provider's application to renew the registration of the centre for a further three year cycle.

Overall, residents living in No. 4 Brooklime received a high quality of care and support in their home. Residents' questionnaires identified areas for improvement and, areas where the staff team wanted to develop their skills to ensure they promoted residents' choices effectively. It was evident that staff advocated for the needs of residents, to ensure they received a high quality of care and support in their home.

At the time of the inspection, the centre was home to two residents. The inspector had the opportunity to meet with both residents on the inspection day. Residents living in No. 4 Brooklime were non-verbal communicators. Although the inspector could not seek the views directly from the residents about what life was like in their home, they spoke with the three staff members on duty, observed interactions between residents and staff and reviewed documentation.

Resident questionnaires were sent to the registered provider before the inspection took place. These questionnaires sought to seek the views of residents on the quality of care and support they received in their home. Two questionnaires had been completed by staff members on behalf of residents. Although overall these reported that residents were happy with the care they received, it did note areas for improvement. For example, it noted the bathroom for one resident required renovations however plans for this were in development. The questionnaire for both residents stated that the supports to make choices and decisions including those about their home could be better. However, clarification received after the inspection noted that this related to transport access, and how staff can support residents to exercise their rights and choices more effectively. A questionnaire was also completed by the family of one resident. this highlighted that they were happy with the supports the resident received in their home. However, it did state that the resident did not get along with the person they lived with, and that opportunities to make friends could be better.

Residents attended a day service operated by the registered provider. The inspector met with both residents on their return from day service. Each resident had their own individualised apartment in their home. However, one of these apartments had capacity to facilitate a second resident. It was observed that the vacant bedroom was being used as a sensory room for the resident that lived there. The sensory room included a large blackout tent that the resident was observed to sit and relax in, whilst watching videos on their tablet device. Staff spoken with noted that the

resident enjoyed relaxing in the sensory tent and engaging in activities in the sensory room. On discussion with staff, it was noted that the loss of this room if a third resident moved into their home would significantly impact this resident. It was also noted that the resident had previously lived with others however, this had not been successful due to safeguarding concerns that arose. Following the inspection, the registered provider contacted the inspector to advise that they wished to reduce the capacity of the centre from three residents to two, in line with the assessed needs of the current residents.

Staff noted one resident enjoyed having baths, and that they enjoyed having them several times each day. On return from day service, the resident had requested a bath and this was facilitated by staff on duty. It was noted that renovation of the resident's bathroom was required and plans to address this were in progress. It was also noted as an area requiring improvement in the questionnaire completed about the care and support provided to residents in their home.

Residents were observed relaxing in their home using their tablet devices. One resident requested to go for a drive on the centre's transport, and this was facilitated. Staff noted that they planned to go for a hot chocolate as the resident enjoyed this. Documentation reviewed noted that residents enjoyed day trips to the zoo, beaches and scenic locations. One resident enjoyed sea swimming and staff supported the resident to complete this activity in the summer months. Photographs of the resident sea swimming were observed to be on display in their home. Visiting churches was an interest of one resident and it was evident that they were supported to explore churches in their local area.

Residents had separate garden areas in their home which were decorated with sensory items. It was noted that residents often enjoyed having a BBQ at home whilst using the sensory items in their garden such as water activities. One resident engaged in the grocery shop each week and enjoyed choosing tasty treats to enjoy at home.

As part of the organisation's annual review, the provider had sought the views of residents' family as to what their life was like in their home. Responses noted that staff were 'always very helpful' and that the 'communication is always good'. It was evident that residents were supported to maintain contact with family. This included meeting family at Café's, visits to family members' homes and residents' family visiting them in No. 4 Brooklime.

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

Management systems in place in the centre ensured that residents received a good quality of care and support in their home. It was evident that staff advocated on behalf of residents, and this ensured the quality of care provided to residents was consistently monitored and reviewed.

Both resident questionnaires requested that a more consistent staff team who know the residents' preferences was provided in No. 4 Brooklime. This was reviewed as part of the inspection, including discussions with staff on duty on the inspection day. Staff spoken with were very aware of the assessed needs of residents, and staff reported that the team worked well together. Staff reported that they felt well supported in their role, and that residents were provided with staff who knew them well. A newly appointed staff member told the inspector they had been supported to receive an induction and shadow shifts before working in the centre. It was later clarified that this feedback related to staffing changes in the months before the inspection had taken place. This included a change of person in charge and the recruitment of new staff. An induction folder had been developed to outline the key routines of residents to support newly recruited staff. Newly recruited staff completed shadow shifts and an induction before working directly with the residents.

Fortnightly team meetings took place in No. 4 Brooklime. These were attended by the person in charge. Topics discussed at meetings included safeguarding of residents, residents' assessed needs and staff issues or concerns. There was no evidence observed of the areas for improvement raised in residents' questionnaires having been raised at these meetings. However, it was evident that transport issues for one resident had been reported in the centre's annual review in April 2026. The person in charge did discuss this with staff after the inspection had taken place. It appeared that such areas were noted as areas for further quality improvement, with management in the centre noting that staff are 'great advocates' for residents. It was also noted that these topics would be discussed at the next meeting to ensure improvements could be made if required.

Staff spoken with were complimentary of the management team in the centre, including the person in charge who had been appointed to the role in November 2025. Management in No. 4 Brooklime were also complimentary of the staff team. It was noted that there appeared to be a positive staff culture in the centre, with staff noting that they can always discuss residents' assessed needs and approaches to their care and support with the team. 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. The

registered provider had applied to renew the centre's registration for 3 adult residents, however following a discussion about the assessed needs of the current residents the provider advised that they would be applying to renew the centre's registration for two residents.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of the residents. A rota had been developed which outlined the staff on duty each day and their hours of work. The inspector reviewed the staff rota from 17 May 2026 until 30 May 2026 and noted that residents had been provided with consistent staff. This was noted to be important to each of the residents as routine and familiarity was important to them.

The inspector reviewed the files of four staff who worked in the designated centre. This included a file of each staff grade in the centre which were registered nurses, social care workers and care assistants. The person in charge had ensured they had obtained all the information and documents outlined in Schedule 2.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training as part of a continuous professional development programme. The inspector reviewed the training records of 12 staff and found that all staff had been supported to receive the following training;

- Fire safety
- Fire evacuation
- Safeguarding of vulnerable adults
- Children's first
- Human rights
- Manual handling
- Hand hygiene
- Medicines management
- Management of behaviour that is challenging.

Following an annual multi-disciplinary team meeting, it was recommended that staff complete a specific training in manual signing communication methods. Three staff were scheduled to complete this training in September 2026.

The person in charge had ensured that staff were appropriately supervised. A supervision schedule indicated that 11 staff had received supervision in March and April 2026. Two newly recruited staff had completed an induction with management in March 2026.

Judgment: Compliant

Regulation 22: Insurance

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

Judgment: Compliant

Regulation 23: Governance and management

An annual review of the quality of care and support provided to the residents had been completed from April 2025 to April 2026. This noted areas where improvement had taken place. For example, the centre had received a new bus. However, it also noted that one resident did not always have access to transport in the evenings. This was also outlined in the questionnaire of the quality of care and support in No 4. Brooklime for one resident. This is further discussed under Regulation 9; Residents' rights.

Six-monthly unannounced visit reports had taken place in November 2025 and February 2026. These included progression of actions from previous audits and the inspection completed in November 2025.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured an effective complaints procedure for residents which is in an accessible format was available to residents living in No. 4 Brooklime. The inspector reviewed the details of four complaints that had been made since the inspection completed in November 2025. It was evident that these had been

addressed to the satisfaction of the complainant in a timely manner. It was also evident on a review of residents' personal files that information and actions taken in response to complaints were documented and discussed with the staff team.

Judgment: Compliant

Quality and safety

The wellbeing and welfare of residents living in the designated centre was maintained by a good standard of care and support. Overall, it was evident that residents were safe and well supported in No. 4 Brooklime.

The premises of the designated centre was a bungalow in a rural location. The nearest town was approximately 5km away from the residents' home. The residents' home was split into two separate apartments where each resident lived. Overall, the residents' home was clean and suitably decorated. Minimal decoration in residents' bedrooms was in line with their assessed needs. Plans were being developed to renovate one resident's bathroom.

Residents' personal plans included their likes and interests. For example, one resident's plan noted they liked going to the shop to pick out something nice, sea-swimming and going for walks. It also noted residents were supported to go for massages, horse-riding and to see their family. Discussions with staff and documentation reviewed indicated that residents were provided with opportunities to engage in activities they enjoyed. However, further review was required to ensure a resident had sufficient access to transport to access their local community.

Residents' behaviour support plans noted that residents required a consistent and familiar staff team. It was evident that this was now provided following recruitment in the centre.

Regulation 17: Premises

The flooring in one resident's bathroom was observed to be uneven and after a bath, water was observed to be pooling in the centre of the bathroom unable to drain effectively. It was also observed that part of one of the drains was located underneath the bath, which could make cleaning difficult. This posed an infection control risk and a risk of falls however, the provider noted that they planned to renovate this bathroom. This was scheduled to take place by the end of 2026.

Judgment: Substantially compliant

Regulation 20: Information for residents

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

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of the health, personal and social care needs of residents had been completed on an annual basis. The inspector reviewed the personal files of each of the two of the residents living in No. 4 Brooklime. Routine and structure was important to residents, with details of night and day-time routines outlined in each of the residents' personal plans.

Residents were supported by a team of allied health and social care professionals. This included neurologists, behaviour support therapists, psychologists, psychiatrists, social work, occupational therapists and speech and language therapists. Review by these professionals were provided as outlined to include one resident who received input from their psychiatrist every three months.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the plans in place to support each of the two residents living in No. 4 Brooklime. These plans provided clear guidance for staff to support residents to alleviate anxiety and to manage behaviour that is challenging. It was noted that one resident's behaviour support plan outlined that they prefer their own company, they need a predictable environment and that staff need to ensure the room they are in is not busy. The provider had applied to renew the centre's registration cycle with a capacity of three residents. This meant that another person could move into their apartment. On discussion with staff and management it was noted that this may negatively impact the current resident. The provider noted that they intended to reduce the proposed capacity of the centre to two residents to meet the assessed behavioural support needs of the current residents.

Judgment: Compliant

Regulation 8: Protection

The registered provider had developed a policy on the safeguarding of vulnerable adults. This policy had been updated in July 2024, and it outlined the roles and responsibilities of staff to safeguard residents. There had been no incidents of a safeguarding nature in the centre since the inspection completed in November 2025.

Judgment: Compliant

Regulation 9: Residents' rights

It was not evidenced that one resident could exercise their choice and control in relation to accessing their local community. It was noted in the centre's annual review and the questionnaire completed on behalf of one resident that access to transport for one resident was not always available in the evenings during the week when requested by the resident. Arrangements were in place to provide a second vehicle at weekends so that both residents could access their local community. Following the inspection, the person in charge noted that staff were going to begin documenting any requests by the resident to access their community which could not be fulfilled due to transport issues. This would provide evidence of the impact on the resident rights and any areas for improvement to address this issue.

At all times, staff were observed to treat residents with respect in a kind and caring manner. This ensured the dignity of residents was upheld. It was also evident that staff advocated for the needs of residents, to ensure they received a high quality of care and support in their home.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for No 4 Brooklime OSV-0005147

Inspection ID: MON-0042417

Date of inspection: 01/07/2026

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider has: • Developed plans to reconfigure one of the apartments in the centre based to improve health and safety and IPC controls and to enhance the flow of the apartment. This plan was developed in conjunction with the staff team, OT, Behaviour support and the facilities department. 17/6/2026 • Plans have been submitted for final review and approval with the facilitate manager and finance team 31/8/2026 • Works will be completed by the 20/12/2026 and the revised floor plan will be submitted to the Authority as agreed with the Lead Inspector.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The registered provider in conjunction with the PIC has ensured: • The resident currently has access to transport during their day service and from 1pm each Friday through each weekend for community access. • The Team Leader & PIC commenced a monitoring chart to ascertain the resident's requests for mid-week evening (From approx. 4pm Monday to Thursday) community access. This will be reviewed on the 1/8/2026. • The Team Leader & PIC have engaged with transport coordinator and have identified a bus that will be available to the resident if they choose to access the community during these evening hours. (1/8/2026)	

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 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	20/12/2026
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	01/08/2026