



**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:	Liscarra
Name of provider:	Corlann
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	15 July 2026
Centre ID:	OSV-0007862
Fieldwork ID:	MON-0042538

About the designated centre

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

Liscarra consists of four bungalow type residences located on a campus setting on the outskirts of a city with two of these bungalows subdivided into two apartments each. Each bungalow can support full-time residential care for between two and four residents and combined the four bungalows have a maximum capacity of 12 for residents over the age of 18 of both genders with intellectual disabilities. Each resident living in the bungalows has their own bedroom and other facilities throughout the centre include bathrooms, dining-sitting rooms and kitchens amongst others. Residents are supported by the person in charge, nursing staff and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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 15 July 2026	09:00hrs to 15:20hrs	Kerrie OHalloran	Lead
Wednesday 15 July 2026	08:00hrs to 15:20hrs	Lisa Redmond	Support

What residents told us and what inspectors observed

This was an announced inspection completed in the designated centre, Liscara. This centre was registered to provide residential supports to nine residents across four houses. This announced inspection was carried out to make a decision regarding the registered provider's application to renew the registration of this designated centre for a further three-year cycle. Due to the size of the designated centre, this inspection was completed by two inspectors over one day. Each of the four houses that were part of the designated centre Liscara were visited on the inspection day.

This designated centre is situated on a campus setting and the centre can provide full time residential care and support for up to nine adult residents with intellectual disabilities who have varying levels of assessed support needs. At the time of the inspection, nine residents lived in the designated centre. Two houses accommodated three residents each, one house which was divided into single occupancy apartments supported two residents, while another house was sub divided to support one resident, with a staff area also available.

Inspectors began the inspection together by meeting the person in charge. The person in charge showed the inspectors to the locations of the four houses and the inspectors visited each of the houses and met the residents as well as the staff members who were on duty. One inspector visited one of the houses alone to meet a resident who appeared to be relaxed and comfortable in the presence of one inspector. The resident enjoyed spending time in their home and the staff discussed that they support the resident with activities they enjoy in their home. This included music therapy. The inspector observed pictures of this displayed in the resident's home.

One inspector also visited another house during this time and soon after the second inspector also visited this house. The inspectors spent a shorter amount of time in this house, as one resident was being supported by staff in the kitchen area of the home. Two other residents lived in this house but appeared to be relaxed and unaffected by the slight escalation in the resident's behaviour. Staff members were observed to be vigilant and supported the resident, while other residents relaxed and watched programmes of interest in their living room and bedroom as they had planned during that time.

Another resident greeted the inspectors at their front door and invited the inspectors into their home. This resident sat and spoke to the inspectors about their passions and interests which included collecting items of interest. The resident informed the inspectors they were happy in their home and some time in the future would like to return to living in the community. The inspectors spoke to the staff member on duty and they were very knowledgeable of the resident and their support needs. The staff member discussed the transition of the resident to their home in January 2026

and how they were continuing to develop supports. This included the expansion of a communication dictionary.

The inspectors met and spoke with six staff members. Staff members were observed and displayed good knowledge of the residents and their assessed needs. They spoke about residents in a kind manner and were seen to support residents with drinks and snacks as the inspectors spent time in each house.

The atmosphere in residents' homes was noted to be relaxed, calm and welcoming. Each resident had their own bedroom decorated with personal possessions. In the houses it was noted that there were living rooms, where residents choose to spend time. Comfortable chairs were present to enable them to watch television. During the inspector's visit to the houses, residents were observed to be supported by the staff team to engage in preferred activities. This included going for a walk, watching preferred programmes and having their meals at times and in locations in line with expressed preferences. The inspector observed staff prepare a home cooked meal for a residents in their home and residents had their main dinner delivered to them daily. The residents were supported with choices around these meals. In addition, one resident was seen to make tea for their peer who also lived in the house. The resident set the table for them both to have tea together. The staff member on duty informed the inspectors that the other resident would then tidy up after and that they enjoyed doing this daily.

Some residents living in the houses informed the inspectors they were very happy living in their home, enjoyed many different activities in the community and had space either in their bedrooms or in communal areas to rest or complete activities as they wished. Several residents living in Liscara could not verbally communicate their views on what it was like to live in their home. It was also observed that some residents in one house chose not to engage with inspectors and inspectors had limited time in this house, and in these instances this choice was respected.

In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre and were presented to the inspector on the day of the inspection. The inspector received nine forms. The feedback in general was very positive and indicated a high level of satisfaction with the service provided in the centre. This included the staff, activities and food. One survey did identify that one resident would like a new house. While another resident commented that they enjoy their takeaway meal weekly.

Overall, the findings of this inspection indicated that residents were provided with a safe level of service and that they had a good quality of life in their home. The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Capacity and capability

This section of the report describes the governance and management arrangements and how effective these were in ensuring a good quality and safe service.

Bawnmore campus is made up of five registered designated centers. The provider demonstrated their commitment to continue to support residents to live in the community if they choose to do so since the previous inspections in May 2025. Out of the five centers registered there are four that currently have restrictive conditions attached. The Chief Inspector of Social Services attached these restrictive conditions to afford the provider the opportunity to address regulatory non-compliance's as outlined in a time bound plan submitted by the provider to the Chief Inspector on 5 December 2023. Inspectors of Social Services carried out inspections of all five designated centers over a two day period on behalf of the Chief Inspector. As part of this inspection process, the overall plan for the five centers was reviewed with the support of a third inspector. The provider was making good progress. For example, one designated center was completed at a very high standard taking into account the individual needs of the residents. Some premises works have also taken place, such as painting and new flooring to houses in this designated centre.

The centre is registered with a restrictive condition requiring the provider to comply with a specific plan by the 30 June 2026. The chief inspector attached these restrictive conditions to come into compliance based on the provider's time bound plan. The provider made these commitments in the plan they submitted to the Chief Inspector dated 05/12/23. The provider submitted an updated plan to the Office of the Chief Inspector earlier in 2026. This highlighted that the provider was committed and making progress with these plans, however not all of these centers would met the original timelines provided.

Overall, this inspection found that arrangements were in place to ensure that residents received care and support that was person-centred.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application seeking to renew the registration of the designated centre to the Chief Inspector of Social Services. The provider had ensured information and documentation on matters set out in Schedule 2 and Schedule 3 were included. For example, the provider submitted an updated statement of purpose outlining the type of service available to residents in the centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services. They were found to be aware of their legal remit with regard to the regulations and were responsive to the inspection process. At the time of the inspection the person in charge had a remit of one designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the staff numbers and skill mix were in line with the assessed needs of the residents and appropriate to meet the assessed needs of residents. An inspector reviewed a sample of rosters from June and July 2026.

There were sufficient numbers of staff to meet the needs of the residents both day and night. The roster reviewed showed that the planned numbers and skill mix of staff was maintained and that there was a consistent staff team who were known to the residents. This ensured residents were familiar with the staff on duty to support them and continuity of care was being supported. This was important to the residents living there. Consistent relief staff were in place to provide any additional cover.

Staff members on duty on the day of the inspection supported and spoke to the residents in a positive and respectful manner throughout. Staff were very knowledgeable of the residents' assessed needs and residents appeared comfortable in their presence.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured all staff had up-to-date training across both mandatory and relevant training in line with residents assessed needs. On review of the training matrix, it was found that all staff had completed training in areas such as fire safety, safeguarding, manual handling and managing challenging behaviour.

The provider had procedures in place in terms of supervision of staff. A supervision schedule was in place for the year 2026. All staff had completed supervision on a quarterly basis and had planned times to be completed for the remainder of 2026.

Staff spoke to the inspector that they felt supported in their duties and role by the management of the centre.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had submitted documentary evidence of insurance as part of the application to renew the registration of the centre. This was reviewed prior to the inspection. The documents provided showed that the registered provider had in place insurance in respect of the designated centre which was appropriate and in-line with the regulation. The current insurance for the property was valid until 20 October 2026. Evidence of the renewal of this insurance will need to be submitted by the provider once available as this date is prior to the renewal of the registration of the designated centre in January 2027.

Judgment: Compliant

Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of care of the residents living in the designated centre. There was a management structure in place, with staff members reporting to the person in charge.

As mentioned earlier in the report, the provider outlined the updated plans to attain compliance with the regulations which included the requirement for further works to be completed. The inspectors acknowledge the provider outlined the updated plans to attain compliance with the non-standard condition of the current registration of this designated centre. However, the current registration conditions of the designated centre as outlined in the statement of purpose required the provider to attain compliance with the issues identified regarding premises and fire safety by 30 June 2026. This will be considered by the Chief Inspector as part of the renewal of the registration of the designated centre.

Staff members spoken with demonstrated a good awareness of who the management team were while also demonstrating an awareness of the reporting structures for this centre as outlined in the centre's statement of purpose. Such staff were also aware of the availability of on-call support if required. The staff spoken with also indicated that management of the centre visited the houses of the centre regularly.

The records of staff meetings taking place were reviewed for all of the four houses comprising of the designated centre. Staff meeting for each house took place weekly. While relief staff were supported with quarterly team meetings. The meeting notes indicated that topics such as the centre's governance structure, safeguarding and incident reporting were discussed.

Various monitoring and oversight systems were in place. Six-monthly unannounced visits had taken place in September 2025 and March 2026. An annual review had been completed in February 2026 of the care and support of residents had been prepared in accordance with the regulations. This was a review which examined areas of the operation of the designated centre. Feedback from staff and residents' family members had been sought, and this was included in the review, and positive comments were received.

The annual review, audits and the six-monthly unannounced audit were identifying actions for improvement, and these required actions were for the most part seen to be completed or in progress. Actions reviewed by the inspector included appropriate storage for mops and buckets and this was seen to be completed on the day of the inspection. The provider had also identified the continuing work required to premises.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations. The inspectors reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre.

Judgment: Compliant

Quality and safety

The inspectors found that the local management team and staff were committed to promoting and ensuring the quality and safety of the residents. The provider had resources in place which ensured resident could be supported with to access their preferred activities. Residents were observed to enjoy various activities and also appear to be happy and comfortable in their homes and with the staff supporting them.

The inspector reviewed four of the resident's personal plans. These were seen to be kept up to date and had been recently reviewed. Residents were supported to have annual personal planning meetings which identified goals and aspirations that residents wanted to complete in the coming year. The inspector seen that these goals were taking place or residents were being supported to plan to achieve their goal. However, some review was required to ensure goals were fully documented and reflected if the resident had completed goals or if the resident was supported to change their mind how the goal progressed. This will be discussed under Regulation 5: Individual assessments and personal plans.

The provider current process for managing and supporting residents with their finances did not support the residents' rights. Residents who had opted for the support of the provider with their finances could only access their finances with the support of an assigned person, their key worker or clinical nurse manager. This was reflective of the provider's current processes relating to finances. Although some residents did have access to their bank cards, evidence on this inspection did not support that residents could still access their accounts.

Overall, the inspection found a good level of compliance with the regulations. However, some review was required under Regulation 5: Individual assessments and personal plans and Regulation 17: Premises, Regulation 29: Medicines and pharmaceutical services, and Regulation 9: Residents' rights..

Regulation 13: General welfare and development

The registered provider had ensured that residents were provided with facilities for recreation and opportunities to participate in activities in line with their interests. One resident enjoyed collecting items and these items were on display in their home. The resident also had access to an additional room to store their collectibles, the resident had their own key to access this room. The resident told the inspectors that they were being supported to find employment as it is something they would like to explore.

Residents were also supported to be involved in activities they enjoyed both in the local community, in their homes and on the campus. For example, residents enjoyed attending barbers and hairdressers in their local community, along with shopping, attending mass, visiting cafes and restaurants and nearby beaches. Some residents preferred to enjoy activities in their homes. Pet therapy and music therapy were facilitated regularly in resident's homes where they wished. Other residents enjoyed activities such as gardening, these houses had flowers displayed which the residents enjoyed.

Judgment: Compliant

Regulation 17: Premises

Premises and fire safety concerns have been long outstanding issues in this designated centre. Previous inspection reports have also highlighted the ongoing compliance issues in relation to this. The provider is aware of these issues and has a plan in place to address these ongoing issues. The centre had last been inspected in 2025. It was noted in this inspection the soft furnishing and furniture in place in residents' homes were in good condition. As mentioned earlier in the report one of the houses had completed renovations which included upgrades to fire safety systems.

However some of the other premises were older in style and appearance, some maintenance issues were present during this inspection. This included:

- Paintwork on doors of kitchen presses and internal doors was evident.
- Some screw holes evident in walls, mainly in bathroom areas.

Judgment: Not compliant

Regulation 20: Information for residents

A residents' guide was in place that contained all of the required information such as a summary of services and facilities, arrangements for visitors and how to access inspection reports.

Judgment: Compliant

Regulation 28: Fire precautions

There was inadequate fire containment measures in this designated centre. As mentioned earlier in the report the provider has a plan submitted to the Chief Inspector which will address the issues outstanding in relation to fire compliance and premises of the residents' current homes. At the time of the inspection, one house had completed upgrades in relation to fire.

The provider had measures in place such as fire equipment, lighting and fire panels, these were all seen to be regularly serviced by a competent person. The inspector reviewed fire safety records, including fire drill details and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances. The inspector reviewed a sample of residents' personal emergency evacuation plans in place. These plans were clear and provided clear information on

the supports required by residents. These plans were also seen to be regularly reviewed. The centre had an identified fire assembly point in place, and an evacuation procedure was also in place.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Storage facilities for medicines were viewed in the four houses visited during this inspection. Such facilities were seen to be lockable while also being appropriately organised. A sample of medicines within this storage were reviewed also with these found to be appropriately labelled and in-date. Aside from the storage facilities, medicine prescription and administration records were reviewed and found for the most part that the system in place was effective in ensuring medicine received was in line with the resident's prescription. However, some review was required:

- The maximum doses for a prescribed as necessary (PRN) medication for one resident was not evident on the residents Kardex.
- The providers own medication management policy also required all Kardex's to be reviewed and signed by the residents' general practitioner (GP) every twelve months. This was not clear on all Kardex reviewed. For example, one Kardex had last been reviewed in June 2025.
- One resident had a protocol for headaches in place. This had been last reviewed in 2020.
- Residents living in this designated centre had also not been supported to have capacity assessments completed regarding their medications. This required review.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

All residents are required under this regulation to have a personal plan in place that is specific to individual residents and their needs. Such plans are intended to provide guidance for staff in supporting residents by outlining their health, personal and social needs and how to provide for these needs. A sample of four residents' personal plans were reviewed during this inspection. These plans were found to have been reviewed within the previous 12 months and contained guidance on how to support residents' needs in areas such as their health, communication and intimate personal care. Records provided also indicated that residents were subject to regular review. Such findings were in keeping with the requirements of this regulation.

To help identify goals and aspirations for residents, residents engaged in the person-centred planning process. Documentation reviewed related to person-centred planning indicated that goals identified for residents included holidays of their choice, doing up a relaxation space, going to a concert or events. However, further review of some resident goals was required. For example, it was documented for one resident that they would like to plan a trip to Lourdes in 2026. Actions had been set to achieve this which included getting a passport and gathering information about the trip, along with booking it. Progress notes however reflected that this trip would not be going ahead as planned and did not document if any progress with identified actions had taken place.

Staff supported person-centred care in the designated centre. The inspectors observed a sample of the residents daily notes and activity records, these were seen to be written in a person-centred manner and clearly documented if the resident enjoyed and engaged in activities.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There were many ways the centre was supporting residents with their rights. Residents were being supported to exercise their rights. There were many examples the inspectors observed that residents' rights were respected. Regular residents' meetings were taking place regularly. Meetings were held to talk about things that were happening in the centre and were keeping residents informed. Items such as safeguarding, complaints and upcoming activities were discussed. Staff informed the inspectors that residents were provided with choice and opportunity to decide what they wanted to do or what meals they wanted, and any changes would be supported and accommodated.

The inspectors observed some residents who had their own keys, pin codes or personal fobs to access their bedrooms and their homes. This was personalised to the residents assessed needs to ensure they could access their home and personal space as they wished.

However, some ongoing issues continued to impact residents' rights.

- During an inspection of the designated centre in October 2023, it was identified that residents in this designated centre had ongoing issues regarding having access to use only one banking organisation. During subsequent inspections following this remained unchanged. Again, during this inspection, it was an ongoing issue. Progress had been made in promoting residents' independence through the provision of personal bank cards, enabling residents to access and manage their own finances where appropriate. However, this practice requires further review, as it was not consistently supporting all residents to manage their finances in a manner

that reflected their assess needs, abilities and preferences. This was also limited due to the providers own policy.

For example, the inspectors noted that this progress did not fully support the residents to access their finances. For example, one resident had a goal set in 2025 to be supported to use their bank card to pay for their services they accessed in the community. However, the progress documentation reviewed recorded that the resident had only used their personal bank card twice over the last ten months. This was documented that the resident had requested not to be supported by their key worker.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Liscarra OSV-0007862

Inspection ID: MON-0042538

Date of inspection: 15/07/2026

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Liscarra consists of 4 bungalows located on Bawnmore campus. One bungalow (Cedar Drive 7) is currently vacant as residents have moved in July to a purpose built fire compliant home in the Community. This house will be removed from the footprint in the short term. • Another bungalow (Farmlea) has been upgraded and has been reviewed by fire safety engineer on 18th August who is satisfied that the bungalow is now fire compliant. • Plans are being developed to ensure residents living in Cedar 9 and 10 will be provided with fire compliant homes in the medium term. • The intention is that all residents in this designated centre will reside in high quality fire compliant homes before the next cycle of registration.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • 13.08.2026 Maintenance meeting held with PIC to prioritise minor maintenance to be completed in the context of the overall Bawnmore plan. This included a walkabout of the Designated centre with the PIC. • All screw holes in walls will be filled in and completed by 30.01.2027. • All paint works on doors of kitchen presses and internal doors will be completed by 30.01.2027. • Liscarra consists of 4 bungalows located on Bawnmore campus. One bungalow (Cedar Drive 7) is currently vacant as residents moved on 22nd July 2026 to a purpose built fire compliant home in the Community. • Another bungalow (Farmlea) has been upgraded and has been reviewed by fire safety engineer on 18th August who is satisfied that the bungalow is now fire compliant. • Plans are being developed to ensure residents living in Cedar 9 and 10 will be provided with fire compliant homes in the medium term.	

• The intention is that all residents in this designated centre will reside in high quality fire compliant homes before the next cycle of registration.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • Liscarra consists of 4 bungalows located on Bawnmore campus. One bungalow (Cedar Drive 7) is currently vacant as residents moved on 22nd July 2026 to a purpose built fire compliant home in the Community. • Another bungalow (Farmlea) has been upgraded and has been reviewed by fire safety engineer on 18th August who is satisfied that the bungalow is now fire compliant. • Plans are being developed to ensure residents living in Cedar 9 and 10 will be provided with fire compliant homes in the medium term. • The intention is that all residents in this designated centre will reside in high quality fire compliant homes before the next cycle of registration. • In the interim all agree mitigations for fire prevention are in place as advised by Fire Safety Engineer.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: • The PRN Kardex was reviewed and updated on 27.07.2026 to clearly reflect the maximum permitted dose, ensuring that the administration guidance is accurate and clearly documented. This was further discussed at staff weekly meeting on the 03.08.2026 and 04.08.2026 to ensure staff review all kardex's to ensure the maximum permitted dose is charted. • The headache management protocol was reviewed and updated on 15.07.2026 to ensure that appropriate guidance is available for the management of headaches and that current procedures are clearly reflected. • Capacity assessments were completed on 03.08.2026 and 04.08.2026 for the relevant individuals. The assessments were undertaken and documented to ensure that capacity was appropriately considered and recorded in line with the individual's circumstances and in line with policy. • A GP/relevant practitioner will carry out a medication review. On 23.07.2026, an email was sent to the Medication Management Policy Group requesting the addition of a medication review page to the Kardex. This action is expected to be completed by 30.12.2026.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: • The individual's goal of travelling to Lourdes was identified and brought forward as a priority goal within their 2026 Person-Centred Plan (PCP).	

- The person's keyworker is liaised with the relevant diocese on the 12.08.2026 to obtain further information regarding the trip, including available arrangements, requirements, and any supports that may be necessary.
- Further details will be explored as they become available, with the aim of supporting the individual to work towards achieving this goal in a meaningful and person-centred manner.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Corlann Limerick Policy on the Handling of the Personal Assets of Adults Supported by the Services includes a permission form which supports people to opt in or opt out of support from Corlann Limerick in the management of their personal assets.

- Each person supported within Corlann Limerick has the right to choose the level of support that they receive regarding their personal assets from Corlann Limerick.
- No resident is restricted from managing their own personal assets if they choose to opt out of support from Corlann Limerick. Residents may choose to manage their personal assets independently, with a decision supporter or another person outside of the services should they choose to.
- In order to support people to make an informed decision information is provided to them regarding the nature of the support that Corlann Limerick can offer to them in terms of the management of their personal assets.
- Corlann Limerick had identified one suitable deposit account and one suitable current account through which support can be offered in a safe manner both for the person supported and for staff.
- These person in care accounts have since been withdrawn by the sole financial institution that was providing these accounts following the introduction of ADMA legislation. No suitable alternative has been put in place. This account currently remains available for existing account holders.
- Corlann Limerick continue to advocate via channels including the Decision Support Service, National Federation, HSE and Financial Institutions for this gap in banking product to be made available.
- The Corlann Limerick Policy on the Handling of the Personal Assets of Adults Supported by the Services clearly sets out the limitations on direct access to personal assets inherent in the use of this type of account in order to ensure full transparency when a person is choosing to opt in or opt out of support.
- The staff who are authorised to provide support will necessarily be limited to those included on the bank mandate.
- Where the Services have a role in the management of the finances of a Person Supported by the Services it is important that staff are provided with a safe system of working so that appropriate controls and records are maintained to evidence the correct use and safeguarding of the money for the benefit of the relevant Person Supported by the Services.
- Every effort is made to mitigate the impact of the restrictions on direct access to personal assets inherent in the use of this type of account and these are set out in the policy.
- Limitations on direct access to personal assets inherent in the use of this type of account as well as those in place to minimize the vulnerability to misappropriation of

funds are not notified to the regulator as restrictions as each person support has the right to opt in or opt out of support.

- Corlann Limerick is committed to exploring all alternative accounts that may become available in the future that will facilitate less restrictive direct access to personal assets for people supported who opt in to support from Corlann Limerick.
- In line with policy residents are supported with independence using their bank card in the presence of their keyworker or with a CNM1 where they wish, alternatively if their keyworker or CNM1 is off duty their independence is promoted through cash transactions.
- The individual's PCP goal of using their personal bank card to pay for community services was reviewed on 02.08.2026 to ensure it remains relevant and continues to reflect their current wishes and preferences. Where support has previously been declined, the keyworker and PIC explored the individual's preferred level of support in a person-centred manner. On 05.08.2026, the individual attended an outing with their keyworker to the barber and independently used their bank card to make payment. Progress will continued to be monitored and recorded.

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.	Not Compliant	Orange	31/12/2028
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/12/2028
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2028
Regulation 29(4)(c)	The person in charge shall	Substantially Compliant	Yellow	31/12/2026

	ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.			
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	04/08/2028
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is	Substantially Compliant	Yellow	30/08/2026

	the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	31/12/2026