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:	Casey 1
Name of provider:	Corlann
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	12 May 2026
Centre ID:	OSV-0007865
Fieldwork ID:	MON-0041856

About the designated centre

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

Casey 1 consists of a detached two storey house and a detached three storey house both located in a rural area close to one another and within a short driving distance to a town. This designated centre can provide a residential service for a maximum of ten residents with intellectual disabilities, over the age of 18 and of both genders. Each resident in the centre has their own bedroom and other rooms in the two houses of the centre include bathrooms, kitchens, sitting/living rooms and staff rooms. Residents are supported by the person in charge, social care workers and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

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 12 May 2026	08:30hrs to 17:40hrs	Kerrie OHalloran	Lead

What residents told us and what inspectors observed

This was an announced inspection to monitor the designated centre's level of compliance with the regulations and to inform the upcoming registration renewal decision. Overall, the findings from this inspection indicated that some improvement was required in a number of the regulations reviewed. This included ensuring the provider had measures in place where incidents of a safeguarding nature were occurring. During this inspection it was found a number of incidents had occurred in 2026 that were not notified to the Office of the Chief Inspector. This will be discussed in the report under Regulation 8: Protection and Regulation 31: Notification of incidents.

The designated centre comprised of two houses located in a rural setting a short drive from each other. Each house had a kitchen, living area and outdoor garden space. Transport was available for residents to access the community and each resident had their own bedroom.

The inspection was facilitated by the person in charge and a newly appointed social care leader. On arrival to the first house of the designated centre the inspector was welcomed by a resident who was waiting in their transport to go to their day service. They spoke briefly to the inspector about their plans for the day and that they liked their home. The inspector went into the house where they met the person in charge and four other residents, along with a staff member who was supporting the residents that morning. The inspector had the opportunity to sit with the residents in the living room and talk to them before they all headed off to their day services. The atmosphere in the house was calm and relaxed, and residents appeared happy and comfortable in each other company.

Residents spoke to the inspector about the day service they attend, their family and friends and plans for that evening. One resident told the inspector that they had commenced employment recently and this was something they really enjoyed. During this time some residents enjoyed watching a programme on interest on the television and spoke to the inspector about this. Residents living here said they were happy in their home. The inspector observed one resident who was feeling tired but also appeared happy to attend their day service. The inspector had the opportunity to talk to staff during this time. The staff member was very knowledgeable of the residents and their support needs.

As part of the inspection process the inspector completed a walk around of the premises. Overall this house was seen to be homely and well furnished. The person in charge informed the inspector of planned exterior painting works that would be completed in the coming weeks, along with painting to the porch area and internal doors upstairs. The inspector did observe that the shower area upstairs required review as it had a build-up and discolouration on the tiles and shower tray. A number of items were stored on the ground in the laundry room area and toilet roll

holders were seen to be visibly rusted, along with a bread bin in place in the lower floor kitchen area. The inspector also observed a locked press in the bathroom which contained cleaning chemicals.

Later in the afternoon the inspector visited the second house. The inspector spent a shorter amount of time in this house. The inspector again completed a walk around of the premises. The person in charge informed the inspector that planned internal painting works would also be completed in this house. The house was seen to be clean throughout and well furnished. At the time of the inspection, three residents were living here. Each resident had their own bedroom and access to communal areas such as kitchen/dining room and living room. None of the residents were present in this house as they were out completing planned activities throughout the day and evening. Two of the residents living here had individual staff support hours in place. For one resident these support hours had increased to have an additional staff in place during the day. The inspector spoke to one staff member who was present. They informed the inspector that this additional support for one resident was positive. The staff member said they felt supported in their role and the positive impact the additional supports in place had been to the team such as additional psychology support and staff team support.

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. These were given to the inspector on the day of inspection. The inspector received two forms. All forms were filled out with the support of a staff member. The feedback in general was positive and indicated satisfaction with the service provided. This included the staff, activities and food in their home. However, one form did indicate that things could be better regarding getting along with people they are living with and people being kind in their home.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This was an announced inspection to monitor the designated centre's level of compliance with the regulations and to inform the upcoming registration renewal decision.

The provider had management systems in place to oversee the designated centre but these systems were not always ensuring consistent monitoring. During this inspection a number of regulations were found to have compliance issues with the regulations. The provider was completing annual reviews and six-monthly unannounced audits of the designated centre which were identifying some issues,

however these were not consistently ensuring that actions were reviewed and completed in a timely manner.

There was a person in charge to provide oversight of the centre. The person in charge worked in a full time role and also had the role as an area manager. The person in charge informed the inspector they would be present in the centre on a regular basis and supported staff in their roles and duties. The person in charge also ensured team meetings were taking place consistently. A social care leader had been recently appointed which would be providing a management role in the designated centre. The person in charge had good knowledge of the support needs of the residents and the staff 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 application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

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. The person in charge had a remit of one designated centre at the time of inspection. The person in charge demonstrated a high level of knowledge with regards to the residents and their needs and were seen on the day of the inspection to interact in a caring manner to residents.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed of a sample of rosters from February to end of May 2026. This showed that there were sufficient staff on duty to meet the needs of the residents. At the time of the inspection the centre had approximately three vacant posts. The provider was actively recruiting for these positions. The centre had

support of regular internal relief staff who were available to cover planned and unplanned leave.

A social care leader had recently commenced employment in the designated centre at the end of April 2026. The social care leader hours were not present on the centres roster or the management roster in place.

The staffing levels were in line with the assessed needs of the residents. Some residents had 2:1 and 1:1 staffing supports and these were seen to be in place.

Staff on duty had support from an on-call governance system when required if the person in charge was not on duty. Staff spoke to the inspector that they felt supported in their role.

On the day of the inspection kind and caring interactions were observed and overheard by the inspector. For example, staff were seen to support residents to get ready for their day service.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the staff training matrix was completed by the inspector. This is to ensure staff are provided with training to ensure they have the necessary skills to respond to the needs of the residents. Staff had completed training in areas such as fire safety, safeguarding, safety intervention, manual handling and children's first. One relief staff required fire training and this had been scheduled.

The inspector reviewed the supervision records for the staff team in the centre. These highlighted that review was required as not all staff had received regular supervision on a quarterly basis as per the providers own policy. For example, one staff member had last received supervision in September 2025, while another staff member had no supervision record for 2025 but had one supervision meeting completed in 2026.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and had provided a copy of the up-to-date insurance document as part of the registration renewal.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a management structure in place. At the time of the inspection a social care leader had been appointed and commenced their role at the end of April 2026. The person in charge was also supported in their role by the person participating in management of the designated centre.

The registered provider had ensured that an annual review of the quality and safety of the service had taken place and been completed for 2025. The inspector reviewed this which had been concluded in April 2026. The review identified a number of areas for actions for improvement with these actions to be progressed and tracked at a minimum of six months. Actions included continue review of escalated risks, code of practice training for staff who have not yet attended and monitoring the effectiveness of a residents increased staffing supports.

A six-monthly unannounced visit to the centre had been carried out in September 2025 and March 2026. An action tracker was also available which tracked actions from the September 2025 audit. Actions here had been completed such as ongoing monitoring of risk assessments at regular risk management committee meetings and a new installation of gates at one of the houses had been completed. The March 2026 audit that took place did not have an action tracker attached and the inspector was informed that this was being developed.

However, these audits and reviews were not always seen to be bringing about change in the centre. For example, in the six monthly unannounced audit that took place in March 2026 it identified complaints recorded from October 2025 had not been fully documented and it also noted not all safeguarding plans had review dates in place. This was a finding on this inspection. It was also noted in this audit that an incident of safeguarding nature had not been reviewed under the providers own review system and no notifications had been submitted to the Office of the Chief inspector. Again these were findings on this inspection.

During this inspection a number of compliance issues were identified as seen under a number of regulations in the report. The provider had systems in place to monitor and audit the service. However these systems were not always effective in ensuring appropriate action was taken to address areas of concern.

Team meetings were taking place in the centre. A schedule for 2026 was in place. Each house had a bi-monthly team meeting and two joint meetings, one which took place in May 2026 and the other planned for October 2026. Team meetings had agenda items in place which included handovers, cleaning, maintenance, resident's multi-disciplinary meetings and risk assessments. The joint team meeting discussed items such as staff supervision, complaints and behaviour supports. The person in charge facilitated these meetings.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. This is an important governance document that details the care and support in place and the services to be provided to the residents in the centre. The inspector reviewed the statement of purpose which had recently been reviewed in April 2026. This included the required information and adequately described the service. However some review was required to ensure a correct floor plan was in place. The floor plan reviewed by the inspector in the centres statement of purpose and displayed in the designated centre had a doorway leading from the kitchen to the living room that was not present. This required review to ensure the floor plans were accurate and correct.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had not ensured the Chief Inspector had been notified in writing within three working days of all adverse incidents. Following a review of the incident records for the designated centre in 2026 it was evident that incidents reported were of a safeguarding nature. These incidents had not been reported to the Office of the Chief Inspector under the mandatory notification to report any allegation, suspicion, or confirmation of abuse against a resident.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure which was available in an accessible version and the residents knew who to approach if they had a complaint. Complaints were discussed regularly with residents at residents meetings and residents were being supported by staff members to use and access the complaints procedure in the centre.

At the time of the inspection, there were open complaints in the designated centre. Three recent complaints were open in one house and had been escalated to the complaints officer. These complaints were all being followed up and recorded by the complaints officer. For example, one resident had made a complaint that they wanted to be supported to stay in bed longer in their home. The inspector spoke to

the staff and management of the centre who confirmed that the resident would like to be supported to rest in their home a little longer in the mornings and then attend their day service. The inspector also observed this resident did appear tired when they met them on the morning of the inspection. Actions had been identified to support the residents to resolve their complaint and this was being escalated to the Head of Community Services and a risk assessment was being developed which would be escalated to the senior management risk management review meeting taking place at the end of May 2026. The inspector reviewed this escalated risk.

The inspector reviewed the complaints log in place in the other house of the designated centre. From this, review was required to ensure all complaints had been resolved and documented to confirm that the complaints had been reviewed and closed. Three complaints had been made by two residents from July to September 2025. The complaints log reviewed did not document if the complaint was closed or if the complainant was satisfied with the outcome. This was highlighted with the person in charge. They informed the inspector each complaint had been closed but this had not been recorded on the complaints log.

Judgment: Substantially compliant

Quality and safety

The residents living in this centre appeared happy, content and relaxed in their home and with the staff that supported them.

Residents had personal plans in place, which for the most part were clear and provided guidance for staff on how to support each resident as per their assessed needs. Residents were supported to plan any aspirations they have through a person centred planning process.

Improvement was required to ensure residents were being protected by the procedures and practices relation to protection in this centre. The designated centre did not have all safeguarding plans reviewed and updated at the time of the inspection. Also incidents that had occurred in the centre of a safeguarding nature had not been identified, following this notifications had not been received to the Office of the Chief Inspector as identified under Regulation 31: Notification of incidents.

Residents were supported to complete regular fire drills and personal emergency evacuations plans were in place.

Regulation 11: Visits

The inspector reviewed the information in the statement of purpose and residents' guide around visiting arrangements. They also spoke with the person in charge and some members of staff. Based on what they read and were told, the residents were supported to maintain relationships with their family members and friends. They were supported to have visits to their home and spend time with their family and friends on a regular basis. Residents were also supported to visit family and friends outside of their home.

Judgment: Compliant

Regulation 13: General welfare and development

All residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. On the day of inspection residents were supported to attend activities of their choice both within their home and in the wider community, with some residents accessing their day service. Residents were supported to go for drives, shopping, visit beaches, go on walks in greenway areas, cinema, bowling and some residents took part in sporting events weekly. Residents were supported to visit and contact family and friends when they wished.

The designated centre had a homely atmosphere. One resident living here did not attend a day service but was supported by two staff members in a resident lead schedule. Staffing supports had recently increased for the resident at the end of 2025 which ensured staff were supported in their role and duties. The inspector spoke to the management of the centre who discussed that this was working well.

Judgment: Compliant

Regulation 17: Premises

The premises was observed to be comfortable and suitably decorated. Each resident had their own bedroom and access to communal areas in the house such as sitting rooms, dining rooms and a conservatory area in one house. The centre had laundry facilities in place in each house and storage facilities. However in one of the houses, a large number of items was observed to be stored on the floor of the laundry area.

Residents' bedrooms were seen to be decorated with their own personal items. Residents had access to an outdoor garden area for each house. Both houses had plans in place for painting works to be completed internally and externally. However some review was required to ensure all areas of the centre was well maintained. This included the shower area in one bathroom required review and toilet roll holder

in one houses were also heavily rusted. A bread bin in one kitchen also had rust spot present throughout.

Judgment: Substantially compliant

Regulation 20: Information for residents

The inspector reviewed the residents' guide which was submitted to the Chief Inspector of Social Services prior to the inspection taking place. This met regulatory requirements, for example, the residents' guide contained information regarding the facilities and services provided, along with the terms and conditions relating to residents residency.

Judgment: Compliant

Regulation 28: Fire precautions

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting/signage.

Staff had completed fire checks. These checks documented that the centre had fire precautions in place and in working order, for example, exits were clear, fire doors in working order, lighting and fire extinguishers were in place. During the walk around in one house the inspector noted one fire door was not fully closing. This was highlighted to the person in charge on the day and the person in charge informed the inspector they would contacted a competent person on the day to review this. The inspector also highlighted to the management of the centre that this had not been picked up on the staff checks of fire doors which were being completed.

There was a procedure in place for the evacuation of the residents and staff on duty in the centre. The inspector reviewed the fire drills that had taken place in the centre over the last twelve months. It was evident that planned fire drills were being completed regularly as per the provider's policy. At least one fire drill had been completed each quarter and this included to ensure that minimum staffing drills were occurring.

Each resident had a personal emergency evacuation plan (PEEP) in place which provided guidance to staff on the arrangements and supports required to ensure a safe evacuation from the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three residents' personal plans across both of the houses. Personal plans were kept in a locked press in the office. From the plans reviewed overall these were seen to be updated to reflect changes in the residents' lives. For example, plans identified clearly resident's communication needs and supports. Residents had also access to psychology support and behavioural support.

The staff spoken with were very familiar with residents support needs. For example, a staff member discussed the likes and dislikes of the residents and activities each resident enjoyed, along with any trips they had planned. Staff also discussed resident's health care needs with the inspector and how they support residents with appointments to their general practitioner (GP) when required.

Two residents had completed annual person centred planning meetings. These meetings gave the opportunity for staff, residents and family members/representatives to review and plan for the year ahead. Goals and aspirations had been set for these residents. Residents had goals such as attending sporting events, concerts, holidays, day's trips and night away. One resident had experienced their first trip abroad last year which had gone very well. One resident was overdue their annual meeting from February 2026, the inspector noted that it was documented in the residents plan that this was actively being planned and arranged at the time of the inspection.

Judgment: Compliant

Regulation 6: Health care

The inspector reviewed the health care supports in place for residents, having regard to that in the resident's personal plans.

From the three personal plans reviewed the inspector found that the residents were being supported with their identified health care needs however some review was required. For example, a resident who had diabetes required support to ensure their appointments were being completed in a timely manner. The resident was supported to attend the retina national screening programme in February 2024. This was documented to be completed again in two years. At the time of the inspection no information was present in his file to confirm if the resident had been supported with this. The inspector spoke to the person in charge and social care leader who confirmed that this needed to be followed up.

Residents who had assessed health care needs had information available in support plans which guided staff on the interventions required by residents. For example,

nutritional care support plans, foot care plans, mental health support plans were in place.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Where residents required behaviour support there were detailed positive behaviour support plans in place. The plans in place included information such as triggers, behaviours that were displayed, identified escalation of behaviours, reactive and proactive strategies to support the residents and staff during a period of escalated behaviour. The reactive strategies included a clear description of the type of behaviour that the residents might present with and gave a clear instruction to staff.

Since the last inspection, one resident had been supported by a psychologist and a new plan had been developed to support them with their assessed behaviour support needs. This had been completed in February 2026 and provided guidance and support to staff. It also provided a clear personal communication dictionary to support staff with consistent approaches and responses to support the resident with their assessed needs.

There were restrictive practices in place in the designated centre. Clear rationale was in place for both of the restrictions in place and they were reviewed annual or sooner if required by a multi-disciplinary team. Residents also had restrictive practices identified in their personal plans that were specific to them. The inspector did note that a locked press containing cleaning products was in place in one of the houses of centre. This was discussed with the person in charge and social care leader, and this had not been reviewed as a restrictive practice at the time of the inspection.

Judgment: Substantially compliant

Regulation 8: Protection

The designated centre had not ensured incidents of safeguarding nature had been reported to the national safeguarding office and that notifications had been submitted to the Office of the Chief Inspector. The inspector reviewed a sample of incidents from the designated centre in 2026. During this time in one of the houses that comprise of the designated centre a number of incidents had occurred which identified safeguarding issues such as name calling, a physical interaction and threats. These incidents took place in February and April 2026. One incident in April highlighted a safeguarding form had been completed but no safeguarding plan regarding this incident was in place on the day of inspection. The inspector did note

that during these incidents staff documented that reassurance and support was provided to the residents after such incidents.

The inspector was informed of three open safeguarding plans in one of the houses. The interim safeguarding plans were in place and reviewed. However one plan in place did not appear to be reviewed as it identified in March 2024 as the review date, however no status update or review had been documented for this plan.

The inspector reviewed intimate care plans for three residents. Two of these plans had been last reviewed in March and April 2025. One of these plans required review to ensure it contained clear documentation on how to support a resident. This plan identified a resident as being independent with a number of intimate care needs, however the resident's plan contained another guidance document which highlighted a number of supports the resident required to support them with their care. This required review to ensure guidance was clear to staff.

Training records provided indicated that all staff had completed relevant safeguarding training.

During the inspection, the inspector spoke to two staff members who demonstrated awareness of safeguarding and the types of abuse. Residents were supported with regular residents meeting where safeguarding was discussed along with the different types of abuse.

Judgment: Not 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	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Casey 1 OSV-0007865

Inspection ID: MON-0041856

Date of inspection: 12/05/2026

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • A plan is in place for newly appointed Team Leader, who commenced with Corlann Limerick in May, to meet staff as per procedure for support/supervision • Staff continue to be booked into mandatory training • Training Matrix will be kept up to date	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Audit tracker from 6 monthly audit held in March 2026 is currently being completed • Full review of safeguarding plans will be carried out by new Team Leader, along with the Designated Officer and this will continue on a monthly basis while safeguarding plan remains in place. • Newly appointed Team Leader will attend safeguarding guidance workshop. • Complaints procedure will be discussed as part of staff meeting agenda • Complaints procedure will also be addressed as part of support/supervision	

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
• Floor plans in the Statement of Purpose and Function were reviewed and sent to HIQA on 22.5.2026

• Statement of Purpose and Function also updated to reflect number of designated centre's of responsibility of Person in Charge. The Person in Charge is supported by a full time Team Leader who is supernumery.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

• Accident and Incident reports reviewed by Team Leader Charge and Designated Officer following receipt of the HIQA report.

• NFO6 was submitted retrospectively for an incident which occurred in April 2026. At the time safeguarding reporting procedure was followed however the incident was not notified to HIQA. This has now been rectified.

• Two further incidents, one from February and one from April were discussed with the Designated Officer by Person in Charge and it was agreed that these will be notified to HIQA retrospectively and safeguarding referrals will be submitted. This was completed on Friday, 5th June 2026.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

• Complaints procedure and the documentation involved, will be added to agenda at staff meetings.

• Complaints procedure will also be addressed as part of support/supervision

• Risk assessment has been escalated to Senior Management.

Regulation 17: Premises	Substantially Compliant

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

• Rust spot items removed from the house and replaced

• Shower mat replaced

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

• Contact made with the Retina National Screening Programme and informed resident is on the waiting list.
• This will be monitored by the Team Leader.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

• Locking away of harmful cleaning products is incorporated within our Site-Specific Safety Statement as a directive from the Health and Safety Authority.
• This directive has been communicated across residential services by Director of Services following engagement with the Health and Safety Authority.
• Eco friendly products, that do not require to be locked away, can be purchased instead of the harmful cleaning products where possible.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

• Accident and Incident reports reviewed by Team Leader Charge and Designated Officer following receipt of the HIQA report.

• NFO6 was submitted retrospectively for an incident which occurred in April 2026. At the time safeguarding reporting procedure was followed however the incident was not notified to HIQA. This has now been rectified.

• Two further incidents, one from February and one from April were discussed with the Designated Officer by Person in Charge and it was agreed that these will be notified to HIQA retrospectively and safeguarding referrals will be submitted. This was completed on Friday, 5th June 2026

• As part of the Safeguarding Plan the weekly meeting will be used as an opportunity to remind residents of the importance of being kind to each other.

• Full review of safeguarding plans will be carried out by newly appointed team Leader with the support of the Designated Officer and this will continue on a monthly basis.

• Newly appointed Team Leader will attend safeguarding guidance workshop.

• All staff of the Designated Centre to attend safeguarding guidance workshop.

• Intimate Care Plan of one resident will be reviewed to ensure it reflects supports required.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/08/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	19/05/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2026
Regulation 03(1)	The registered provider shall	Substantially Compliant	Yellow	22/05/2026

	prepare in writing a statement of purpose containing the information set out in Schedule 1.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	05/06/2026
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	29/05/2026
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	30/06/2026
Regulation 07(4)	The registered provider shall ensure that, where restrictive	Substantially Compliant	Yellow	30/06/2026

	procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/09/2026
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	18/05/2026